

START
Systemic, Therapeutic
Assessment, Respite and
Treatment

Joan B. Beasley, Ph.D.

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

Herb Lovett, Ph.D.

Crisis prevention and intervention through a system of care approach

AKA: “A Crisis is a problem without
the tools to address it”

MH/ID Community service system

- Service Planning/Coordination
- Cross Systems/Interdisciplinary Training
- Outpatient mental health: counseling/psychiatry
- Health care and dentistry
- Crisis Prevention and Crisis Intervention Planning
- Residential/Housing/Day/Vocational: Habilitation
- Respite
- Inpatient Hospitalization
- Hospital Diversion/mobile crisis support
- Psychology/Behavioral Support Planning
- Family Support/Education/Outreach

Problems with most ID/DD systems:

- “Troublesome” behaviors considered unacceptable in many support and service venues.
- The last and least served (i.e. latest trends in congregate or institutional living)

Problems with the MH System

- Stigma
- Much more likely to use emergency services
- Lack of training (diagnostic overshadowing)
- Lack of expertise
- Medication issues

Effective Service Systems:

The 3 A's

- Access
- Appropriateness
- Accountability

Access

- Timeliness
- Array of services
- Availability
- Geographic proximity
- Resources alone should not define service use...

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"Unfortunately, you have what we call 'no insurance.'"

Appropriateness

- Service matches recipients wishes
- Service allows for self determination whenever possible
- Providers have expertise
- Service matches needs...



Accountability

- There is consensus with regard to roles and responsibilities on the part of providers
- Services are cost effective
- Recipient is satisfied with services
- Services meet objectively established goals
- Services change with the changing needs of the service user
- Listening and mutual respect in the system is required...

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"I don't listen to the evidence. I like to make up my own mind."

Coordination of services helps to insure effectiveness

**The Core Elements of an Effective system
building process
(Building a System of Care Primer
Sheila Pires)**

- 1. Leadership and constituency building**
- 2. A strategic mindset**
- 3. The importance of orientation to sustainability**

Constituency Building: A Core leadership group

Constituency (representatives)

Credibility (within the community)

Capacity (to engage other stakeholders)

Commitment (to the challenge of system building)

Consistency (in vision and message)

Effective collaboration

the roles and goals are clear with concrete purpose and objectives

systemic consultation

meaningful partnerships

mediation and team building

a positive attitude (all are competent)

Strategic planning

Common goals

Common values

Common principles

a clear population focus

Funding and resources

the importance of fidelity

monitoring resources

importance of measuring what you are doing

and what it takes to do it

The “START” model: Systems Linkage Approach

(developed in 1989)

- KEY: Enrich the system (avoid strain)
- Resources allocated to promote linkages (i.e. the use of a “linkage team”)
- Resources allocated to fill in service gaps
- Services provided across systems
- Outreach is key
- Develop a common language
- Identified by the US Surgeon General in 2000 as a national model to overcome disparities in access to mental health care

Strategic planning and START

- Written interagency linkage agreements specifying roles and responsibilities of various agencies and providers.
- Forum designed to promote interagency collaboration both with regard to stake holder needs and clinical issues.
- Standardized protocols for comprehensive crisis prevention and intervention assessments and plans that link MH and ID providers and treaters.
- The ability for provide outreach and hand on assistance to caregivers and families to improve collaboration and service outcomes.
- Contract requirements to insure interagency collaboration and cooperation?

START Structural Planning

- Identify the key decision makers in the system at large and for the individual
- Clarify roles and responsibilities
- Understand how decisions are made and should be made
- Data driven evidence based practices are essential
- Assume the competency of partners
- Engagement of stakeholders

