New Hampshire START (NH START)

July 2020 – June 2021

Annual Report

Prepared for

New Hampshire START

Prepared by

The Center for START Services

THE CENTER FOR START SERVICES
Institute on Disability / UCED
University of New Hampshire

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START, which stands for Systemic, Therapeutic, Assessment, Resources & Treatment, is a comprehensive model of service supports that optimizes independence, treatment, and community living for individuals with intellectual/developmental disabilities (IDD) and behavioral health needs.

The Center for START Services, a program of the University of New Hampshire Institute on Disability/UCED, is a national initiative that strengthens efficiencies and service outcomes for individuals with IDD and mental health needs in the community.

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Introduction

This report offers a comprehensive summary of services provided by the NH START program for Fiscal Year 2021 (FY21), including NH START COVID-19 response. The analysis includes assessment of outcomes as well as fidelity measures for the START model. Recommendations reflect the results of the analysis and service provision to date.

Findings from this report are separated into five sections:

- FY21 Program Enrollment and Census Trends
- Characteristics of Persons Served (demographics and clinical trends)
- Emergency Service Trends
- START Clinical Team Services
- START Therapeutic Supports

NH START will develop an action plan based on recommendations from the analysis in collaboration with the Center for START Services.

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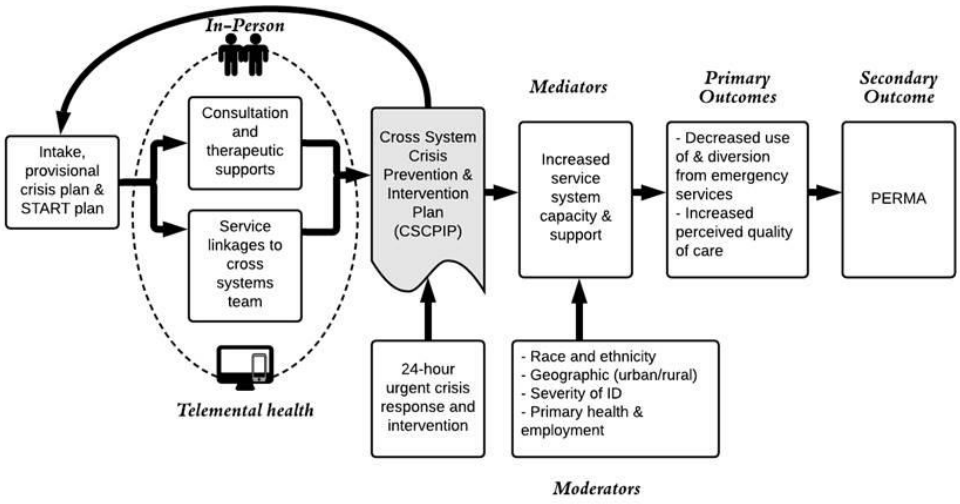
NH START Team

Section I. Background

First developed by Dr. Joan B. Beasley in 1988, START was cited as a best practice in the US Surgeon General's Report (2002) and more recently presented to the National Academy of Sciences, Engineering and Medicine (2016). Studies spanning over 30 years of START services have found significant reduction in crisis service use, emergency department visits, and psychiatric hospitalizations. [1,2]

As shown in the figure below, START programs provide mental health assessment and 24-hour crisis response, START coordination and coaching/support, along with training and systems linkages to address the mental health needs of people with IDD and their families. START crisis prevention and intervention services are patient-centered and engage service recipients with IDD-MH in treatment, including those with significant delays in cognitive, communication, and social functions. START services significantly reduce emergency mental health service use, and caregivers report high service satisfaction.



National START Program Certification

The Center for START Services (CSS) provides in-person and web-based training, technical assistance, planning, and case consultation to implement the START model. Ongoing technical assistance includes close collaboration with stakeholders, quality reviews of START methods, and evaluation through data entered into the START Information Reporting System (SIRS). The goal of CSS is to foster the successful development and implementation of the START model and to assess efficacy and goodness of fit in each location in which the model is implemented. The goal is for each START team to be fully certified and to maintain engagement with the National START Network. NH START has been certified since 2020.

Training, consultation, and quality assurance monitoring provided by CSS to the NH START program include:

- Triage participation to assist with proactive crisis response and intervention

[1] Kalb, LG, Beasley, J., Caoili, A., & Klein, A. (2019). Evaluation of the START crisis intervention and prevention program. *American Journal of Intellectual and Developmental Disabilities,* 124(1), 25-34.

[2] Beasley, J., Kalb, L., & Klein, A. (2018) Improving Mental Health Outcomes for Individuals with Intellectual Disability through the Iowa START (I-START) Program. *Journal of Mental Health Research in Intellectual Disabilities, 11*(4), 287-300.

- In-person consultation visits
- Leadership training and development
- Clinical team coaching, training, and team development
- Attendance and participation in Clinical Education Team Meetings, Advisory Council meetings, and other regionally specific outreach efforts
- NH specific training workshops
- Program evaluation (monthly, quarterly, and annual reports)
- SIRS database training and technical assistance
- Clinical record reviews
- Coordinator training and certification
- START National Online Training Series
- START Practice Improvement Groups
- START National Training Institute

START Response to the COVID-19 Pandemic

Regardless of START enrollment status, people with IDD are at high risk of stress and mental health related distress associated with the COVID-19 pandemic. Without maintaining appropriate supports for this vulnerable group, they are at risk for increased mental health crises that affect their safety and the safety of their families and heightens the human and financial costs to the broader community. In collaboration with the Center for START Services and the national START Network, the NH START program is committed to supporting the IDD community through this public health crisis.

During the COVID-19 shutdown, the Center for START Services rapidly and strategically initiated the development of telehealth crisis support protocols across the START network. Telehealth is identified as an evidence-based method to delivering mental health services and supports on virtual or remote platforms[3]. A series of virtual meetings with START program directors, administrators, funders, and other stakeholders were held to review the telehealth protocols, and revisions to the SIRS database were made to accurately capture telehealth service delivery by START programs.

The START Network collaborated and provided accessible information and training about COVID-19, therapeutic supports, clinical services, and crisis response using telehealth methods.

In addition to the modification of protocols for START programs, CSS also initiated the development of a *COVID-19 Resources* page on the CSS Website, which was used by START programs and community stakeholders nationwide. The National START Emergency Management Committee was convened in response to the pandemic as well. The committee's initial objective was to address immediate gaps in emergency response to COVID-19, and three task forces were developed to address the needs of service users, families, and communities across the country present as a result of COVID. These task forces were: 1) mobile START crisis response, 2) therapeutic interventions, and 3) transition planning.

The National START Emergency Management Committee

The Emergency Management Committee (EMC) is a national forum developed by and with START network partners and is designed to provide comprehensive, interdisciplinary support to START service users, families, providers, and START teams in response to emergency circumstances. The EMC is committed to developing a framework for rapid mobilization across the START network, building on linkages across the START network, available resources, expertise, innovation and collective intelligence. The goal is to establish a "think tank" to develop, review, and evaluate

[3] Totten AM, Womack DM, Eden KB, et al. (June 2016). Telehealth: Mapping the Evidence for Patient Outcomes from Systematic Reviews (Technical Brief 26) [Internet]. Rockville (MD): Agency for Healthcare Research and Quality.

practices designed to support START service users during times of local/national crisis. The committee addresses macro level (community-level) crises as well as assists START network providers in addressing micro level (individualized) needs.

One example of the work of the Emergency Management Committee beyond the COVID-19 pandemic was the rapid response to the CA wildfires. It was brought to the attention of the committee that many across the state of California, including START staff and service recipients, were forced to evacuate their homes. Emergency shelters needed resources and training materials to aid in the effective support of persons with IDD. Members of the committee came together and developed brief information sheets specific to supporting persons with IDD in crisis situations that were distributed to CA regional centers and shelters.

Information and resources developed by the National START Emergency Management Committee can be found in the *Resources* area of the Center for START Services website https://www.centerforstartservices.org/Resources/EMC.

Section II. NH START Highlights

Despite the effects of COVID-19 on their communities, the NH START programs provided services and supports to nearly 300 persons with IDD-MH across the state in FY21. The following are program highlights from throughout the year.

Transition to telehealth and virtual service delivery: When COVID-19 shelter-in-place orders were implemented, NH START program staff quickly pivoted to new methods of service delivery. To support those enrolled in NH START, staff shared plain language materials, and provided resources and training about COVID-19. In addition, the NH START program began providing telehealth services, which continued throughout FY2021. Additional fields in the National SIRS database were added to track telehealth outreach and crisis follow-up. Nearly all NH START enrollees received at least some telehealth services throughout the year. Program staff also began a virtual support group offered twice daily on weekdays to provide participants with peer support, social interaction, and a variety of health and wellness related activities. In total, more than a quarter of the NH START population has participated in these groups. While preliminary findings show positive outcomes associated with telehealth, additional study is needed. The Center for START Services looks forward to continuing to collaborate with NH START in evaluating telehealth START services to inform ongoing best practices.

Continued linkage and relationship building: Clinical Education Trainings (CETs) are an important facet to the capacity building efforts of NH START and the Institute on Disability. These in-depth case studies allow for interactive learning and collaboration in a multi-disciplinary format. During FY21, the NH START continued to offer monthly CETs in a virtual environment, averaging 49 attendants per event.