Focus on maximizing resources

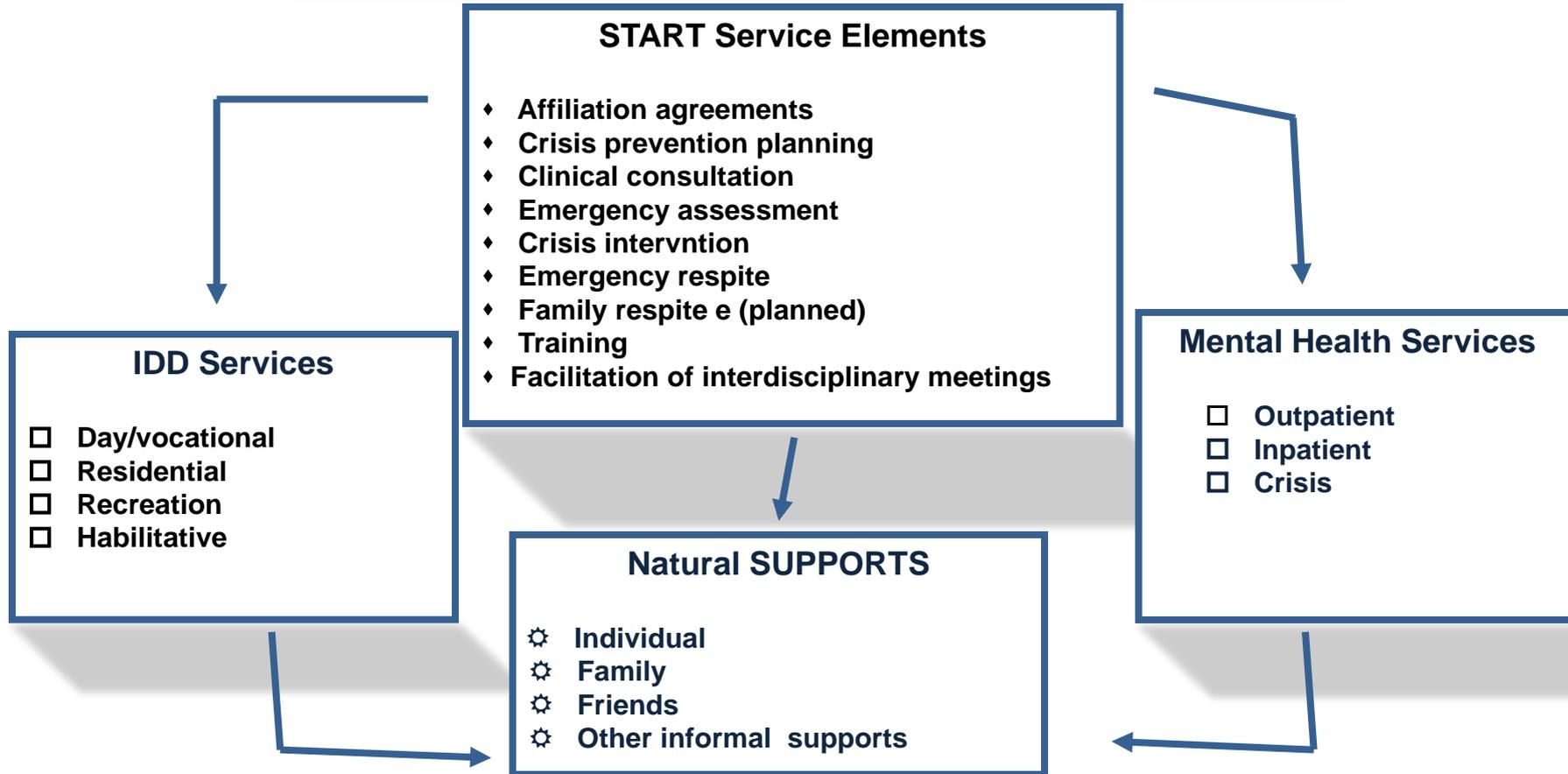
- Technology: web-ex, webinars, on line training, conference calls, Skype, etc...
- Review of data and modification of services as needed
- Both actual and virtual team meetings
- Natural supports are key

START Locations

Stars indicate
states with full
implementation of
START Services

The START Model

(Beasley, Kroll & Sovner, 1989)



Service Enhancements

- Intensive case management/service brokers
- Consultation
- Training
- Crisis support 24 hours/7 days a week
- Respite/hospital diversion
- Outpatient services
- Inpatient support

Essential components

- Linkages
- Expertise (in some places this needs to be developed)
- Family support and education
- Planned and emergency respite services
- Cross systems crisis prevention and intervention planning
- Evidence based practices and outcome measures (advisory council, clinical team, data analysis)

Short term Respite Services

- diagnosis and treatment formulation
- symptom monitoring
- emergency support
- *hospital diversion*
- community transition from hospital
- family support and education

Sustainability

- Statewide plans evolved in short period of time
- The Medicaid Waiver program
- Legislated dollars used to develop projects later included in home and community based waiver and state mental health plan

Difficulties Associated with Service Linkage

- Resource issues
- “Cultural” issues
- Systemic obstacles
- Training issues and the need for expertise

Outcomes associated with START:

- 1.Reduction in inpatient and emergency service use
- 2.Improved capacity of the system to provide services.
- 3.Families remained in tact with high degree of satisfaction
- 4.Cost effective
- 5.Application of the model varies with venue

New Hampshire START

- Training service coordinators in three regions to do comprehensive service evals.
- Development of expertise
- Clinical Education Teams
- Development of services and service linkages

Other START Programs

- TN START
- NC START
- Butler County START
- The START Partnership for Children (Ohio and CT.)