In addition to training, linkages continue to be a vital piece of NH START's community capacity building. The program has numerous linkage agreements with partners in their region (see Appendix C) and plans for additional partnerships in the coming year. These linkages allow for collaboration and connection with a variety of partners including mental health and IDD providers as well as transportation, recreation, healthcare and educational resources. The NH START program partners with the Dartmouth Hitchcock Medical Center to offer multi-modal clinics throughout the year.

Reduction in Emergency Service Use: Overall, there was a reduction in emergency service use for individuals enrolled in the NH START program with decreases in both ED and psychiatric hospitalization rates pre- to post-enrollment. Data also show a reduction in mental health symptoms as measured by the Aberrant Behavior Checklist.

Health and Wellness: NH START works with individuals and their teams to explore PERMA-V in context of both the individual and each member of their team. The philosophy of positive psychology, actualized through PERMA-V is embraced by NH START in a systemic way as well. Together, the team developed a program level PERMA-V plan (Appendix B), outlining what puts the team in flow, creates an environment for team growth and development, and

inspires their team to do their best work for the people they support. The PERMA-V plan also outlines how they, as a team, attend to their own health and wellness, modeling positive psychology and mindful wellness for their network partners.

Recognition: At the 2021 START Virtual National Training Institute (SNTI), NH START Program Director, Valarie Tetreault, received the National Program Leadership award, and NH START Resource Center Director, Michael Blau, received the National Resource Director Award. Both were selected from the entire START network for their achievements and leadership this year. NH START placed third in recognition of their SNTI research poster studying the impact of the virtual therapeutic groups that NH START offered beginning in March 2020. This was the first year that both the clinical team and the Resource Center each submitted a poster.

NH START received National recognition and broadcast of their Clinical Education Trainings (CETs). NH START is recognized for the quality of the Clinical Education Team presentations and is happy to invite National teams to join for these monthly learning opportunities.

Section III. NH START Enrollment Trends and Demographics

NH START Enrollment

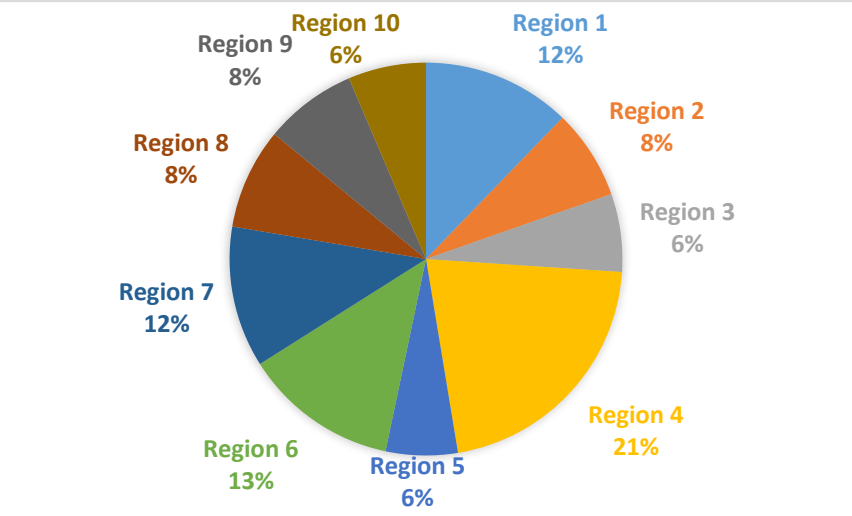
NH START operates throughout the state of New Hampshire and has actively served individuals since May 2010. In 2016, NH START services became centralized and are provided by one community-based provider agency. The NH START program serves all 10 area agency regions across the state, and referrals for NH START services come directly through each of the 10 area agencies. NH START served 21 children in FY21. Most are referred to NH START in order to participate in the NH comprehensive multi-modal assessment process, which is a collaboration between NH START and Dartmouth Hitchcock Medical Center. This collaboration includes a psychiatrist, neuropsychologist, neurologist, primary care physician and an occupational therapist.

The percentage of children served by NH START in FY21 was less than 8%. Figure III.A shows the percentage of the total NH START population referred by region from FY10-FY21.

New Hampshire regions:

Region 1 - Northern Human Services
Region 2 - Pathways/Claremont
Region 3 - Lakes Region Community Services
Region 4 - Community Bridges
Region 5 - Monadnock Developmental Services
Region 6 - Gateways Community Services
Region 7 - Moore Center Services
Region 8 - One Sky Community Services
Region 9 - Community Partners
Region 10 - Community Crossroads

Figure III.A: Percent of Total NH START Population by Region (n=998)



Since program inception, NH START has served a total of 998 individuals (868 adults and 130 children) with a current active enrollment population of 180. NH START is one of the oldest START programs and, for several years, individuals were not regularly inactivated following lengthy periods of stability. Rather, individuals were maintained on the active caseload with only follow-up services. In FY18, new protocols were implemented to inactivate individuals after prolonged periods of stability and, since that time, the active census more accurately reflects those individuals receiving on-going START services (Figure III.B). The yearly census has stabilized, and the program typically has an active caseload of about 200 individuals with an average coordinator caseload of 19. As with all START programs, all individuals enrolled in START services at any time are not discharged. NH START continues to provide follow-up for individuals who experience a change in stability or situation, which can also result in a change from inactive to active status at any time.

Figure III.B Individuals Served by NH START by FY
Most Individuals received services in multiple FYs.

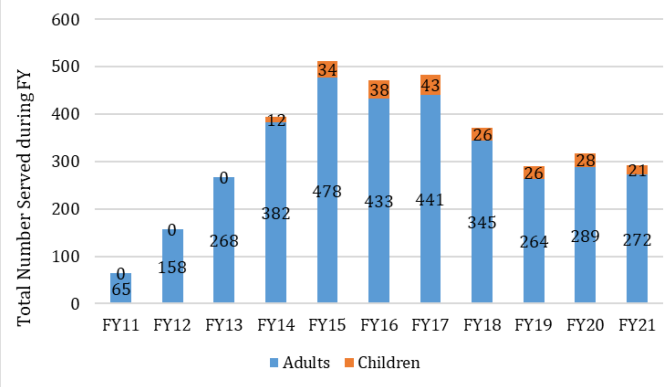


Figure III.C: New Enrollment/Inactivation Trends by FY (FY16-FY21)

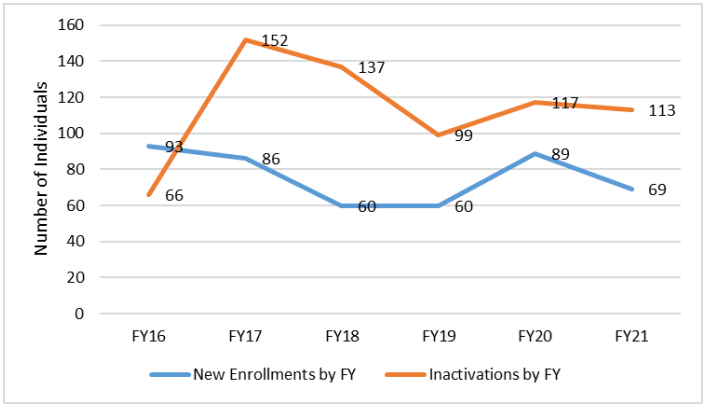


Table III.A: NH START Census Summary FY21 (July 1, 2020-June 30, 2021)

NH START	FY21 (n=293)	
Variable	Children	Adults
Total Served during reporting period N (%)	**21 (7%)**	**272 (93%)**
FY21 New Enrollments	7	62
Individuals inactivated	**14**	**99**
Stable functioning	7 (50%)	65 (66%)
Moved out of START region	1 (7%)	6 (6%)
No longer requesting services	5 (43%)	20 (20%)
Long-term placement	-	-
No contact	-	6 (6%)
Inappropriate for services	-	1 (1%)
On-hold during pandemic	-	-
Deceased	-	1 (1%)
Active Caseload at the end of reporting period (n=180)	**7 (9%)**	**173 (91%)**
Average caseload size	**19**	

Summary

The overall NH START census decreased slightly in FY21with in-activations outpacing new enrollments. While most in-activations were due to stable function, the team in-activated 25 individuals due to loss of engagement (no longer requesting services) and reasons for this should be reviewed, particularly for children. The average caseload size for FY21 was 19, which is just slightly below START fidelity expectations. However, the NH START program experienced some staff turnover throughout the year and is in the process of building caseloads for newer coordinators. Once the program is fully staff, NH START should increase their enrollment capacity to approximately 20-25 active individuals.

Table III.B: Source of Referral: Trends Over Time

Variable (N)	FY21 (n=69)	FY20* (n=89)	FY19* (n=54)	FY18* (n=62)	FY17* (n=85)	FY16* (n=89)
Referral Source (%)						
Case Manager	94%	94%	94%	94%	89%	89%
Emergency Department/mobile crisis	-		-	2%	-	-
Family Member	-		-	3%	-	2%
Hospital/ID Center	-	1%	2%	-	-	-
Mental Health Practitioner	1%	1%	-	-	2%	1%
Other (Behavior Analyst, law enforcement, schools, providers)	1%	3%	4%	2%	2%	4%
Missing	-		-	-	6%	3%

Table III.C: Reasons for Enrollment: Trends over Time (new enrollments by FY)

Variable (N)	FY21 (n=69)	FY20 (n=89)	FY19 (n=54)	FY18 (n=62)	FY17 (n=85)	FY16 (n=89)
Most Common Reasons for Enrollment (%)						
Aggression	59%	70%	81%	68%	68%	79%
Family needs assistance	42%	51%	63%	58%	46%	49%
Risk of losing placement	20%	27%	31%	21%	35%	27%
Decreased daily functioning	28%	43%	48%	53%	39%	38%
DX and treatment planning	55%	58%	54%	60%	53%	45%
Mental health symptoms	75%	72%	81%	74%	61%	65%
Leaving Unexpectedly	13%	19%	19%	21%	9%	11%
Suicidality	22%	15%	13%	16%	7%	16%
Self-injurious behavior	35%	35%	30%	24%	28%	33%
Sexualized behavior	13%	13%	22%	11%	15%	4%
Transition from hospital	6%	8%	13%	16%	5%	6%

Summary

Aggression and mental health symptoms are the most common reasons for referral to NH START. NH START is the only team nationally in which mental health symptoms were recognized at a higher frequency that aggression in FY21. The team also saw an increase in suicidal ideation/behavior in the past year. While it is common for more mature teams to recognize reasons beyond externalizing behavior, such as aggression, at enrollment, the jump in suicidal ideation is also in line with other findings suggesting that there has been an increase in depression and anxiety as a result of the COVID-19 pandemic and subsequent lockdowns and social distancing measures. [4] In FY20, NH START began tracking placement changes for individuals enrolled in START using new criteria in the SIRS database. Of the 69 new enrollees in the FY, 20% (n=14) were identified at enrollment as at risk for placement loss. Of those identified, none had a subsequent move within the FY. Three additional individuals not specifically identified as at risk also had moves within the FY due to individual/family preference, changes in their mental/behavioral health needs, or provider change (unrelated to the individual). In total, 38 individuals had a residential move in FY21, and of those, 14 (37%) had been identified as 'at risk' at enrollment. The remainder of those with moves had not been identified at enrollment as 'at risk.'. These data are very preliminary but suggest that knowledge of risk may be beneficial in helping to prevent placement loss. While adults living in Enhanced Family Care or other alternative family placements made up just over 40% of individuals active in FY21, they made up more than 55% of all those with a move and were 15% more likely to be identified as 'at risk' compared to adults in group homes, independent, or supported living. Individuals living with family made up only 8% of those with a move in FY21. Some moves may have been delayed due to COVID restrictions, so the NH START program will continue to monitor these trends.

[4] Czeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1external icon

Demographics

This section provides demographic and diagnostic trend data for all persons served by NH START (n=293) during FY21.

Table III.D: Age, gender, race, level of ID, and living situation for NH START enrollees

NH START	FY21 (n=293)	
Variable	Children	Adults
N	21	272
Mean Age (Range)	14 (7-17)	35 (18-68)
Gender (% male)	71%	54%
Race		
White/Caucasian	81%	93%
African American	5%	2%
Asian	-	1%
Other	10%	2%
Unknown	5%	2%
Ethnicity (% Hispanic)	-	5%
Level of Intellectual Disability (%)		
No ID/Borderline	10%	5%
Mild	65%	38%
Moderate	16%	14%
Severe-Profound	1%	5%
Not specified in records	7%	38%
Living Situation (%)		
Family	95%	28%
Enhanced Family Care/Foster Family	-	41%
Group Home and Community ICF/DD	-	11%
Independent/Supervised	-	15%
Psych. Hospital/IDD Center	5%	1%
Other (homeless, jail, CSU)	-	3%
Unreported	-	-

Summary

NH START has a significantly lower percentage of adults living in their family home. Nationally, 49% of adults live with family, compared to about 28% in New Hampshire. As noted above, individuals living in an enhanced family care setting are at the highest risk for placement disruption. While those enrolled are representative of the largely white and non-Hispanic population of the state, New Hampshire is home to a large Nepalese provider population, and one of their team leaders worked cooperatively with a network partner to have the RSQ translated into Nepalese to improve information gathering during crisis. The NH team is also working to better support an increasing number of LGBTQIA+ individuals through a better understanding of their unique experiences and needs. Staff participated in several trainings, including "Queering I/DD: Sensitivity in Supporting LGBTQIA+ People with I/DD," "Implicit Bias Training," and "Gender and Orientation."

NH START also took part in the national forum "Best Practices for Administering Assessments," which focused on the need to adapt assessments so that they are understood but done in such a way as to not change the intent of the

assessment or impact its rating scale. Additionally, several coordinators on the team are in the process of learning American Sign Language to help ensure the best possible support for individuals with hearing loss.

Mental Health and Chronic Health Conditions

Table III.E: NH START enrollees with mental health conditions reported at intake

NH START	FY21 (n=293)	
Variable	Children	Adults
N	21	272
Mental Health Conditions (%)		
At least 1 diagnosis	100%	96%
Mean Diagnoses (range)	2.8 (1-6)	2.5 (1-7)
Most Common MH Conditions (%)		
Anxiety Disorders	33%	34%
ADHD	57%	28%
ASD	81%	26%
Bipolar Disorders	5%	21%
Depressive Disorders	10%	35%
Disruptive Disorders	29%	14%
OCD	19%	13%
Personality Disorders	-	15%
Schizophrenia Spectrum Disorders	5%	14%
Trauma/Stressor Disorders	29%	31%

Figure III.E: Frequency of common MH conditions for enrolled children (trends across START)

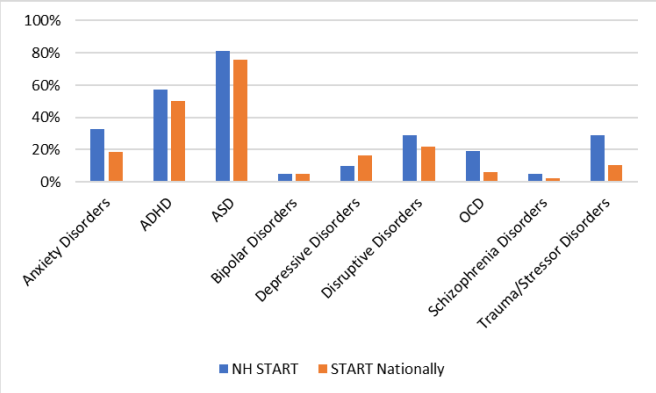


Figure III.F: Frequency of common MH conditions for enrolled adults (trends across START)

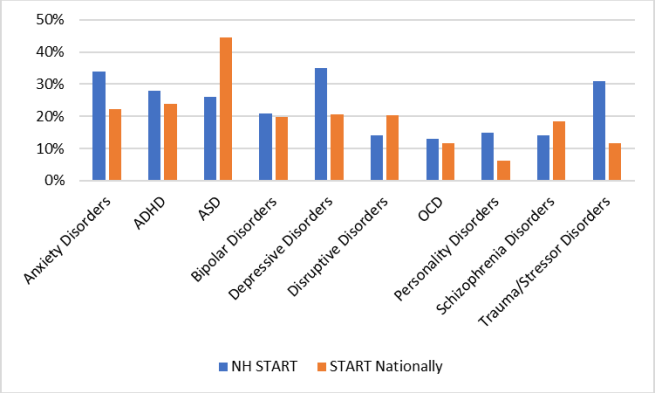


Table III.F: NH START enrollees with chronic medical conditions reported at intake

NH START	FY21 (n=293)	
Variable	Children	Adults
N	21	272
Medical Diagnosis (%)		
At least 1 diagnosis	48%	73%
Mean Diagnoses	2.2 (1-5)	2.1 (1-9)
Most Common Medical Conditions (%)		
Cardiovascular	5%	10%
ENT	-	6%
Endocrine	10%	12%
Gastro/Intestinal	14%	18%
Genitourinary	5%	2%
Musculoskeletal	5%	4%
Neurologic	14%	22%
Obesity	-	12%
Pulmonary disorders	5%	7%
Sleep Disorder	-	4%

Figure III.G: Frequency of common medical conditions for enrolled children

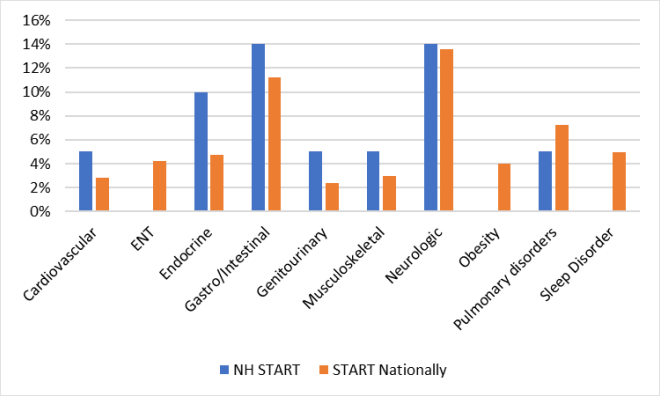
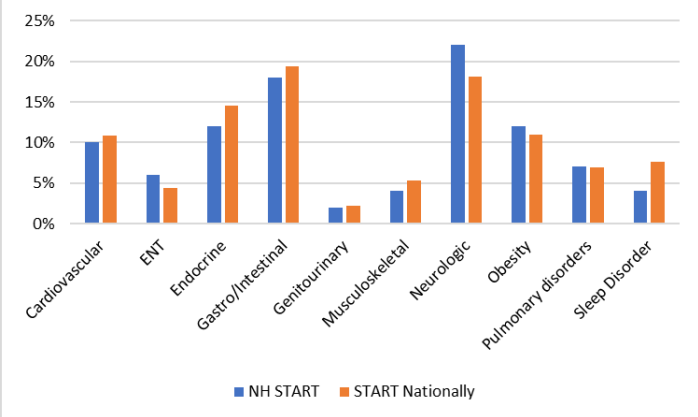


Figure III.H: Frequency of common medical conditions for enrolled adults



Summary

While the number of children enrolled in NH START is very small, the trends in identified psychiatric conditions are quite similar to START programs overall, with ASD and ADHD being the most frequently occurring. Children and adults enrolled in NH START have a higher frequency of identified anxiety and trauma disorders than the START population overall. Given the maturity of this team, it is likely that the NH START team is actively working to pinpoint the exact reasons behind an individual's behavioral presentation. Systems may also be responding positively to NH START training and support and are able to recognize subtle differences between disruptive behaviors and other types of emotional stress (anxiety, depression, etc.). The COVID-19 pandemic and resulting lockdowns also may have contributed to this shift, as individuals may be spending more time at home with their families, who may be more likely to notice symptoms associated with depression and anxiety. The NH START Clinical Director has also worked to ensure that all team members are educated in the signs and symptoms of trauma.

The program remains committed to an integrated and holistic approach to support that includes recognition and support around medical conditions. The program maintains a strong relationship with Dartmouth Hitchcock Hospital,

which continues to collaborate with NH START to conduct multidisciplinary evaluations for enrolled individuals (12 adults and 12 children annually).

Section IV. NH START Program Outcomes

Primary outcomes of the START model are decreases in emergency service use and challenging mental health presentations, which secondarily improve quality of life and PERMA for enrollees, their families, and the system of support. START cross systems crisis prevention and intervention planning along with 24-hour crisis response are designed to directly affect these outcomes.

Emergency Service Trends

A number of NH START service recipients have a history of emergency service use prior to enrollment in START services. Figure IV.A looks at emergency service trends for individuals one year prior to enrollment in START and emergency service utilization for individuals post START enrollment. A target goal of the START program is to help avoid unnecessary emergency service use and reduce recidivism. Results reflect consistent overall START trends in the reduction of emergency service use post enrollment. The reduction in emergency service use suggests that the NH START team's commitment to principles of positive psychology and wellness in addition to maintaining fidelity to START service elements, such as comprehensive assessment and evaluation, cross-systems crisis planning, outreach, and emergency response, can be effective in improving the outcomes for individuals enrolled in services.

In addition to planned START clinical services, the NH START team provides 24-hour crisis support to enrolled individuals and their families/caregivers. NH START responded to over 200 calls in FY21. Since nearly all crisis contacts occurred during COVID-19 restrictions, the majority (97%) were conducted using phone and telehealth technology. About 92% of those contacts resulted in the individual either remaining in their current setting (81%), utilizing the NH START Resource Center (8%), or being treated and released from the emergency department (3%). No individuals had a psychiatric admission following a crisis contact.

Table IV.A: Change in frequency of pre- and post-START emergency service utilization

NH START	FY21 (n=293)	
Variable	Children	Adults
N	21	272
Psychiatric Hospitalization	**5 (24%)**	**65 (24%)**
Prior to enrollment, N (%)	2.4 (1-3)	1.6 (1-6)
Mean Admissions (range)		
During START, N (%)	**0 (0%)**	**15 (6%)**
Mean (range)	-	1.5 (1-4)
Average length of stay (days)	-	21 days
Emergency Department Visits		
Prior to enrollment, N (%)	**6 (29%)**	**106 (39%)**
Mean Visits (range)	4.2 (1-10)	2.5 (1-15)
During START, N (%)	**1 (4%)**	**59 (22%)**
Mean (range)	2.0 (2)	2.5 (1-15)

Figure IV.A: Change in frequency of pre- and post- START enrollment emergency service utilization

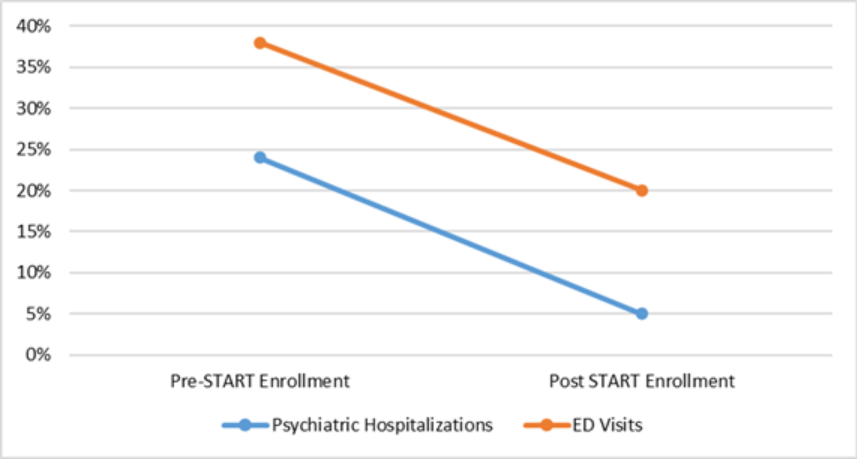
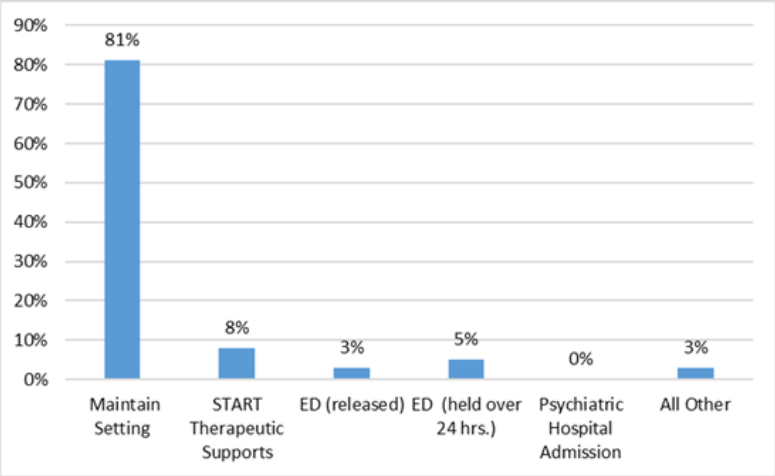


Table IV.B: NH START crisis response FY21

NH START	FY21
Crisis Contacts	
Number of Individuals with a contact	68
Number of Crisis Contacts	216
Range of Contacts	(1-27)
Frequency of calls with each type of Intervention N (%)	
In-Person	2 (1%)
Phone Consultation	132 (61%)
Virtual	78 (36%)
Blank	4 (2%)
Average response time (in-person only)	90 minutes
Crisis Disposition for each crisis contact N (%)	
Maintain Setting	174 (81%)
Psychiatric Hospital Admission	-
Emergency Department (released)	7 (3%)
Emergency Department (held over 24-hours)	10 (5%)
ED (outcome not specified)	1 -
Medical Hospital Admission	1 -
START Therapeutic Services	17 (8%)
Crisis Stabilization	3 (1%)
Missing	3 (1%)

Figure IV.B: Disposition of NH START crisis contacts



Aberrant Behavior Checklist (ABC)

The Aberrant Behavior Checklist (ABC) is a 58-item informant reported psychopathology rating tool designed specifically for use with individuals with IDD (Aman, Burrow, & Wolford, 1997). It is administered to enrollees at intake and 6-month intervals. The ABC has been reported in literature as an *outcome measure*, demonstrating sensitivity to changes in psychopathology ratings over time. The ABC is used by START teams to determine if services provided are associated with reduced psychopathology ratings over 6-month periods. The authors suggest the use of ABC subscales, not a total scale score. Through factor analysis, three of these subscales have been found to be sensitive to START treatment effects: *Irritability*, *Hyperactivity* and *Lethargy*. These subscales are reported below for NH START adults enrolled in FY21.

For this analysis, adults enrolled in NH START for at least 6 months with at least two ABCs were included. Table IV.C shows the percentage of individuals in NH START adults who had a decrease in scores (improvement in symptoms) between initial assessment at intake and the most recent ABC assessment completed (avg. of 38 months later). A t-test analysis was conducted, and for all three subscales, the decrease in mean scores between initial and most recent ABC was statistically significant.

For children enrolled in START Nationally, average ABC subscale scores for hyperactivity and irritability after 1 year are typically still greater than average intake subscale scores for adults. For this reason, the ABC scores for children were not included in the above analysis. There were too few children enrolled with at least two ABC administration to conduct a t-test; however, as seen in Table IV.D below, the majority of children enrolled in NH START showed improvement (reduced ABC scores) in both the irritability and hyperactivity subscales between their initial and most recent administration.

Table IV.C: ABC Analysis (Adults)

		Mean Score			
(n=211) Average elapsed time: 38 months	**Percent with Improvement**	**Initial**	**Most Recent**	**t Stat**	**P(T<=t) one-tail**
Hyperactivity/Noncompliance	56%	14.26	11.09	4.77	0.00
Irritability/Agitation	59%	16.06	12.47	5.30	0.00
Lethargy/Social Withdrawal	55%	8.76	7.42	2.26	0.01

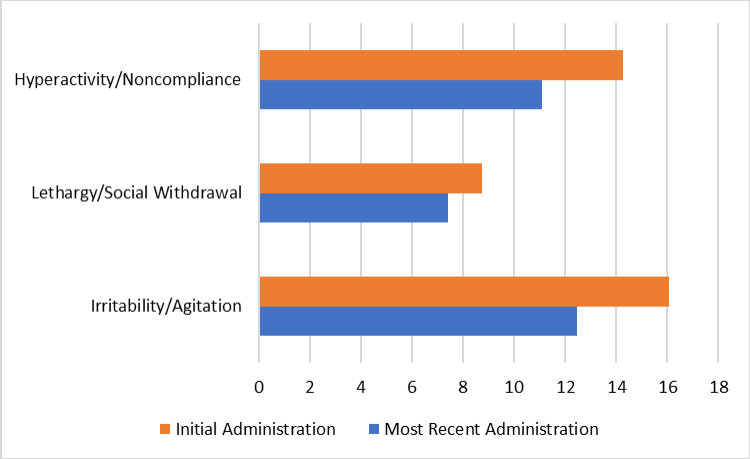
Alpha=0.05

Table IV.D: ABC Change (Children)

(n=9) Average elapsed time: 20 months	Percent with Improvement	Mean Score	
		Initial	Most Recent
Hyperactivity/Noncompliance	78%	28.56	20.33
Irritability/Agitation	89%	25.44	19.33
Lethargy/Social Withdrawal	44%	10.89	11.44

Alpha=0.05

Figure IV.C: Change in mean ABC scores between first and most recent administrations



Summary

Research of ABC scores for individuals receiving START services indicates that the lethargy and irritability subscales are strong predictors of emergency service use[5]. NH START data for the three main subscales used to assess intervention effectiveness show a significant decrease in the psychopathology ratings following initiation of START services. This is consistent with results in previous years and is another indication that NH START continued to work effectively with START enrollees despite COVID.

NH START teams consistently demonstrate success in the three outcome measures shown in this section (decreased emergency service utilization, maintaining environment following a crisis, and decreased ABC scores). Teams will continue to work with individuals not just in decreasing crisis events, but also in improving PERMA and well-being. Next year's report will include data on coordinator spotted strengths of enrolled individuals and caregiver stress as measured by the START plan.

Section V. Planned START Services

This section provides a descriptive analysis of NH START planned services for FY21, including Clinical Education Team Meetings (CETs) held, community outreach and training, and clinical services.

[5] Kalb, L. G., Beasley, J., Klein, A., Hinton, J., & Charlot, L. (2016). Psychiatric hospitalization among individuals with intellectual disability referred to the START crisis intervention and prevention program. *Journal of Intellectual Disability Research*, *60*(12), 1153-1164.

NH START Clinical Education Teams and Community Trainings

The NH START program continued to conduct virtual CETs and community trainings throughout the fiscal year. NH START CETs are very well attended and reached more than 540 professionals statewide. The attendance rates ranged from 35 to 64 participants, and the average attendance was 49. Table V.A provides a list of CET topics offered over the last year.

Table V.A: NH START Clinical Education Team Meetings (CETs)

Training Topic
Childhood Seizure Disorder and IDD/MH
ADHD and PTSD
Frontal lobe disorder
Cerebral Palsy and comorbid MH conditions
Trauma and Co-Occurring medical conditions
Trisomy X Syndrome
Social and Emotional Consequences of TBI
Borderline Personality Disorder and PTSD
IDD and PICA
Turner's syndrome and co-occurring MH conditions
IDD and depression through the lifespan
IDD and the impact of incarceration
The Cognitive Impacts of Polypharmacy

In addition to CETs, NH START provides regular training to a variety of partners including emergency services, residential and day providers, mental health providers, and educators. Table V.B provides the total training episodes and training hours offered by the NH START program. More details about the type of training offered to community partners, as well as linkage agreements can be found in the Appendix B.

Over this past year, NH START has offered enhanced training opportunities for network partners, area agencies, vendors, and staff. The Clinical Director hosted several webinar series, featuring select archived National START trainings, as well as training on "Thriving in a Remote Work Environment" and "Self-care During COVID". Some training opportunities were made available to staff across Community Bridges programs. NH START Team Leads provided training on the START model to area agencies and offered virtual Q&A forums held jointly with area agency leadership. The team also engaged in outreach to area agency liaisons and strengthening relationships with network partners. NH START Coordinators continue to facilitate Virtual Therapeutic Groups twice daily, Monday through Friday. This continues to be a valued service in the community with participants reporting that they look forward to the social interaction, have a sense of increased well-being and less feelings of isolation, overall.

Table V.B: NH START Community Training Events and Hours

	NH START
Total Community Outreach/Training Episodes (N)	246
Total Hours of Community Outreach/Training	527 hours

NH START Clinical Services

START model service interventions aim to ensure that individuals are getting the supports they need and are designed to intervene effectively in times of stress and crisis, avoiding costly and restrictive emergency services. All START programs offer the following planned services. Time spent on these activities is tracked in SIRS.

- *Intake/Assessment:* Work done to determine the needs of the individual, the team, and the services to be provided. This includes: Information/record gathering; intake meetings; completion of assessment tools; and START Action Plan development.
- *Outreach*: Any time a START Coordinator provides education or connection to the system of support (families/natural supports, residential programs, day programs, schools, mental health facilities), or any entity that may seek or need additional outreach and education.
- *Clinical Consultation*: Consultations provided by the Clinical Director with community team members who support individuals. Recommendations are given and facilitation of goal and action plan development is done by the START Coordinator.
- *Medical Consultation:* Consultation provided by the Medical Director about diagnostic, medical, or polypharmacy issues. Services can include collaboration with the individual's team prior to a psychiatric appointment, accompanying the team to the appointment, medication history review by the START team, and outreach provided by the Medical Director to the treating provider.
- *Cross System Crisis Prevention and Intervention Planning (CSCPIP)*: Collecting and reviewing relevant information; brainstorming with the system of support; developing/writing, distributing, reviewing/revising the CSCPIP; training and implementation.
- *Crisis Follow-Up*: Time spent following up to coordinate services and supports after a crisis.
- *Facilitation of Planned Therapeutic Supports (Resource Center,)*: Coordination, preparation for, and/or facilitation of planned Resource Center admission or therapeutic coaching.
- *Comprehensive Service Evaluation (CSE)*: Receiving and reviewing records; interviewing the individual and system of support; writing the CSE; collaborating with START Clinical and Medical Directors on development of evaluation and recommendations; reviewing recommendations with person's system of support and developing an action plan.

The NH START program began providing telehealth services in response to COVID-19 and statewide social distancing requirements. Telehealth services began in March 2020 and continued throughout the year. Additional fields in SIRS were added to track telehealth outreach, and crisis follow-up. The percent of individuals who received telehealth services is in the table below. Table V.C shows the percent of individuals enrolled who received planned START services during the report period. Since individuals are enrolled at different points in time and have unique strengths and needs, not all enrollees received each planned service in the reporting period. However, there are certain expected benchmarks that all START programs should be meeting in order to assure fidelity.

Table V.C: Provision of Planned START Clinical Services: In-person and Telehealth

Variable	FY21 Total	Virtual Supports
N	293	
Utilization of Planned Services (% of Individuals)		
Outreach	88%	85%
Intake/Assessment	95%	62%
CSCPIP	78%	30%
Clinical Consultation	68%	
Medical Consultation	40%	
Therapeutic Supports	52%	26%
Crisis Follow-Up	28%	22%

START Tools and Assessments

START clinical services include the use of standard tools and assessments and are included below in Table V.D. They are re-administered or updated on a regular basis if the individual is enrolled and actively receiving START Services.

Table V.D: Percentage of active individuals who received assessments/tools: Completed and up to date at conclusion of FY

START Tools	Tool was completed (active)	Up to date (active)
START Action Plan	100%	79%
Aberrant Behavior Checklist (ABC)	97%	81%
Recent Stressors Questionnaire (RSQ)	98%	N/A
Cross Systems Crisis Prevention and Intervention Plans (CSCPIPs)	94%	83%
Comprehensive Service Evaluations (CSEs) Completed	16%	N/A

Section VI. START Therapeutic Supports

START Resource Center Services

The following table reflects utilization of the START Resource Center. The program has six beds, but during FY21, only four were regularly utilized to better maintain social distancing and other COVID safety protocols. Two of the four beds were designated for planned admissions. Planned admissions are intended to serve adults who live with their families or natural supports and have not been able to use respite in more traditional settings due to ongoing behavioral health concerns. Depending on the needs of the person and his/her family, the frequency and length of planned Center admissions may vary but average about 3 days per admission. The other two beds were designated for emergency admissions, which serve adult enrollees experiencing acute crises. Emergency admissions are longer and average about 15 days, during which time, guests received assessment and individualized intervention and discharge planning.

Table VI.A: Center-Based Supports

NH START	FY21	
Variable	Planned Admissions	Emergency Admissions
Number of individuals admitted	65	25
Total number of admissions	129	34
Range of days	1 to 26	1 to 35
Avg LOS (days)	3	15
Mode (days)	3	2, 28
Total time spent in Resource Center (days)	391	523
Number of individuals with more than 1 admission	34	7
Percent of individuals with more than 1 admission	52%	28%
Occupancy Rate (4 beds)	54%	72%

Therapeutic Groups

NH START began hosting virtual therapeutic groups for enrolled individuals through Zoom. The groups included those traditionally offered within the Resource Center as well as additional therapeutic groups focused on things such as healthy cooking, meditation and sound therapy. These groups are designed to provide many of the same supports typically available through START Therapeutic Coaching. Since March, NH START coordinators have hosted two live Zoom sessions every day, Monday through Friday. Average attendance at the virtual groups is between 8-12 individuals each session, and to date, just over a quarter (26%) of the NH START caseload have participated in these supports.

Table V.A: Virtual Therapeutic Groups

NH START	FY21
Individuals Served	76
Average number of hours (range)	22 (.25-181)
Total hours provided	1,683

Summary

NH START committed to keep the Resource Center open for both emergency and planned stays during the pandemic, to provide the necessary crisis supports to minimize emergency department visits and hospital stays. The Resource Center staff worked to maintain a safe and therapeutic environment during the entirety of the pandemic. Safety protocols and screening techniques resulted in no COVID cases at the Center and the work of staff allowed the Resource Center to remain open – the only one Nationally who did not experience any period of shut-down.

Section VII: Conclusion and Recommendations

The NH START program continues to meet clinical team fidelity requirements and operates as a certified START program. The following are START model recommendations for the NH START program for fiscal year 2022. The team will work directly with Center for START Services project managers to develop plans to address these recommendations.

Recommendations

- NH START leadership should develop a plan for maximizing new enrollments in the coming fiscal year. They should target active caseloads of 20-25 individuals per full-time START Coordinator.
- The NH START program should continue to document all residential transitions in SIRS to help determine if enrollment in START can impact placement loss over time.
- NH START teams need to monitor individuals for potential pandemic-related loneliness and isolation. In the event of increased restrictions due to the Delta variant, NH START coordinators will need to develop tools for addressing the loneliness and isolation symptoms which will likely result. Frontiers on Psychology suggests combating pandemic-related depression by emphasizing positive aspects of the pandemic such as the number of people who have recovered in hospitals[6].
- Program leadership should consider additional linkages to communities of color and refugee organizations to help ensure that START is reaching all those on the community who might benefit from services.
- The NH START team should consider increasing the amount of community training and outreach activities related to suicidality and I/DD. Resources for conducting these activities can be found in Moodlerooms, as well as in posters compiled by START teams during the START National Training Institute. Regular outreach contacts by the NH START team can be used to check-in with enrolled individuals and their families to monitor for pandemic-related emotional stress/dysregulation.
- Continue to closely monitor all occurrences of individuals enrolled in START who are made inactive due to disengagement, in order to inform new approaches to engaging referral sources, families, and individuals who can potentially benefit from START services.
- It is also important to monitor length of involvement and assure that services provided are comprehensive, effective, and timely. It is recommended that that all cases that are active for 2 or more years be assessed reviewed by the clinical director and Center for START Services program staff.
- Primary outreach and educational efforts should continue on the importance of identifying the bio/psycho/social needs of all individuals supported by NH START. The NH START program should continue to offer training on accurate diagnostic case formulations and the recognition of anxiety, trauma related issues, and medical comorbidities in individuals with IDD to a broader audience of community partners.

[6] Pietrabissa, G., & Simpson, S. G. (2020). Psychological consequences of social isolation during covid-19 outbreak. Frontiers in Psychology, 11. https://doi.org/10.3389/fpsyg.2020.02201

Appendix A: Center for START Services Training, Technical Assistance, and Consultation

Center for START Services Training Groups

Many START methods are unique to the model and incorporate best practices, START tools, and strategies to implement them. To develop proficiency, program staff participate in comprehensive training on these methods along with didactic training on the mental health aspects of intellectual and developmental disabilities. Training provided by the Center for START Services is targeted to the NH START program along with the community.

START Coordinator Training

START Coordinators and leadership staff complete a training course through CSS's online learning platform, Moodlerooms, with the goal of achieving START Coordinator Certification. Participation in the course requires enrollment in a 19-week Coordinator Training Group facilitated by CSS instructors. A combination of asynchronous training and web-based group dialogue is used. For office hours connected to the course, the participant identifies topics based on areas for their own professional growth. Frequent topics for office hour sessions include crisis planning, emergency response and evaluation, outreach, case conceptualization, and systemic consultation strategies.

Additional Center for START Services Training and Consultation

In addition to technical assistance and training provided directly to NH START program staff, there are other ongoing training offerings sponsored by the Center for START Services that are available to NH START and their partners.

START National Online Training Series

The START National Online Training Series (NOTS) on Mental Health and IDD is designed to provide innovative and topic-focused training to professionals that serve individuals who experience IDD and mental health needs. Pre-recorded trainings from this series are released once a month to the START Network (on the 3rd Friday of each month) from September through April. The 2020-2021 series also featured a live, virtual 1-hour Q&A session with that month's presenter facilitated by CSS instructors. The series is free for the NH START program and their partners. A comprehensive Review Guide is also provided for each presentation that can be utilized to independently facilitate small-group discussions between community partners about the material and its application to daily practice. Attendees can receive one contact hour/0.1 UNH CEU for viewing the pre-recorded presentation and completing the online evaluation. Topics offered between 7/1/2020-6/30/2021 were:

- **September 2020:** *START Therapeutic Coaching Strategies for Supporting Individuals with IDD and Suicidal Ideation,* NC START Central: Maggie Robbins, MA, LCAT, RDT, Clinical Director, Meredith Dangel, MA, CRC, Intern & Remy Jodrey, MS, LCMHCA, Therapeutic Coaching Team Leader
- **October 2020:** *Skills System: Strategies for Self- and Co-Regulation*, Julie Brown, Ph.D., President of the Skills System, LLC
- **November 2020:** *Collaborative Research in IDD and MH with a PCORI Project Update: Reconciling the Past and Changing the Future,* Jessica Kramer, Destiny Watkins, and Micah Peace (Part 1), and Jessica Kramer, Destiny Watkins, Micah Peace, Dr. Joan Beasley, Tawara Goode, Beth Grosso, and Fiorella Calle Guerrero (Part 2)
- **January 2021:** *Sexuality & IDD-MH*, Dave Hingsburger, M.Ed., Director of Clinical and Educational Supports for Vita Community Living Services
- **February 2021:** *Lost in Translation: Lessons about moving research in developmental disabilities into practice and policy*
  Yona Lunsky, PhD, Director of the Azrieli Adult Neurodevelopmental Centre and Professor in the Department of Psychiatry at the University of Toronto

- **March 2021:** *"Something's Different" –Concepts of Change in Adults with I/DD*, Julie A Moran, DO, Geriatrician/Internist, Clinical lecturer of Medicine, Harvard Medical School
- **April 2021:** *Aligning our Practices with our Beliefs: (Re) Engaging with Families in the Context of Trauma, Kelly Smith, LCSW*

2020 Virtual START National Training Institute

In light of the COVID-19 pandemic, the Center for START Services hosted a Virtual START National Training Institute (SNTI) from May 4-May 6, 2021at no cost to participants, as an alternative to its typical in-person annual event. This three-day event featured two keynote presentations with accompanying Q&A sessions, a research panel presentation, the premiere of the new START documentary film ("*Now We Have Hope: The Strength of the START Community*") with a panel discussion, research poster sessions, and an awards ceremony. The virtual SNTI was an enormous success with over 400 participants.

START Practice Groups

Practice groups are national communities within the START Network organized around START team roles, professional disciplines, and specific topics of interest. They are designed to facilitate active learning communities where members connect with others from across the country in similar roles and remain informed about best practices regarding both START implementation and MH/IDD topics. Each group is facilitated by CSS clinical staff and occasionally features invited speakers and special guests.

As part of the National START Network and learning community, NH START personnel participates in these forums to gain the knowledge and skills needed to improve system capacity. The goal of these groups is to ensure that all START teams have the latest knowledge and technical support to provide evidence-based services. Practice groups meet once monthly (or bi-monthly in the case of Medical Directors). The practice groups include:

- Children's Practice Group, facilitated by Karen Weigle, Ph.D.
- Clinical Directors Practice Group, facilitated by Jill Hinton, Ph.D.
- Clinical Topics Practice Group facilitated by Karen Weigle, Ph.D.
- Resource Center Directors Practice Group, facilitated by Bob Scholz, M.S., LMHC
- Therapeutic Coaching Practice Group, facilitated by Anne Laforce, MA
- Medical Directors Practice Group, facilitated by Karen Weigle, Ph.D. and Jennifer McLaren, M.D.
- Team Leaders Practice Group, facilitated by David O'Neal, MS, and Alyce Benson, LCSW
- Program Director Practice Group, facilitated by Andrea Caoili, LCSW, Alyce Benson, LCSW, and Jillaine Baker, LCSW
- Certified START Program Director Practice Group, facilitated by Jillaine Baker, LCSW

Appendix B: NH START PERMA-V Plan

PERMA - V

Positive Emotion – Positive emotions is a core focus on START Team meetings. Strength spotting and positive psychology approaches promotes that aspect of PERMA. To promote positive emotion in ourselves, in the individuals and teams we support, and within our program and systems with which we interface, NH START identifies the following strategies as best practice:

Formally incorporating kudos and strength-spotting in all of our staff meetings (collaboration meetings and all-staff meetings.

Organically creating and upholding our culture of strength-spotting and expressing gratitude through direct communication, emails and kudos/gratitude included in our Monday Mash-up

Coordinator model strength-spotting and the identification of interest, activities or skills promote positive emotion during team and systemic meetings. Coordinators work to promote a team to achieve FLOW and to move forward together with a goal of holistic wellness.

We strive to end every meeting with a positive note, whether it be the practice of a new skill, reflection on progress, cooperation on developing common goals or other wellness-based strategies

We strategically teach and model using tools such as 'what went well today and why' and incorporate into meetings, in creating goals, and other collaboration.

Promoting it internally by highlighting strengths and interests when writing clinical pieces and focusing on what is STRONG in the individual's life

Our NH START team shared addresses (those who were willing) so that others could send cards, tokens and expressions of gratitude to each other. This outreach among team members has strengthened relationships and increased collaboration, empathy and the overall morale of the coordinators.

During the COVID-19 stay-at-home and safer-at-home time periods, many coordinators employed the above with their individuals and their teams. All of who were grateful for the thoughts and kind words.

We also moved to quickly to create a schedule for virtual groups to provide much needed support to individuals and teams during this period.

NH START also moved quickly to provide enhanced training and support to Area Agencies and vendors.

During the COVID-19 stay-at-home and safer-at-home time periods, the NH START team created several ways to stay connected and support each other, including virtual coffee hours, lunches and afternoon social hour to promote mental well-being during the quarantine/stay-at home period.

Engagement – Engagement means "being one with the music, time stopping, and the loss of self- consciousness during an absorbing activity" (Seligman, 2012). "When we are engaged in things that we love doing, we lose track of time. We are living in the present moment and entirely focused on the task at hand. In positive psychology, this is referred to as 'flow'. During flow experiences, we are so intensely focused on what we are doing that time seems to stop." (https://www.wellbeingandresilience.com/engagement)

In the START model, we are taught to be active listeners, to ask questions, to be open to answers and new possibilities. The NH START program is committed to ask questions and listen to the answers, with each other in large groups, small groups and especially with teams and individuals.

As a team, NH START has a particular commitment to outreach to individuals and teams, to promote and maintain engagement and to build relationships.

Both START nationally and in NH are professional learning communities, promoting engagement through training and opportunities for specialized learning and professional growth opportunities.

The NH START teams seeks to promote and maintain engagement of coordinators through regular collaborative and all-staff meetings, regular supervision and daily contact through our triage calls. During triage we update each other on our daily schedule/plans, active cases, seek consultation and collaborate on individual cases. We have also incorporated triage 'event' such as Thankful Thursday and character strength review to increase active engagement during our morning calls.

As a result of COVID-19 stay-at-home orders, NH START quickly responded to provide outreach and support individuals, their teams and staff. On the first day the executive order was instituted, NH START began a daily outreach to teams to provide enhanced support and to brainstorm needed supports for individuals in their home. Over time we have returned to our monthly contacts, though many coordinators have a group of people that still have weekly zoom contact for support while they are still isolated.

Within a week, NH START began to offer virtual therapeutic groups twice daily to provide direct support to individuals. We also sent out sample schedules to providers with suggested routines, based on the START Center day, and the WOTD reflected in groups mirrored those schedules to promote continuity.

To support staff/coordinators we created scheduled time to be together socially, two coffee hours (hosted by Justin and Caitlin), one lunch hour (Hatch Habitat, hosted by Emily) and a daily afternoon check-in hosted by Val. For the first month, leadership made additional phone calls to staff to check on their well-being and to see if there was anything they needed, both in support and practical needs such as food, etc.

The NH team is committed to building a strong team and continue to brainstorm/implement fun and unique ways to foster active engagement with the work we do through mutual support and teambuilding, such a murder mystery lunch hour, program planning retreats, calling each other to check-in, and inviting and suggesting opportunities for each other to enhance each other's wellness. As a team, we care about the wellness of our peers and we promote a healthy work-life balance. COVID-19 has decidedly tipped that balance and we come together regularly to strategize how to manage

Relationship – Relationships refer to the many different interactions you have with others: your partner, friends, family, boss, colleagues, children and/or your community. Relationships refer to feeling loved, supported, and valued by others. We are inherently social creatures and positive relationships have a significant impact on our wellbeing." (Seligman, 2012).

Our relationships at work can have just as much impact on our physical and psychological health as our personal relationships. (Rath, T., J. Harter, J.K. Harter, 2010).

Building better relationships with colleagues, friends and family is something that most of us aspire to. One of the leading researchers in this field, Shelly Gable, says that sharing good news or celebrating success with other people has been found to foster positive social interactions, thus enhancing relationships. (https://www.wellbeingandresilience.com/relationships)

NH START values relationships as the critical component that enriches all other aspects of PERMA-V. Life is relationship – your ability to negotiate them will determine your level of happiness.

We practice active listening, we ask questions, we honor the individuals we support, their families and their teams. We acknowledge their expertise, their challenges and strive to meet people where they are and walk beside them in their journey to wellness.

Formally in our daily work, we foster relationship with team members, network partners and system partners. NH START team members nurture these relationships and work toward the development of formal linkages and collaboration agreements. NH START approaches each experience (outreach, training, consultation) with an eye on the possibility of enhanced relationship and mutual benefit for the individuals and systems we support. As these relationships develop, team members work toward formalizing relationships through letters of collaboration and formal linkage agreements.

As part of our formal relationship development plan, NH START team members host 'Meet and Greets' with Area Agencies, Bureau and agency departments, vendors and other network partners which provides an entry point to spark relationships and to provide education around our services and promote the benefits of the START program. Our newsletter provides a different avenue to develop and share information from our program with other agencies and programs.

NH START reshaped our Advisory Board and held 2 meetings prior to COVID-19 virtual supports, our next meeting is scheduled for August and will be held virtually. We also changed the purpose of the advisory board to better support our mission and the evolution of the NH START program. The new board has representation from area agencies, community mental health centers, families, hospitals, vendors and individuals and works together to strengthen our network and provide guidance and support to foster the growth of the program.

The relationship between the Clinical team and the Resource Center has improved drastically, collaboration and communication have improved with time and rather than two aspects of the program, we are truly becoming one team.

Internally, the NH START team focuses effort to improve interpersonal relationships, knowing that that strong relationships between peers improves productivity and resilience within the team. We support each other through strength-spotting, giving kudos and 'shout-outs' and celebrating our successes –both team and individual accomplishments.

We strive to have an open-door policy, both in leadership and in peer-to-peer interactions. As a team, we have identified that is important to be and feel connected to support success in our mission to provide exemplary support to our teams. As a team we strive to be proactive, if we see a co-worker is struggling, or if we have a struggle, and another co-worker demonstrates strength in that area we reach out to offer (or ask) for help. The NH START thrives on our strong relationship with each other; we take genuine interest in the team's collective well-being.

Sharing good food together always makes the team feel better.

The NH START team seeks to be more creative in reaching out to teams, in establishing relationships with families, vendors and agency and system partners – we would like to look at 'swag', better use of the newsletter/marketing materials, and a new brochure. We truly want NH START T-shirts.

NH START recognizes the value in celebrating contributions of our team and network partners, including but not limited to nominations for SNTI awards, newsletter recognition, spoken kudos etc.

We intentionally incorporate our core values in our practice, which not only provides focus on those values, but encourages engagement and sharing which strengthens our commitment and relationship to the work. We open staff meetings with a round of kudos; during triage calls, we incorporate character strength exploration on Tuesdays and practice gratitude on thankful Thursdays; we offer kudos, information and inspiration in our Monday mash-up email.

Meaning - To have a sense of meaning, we need to feel that what we do is valuable and worthwhile. This involves belonging to and/or serving something that we believe is greater than ourselves (Seligman, 2012). The search for meaning is an intrinsic human quality.

Discovering our true self has been the subject of philosophers, academics, artists and poets for millennia. The closer we get to being our 'true self', the closer we are to our source of meaning (Schlegel, et al, 2009). Having a broader purpose in life helps us to focus on what is really important when we are faced with a significant challenge or adversity in our life. (https://www.wellbeingandresilience.com/meaning)

As a team we recognize that when we reflect on our work and come to realize that through our educational efforts and modeling that we have shaped their thinking and the development of supports in some way. Receiving feedback from teams, seeing their thoughts on what we do, on how we've brought hope and empowered people to be their best - that is so rewarding. It is so meaningful to see the enrichment that our work delivers to the people we support, their teams and ourselves. The meaning is found in sharing awareness with others

Meaning in our work, in our team and in ourselves is found through strength-spotting, recognizing how character strengths influence how people interact with their environment and the people within it. We recognize that finding flow energizes our work and allows opportunity for growth and movement. We recognize that when accessing or working to develop a lesser used strength, will take more effort, and is the time to collaborate with other coordinator with complementary strengths.

Practicing gratitude, seeking to find hope and inspiration in what our individuals do and in how they achieve success generates meaning for us. We strive to intentionally practice gratitude through our Thankful Thursday segment in our triage calls as well as a weekly segment highlighting a character strength and taking a deep dive challenging us to explore all strengths.

Realizing that the evidence-based strategies we embrace in our work apply in a much broader sense, that we incorporate these philosophies and guiding principle into our own lives, with our families and that we have the ability to bring those to our circles and to the broader community. We recognize our capacity to bring PERMA -V to a broader audience, and through capacity building we influence the wellness of every person and system with which we interact. That is purpose; that is vision; that is meaning.

Celebrating the success stories of the NH START team, within the teams we support and the individuals we serve, generates meaning and engagement to foster the resilience we need to continue to provide the high quality of services that we expect of ourselves.

Accomplishment/Achievement – Having a sense of accomplishment means that we have worked towards and reached our goals, achieved mastery over an endeavour, and had the self-motivation to complete what we set out to do. Accomplishment contributes to our wellbeing when we are able to look back on our lives with a sense of achievement and say 'I did it, and I did it well' (Seligman, 2012).

Those who pursue goals that match their personal values and interests are more likely to attain those goals (Sheldon & Houser-Marko, 2001). Achieving intrinsic goals (relating to growth and connection, rather than money and status), produces larger gains in well-being (Sheldon 2004). https://www.wellbeingandresilience.com/accomplishment

The NH START team is strategic in its investment of time. We dedicate time to support each other, checking in with colleagues and families. We commit to set aside time to reflect on our work, on the individuals, teams and systems we support. We are a professional learning community and dedicate time to learn, to educate ourselves and research new practices and analyze our own.

The NH START team celebrates individual successes and honors, we open our joint meetings with kudos to provide time to strength-spot, express gratitude and acknowledge the achievement of our goals. We celebrate Coordinator certification and re-certification and are looking forward to our Program Certification. We strive to incorporate these strategies to our teams, we model the celebration of progress, success and accomplishment.

Particular program accomplishments of the NH START team that we wanted to celebrate and remember:

SIRS!!!!!!!! We have worked hard to improve and maintain high quality of SIRS data entry, compliance with fidelity standards and overall record-keeping. We have achieved this with multiple coordinator vacancies.

National recognition and broadcast of our CETs. NH has been recognized for the quality of our Clinical Education Team presentations and we are happy to invite national teams to join us. We learn so much from the perspectives of others. It has been an enriching experience.

2019 SNTI Poster award and the successful completion of our 2 –year analysis of the impact START tools have on preserving residential placements.

We particular want to recognize our peers, our team and the system in which we operate for our response during the COVID-19 pandemic timeline. During the COVID-19 period, NH START has been able to maintain our high level of service, in fact, we enhanced supports across the spectrum.

We immediately increased outreach to all active teams beginning March 16th, we also began to reach out to recently inactivated teams (3-6 months out) to assess their needs.

We committed to keep the Resource Center open for both emergency and planned stays, to provide the necessary crisis supports to minimize ED visits and hospital stays.

We developed a schedule to provide guidance to Home Care Providers suddenly charged to provide day supports in their homes

We began to offer and host Virtual Therapeutic Groups twice daily, Monday through Friday from March 23rd through the current day

We created a video greeting that we shared with other START teams and within NH to promote hope and mental well-being during the most active phase of the initial wave of COVID-19.

We offered enhanced training offering to our network partners sharing webinar series, self-care trainings, Zentangle workshop, etc.

Vitality

"There is importance of bodily movement as we acquire lives that flourish. Martin Seligman has a goal for the world population to flourish... and his goal is 51% by 2051 in the world flourishing. This is defined as fully living meaningful, lives according to the PERMA model. The Flourishing Center's founder Emiliya expanded the PERMA model to include V for Vitality! This describes movement as essential to Vitality, (PERMA-V: Training with Rigor & Vigor by Elaine O'Brien 11/19/14.)

Medical experts agree exercise is a key to physical as well as mental health. Movement is key to Vitality!
When we think of Vitality, what else comes to mind? Webster's dictionary defines this as 'lively, power of enduring, capacity to live and develop.' It is to err to believe we age and stop learning, or know enough.
https://lifebettermentthroughgod-blog.jimdofree.com/2018/11/01/the-v-of-perma/
The team participated in our company sponsored biometric health assessment.

Our team has firmly adopted Joni's GOYA (Get off your @$$) principle – they are working to incorporate regular zoom, fresh air and movement breaks into their daily schedule

When we have in-person meetings, we always provide healthy options such as salads, fruits, and water

We support each other to maintain healthy work-home balance, we step in and step up to allow every person to create the balance that works for them.

Appendix C: NH START Training Topics and Linkage Agreements

Table 1: NH START Training Topics

DATE	TOPIC
	NH Webinar Series - with Facilitated discussion
7/10/2020	Positive Psychology
7/24/2020	Health, Wellness and Medical Conditions Among People with IDD
12/11/2020	Healing from Trauma and Learning to Thrive!
1/8/2021	Genetic Disorders and Associated Behavioral Phenotypes
2/12/2021	Bereavement and Grief in Individuals with IDD
3/12/2021	Guidelines for Psychotropic Medication Treatment and Polypharmacy: Why Don't We Practice What We Preach?
4/9/21	Substance Use and IDD
5/14/21	Borderline Personality Disorders in Adults with IDD
6/11/21	Using Alternative Therapies with Individuals with IDD
7/9/21	Psychopharmacology of Autism Spectrum Disorder (ASD)
Various	***National Online Training Series - with facilitated discussion***
	Community Training and Forums
10/1/2020	Trauma and Attachment
10/16/2020	Mental Health/IDD Deep Dive
6/22/2021	IDD, Inclusion and Mental Health
6/28/2021	START Overview (R2)
6/14/2021	Borderline Personality Disorder (R2)
1/13/2021	START Overview (R1)
Quarterly	START Overview/Q&A
	Overview of Depression and IDD
	Personality Disorders
	Mental health and I/DD
	Intro to Positive Psychology
	Healing from Trauma and Learning to Thrive!
	Trauma Pt. 1 (Harvey)
	Aligning our Practices with our Beliefs (RE) Engaging w/ families in the Context of Trauma
	Mental Health and ID: Challenges and Issues
	Anxiety Disorder
	Anxiety TS Review
	NOTS purpose and meaning
	Skills Building
	Relaxation and Stress reduction
	Consequences of Childhood Trauma

	Borderline Personality Disorder in Adults with I/DD
	Using Validation to help regulate emotions
	Scheduling with Intention
	TBI and Trauma Informed Care
3/23/20-current	***Virtual Therapeutic Groups - 10 AM and 2 PM daily***

Table 2: NH START Linkage Agreements

Linkage Partner	Role in the System
Community Partners Behavioral Health	Developmental Services Area Agency
Genesis (now Lakes Region Community Mental Health)	Community Mental Health Center
NHH	State Psychiatric Hospital
NHS Mental Health	Community Mental Health Center
Seacoast Mental Health Center	Community Mental Health Center
Becket	Residential/Day Vendor
CLM	Community Mental Health Center
Farmsteads	Residential/Day Vendor
R5 MDS AA	Developmental Services Area Agency
R7 Moore Center AA	Developmental Services Area Agency
R8 One Sky AA	Developmental Services Area Agency
RiverBend	Community Mental Health Center
Matthew Constable	Private Therapist
Concord Hospital	Community Hospital
Easter Seals	Residential/Day Vendor
IPPI	Residential/Day Vendor
Manchester Mental Health Center	Community Mental Health Center
R1 NHS AA	Developmental Services Area Agency
R10 Community Crossroads AA	Developmental Services Area Agency
R2 Pathways AA	Developmental Services Area Agency
R3 LRCS AA	Developmental Services Area Agency
R6 Gateways AA	Developmental Services Area Agency
R9 Community Partners AA	Developmental Services Area Agency
Summit	Residential/Day Vendor
ISN	Residential/Day Vendor
The Friendly Kitchen	Community Food Bank/Soup Kitchen
Penacook Rescue	Emergency Services
Boscawen Police Department	Emergency Services
Krumpels Center	Residential/Day Vendor
Fast Forward (regional)	Children's MH service
Trugranite Guardianship Services	Guardianship Services
MFS	Community Mental Health Center
Hillsboro Police Department	Law enforcement

West Central Behavioral Health	Community Mental Health Center