START
Systemic, Therapeutic, Assessment, Resources and Treatment

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http://iod.unh.edu/Projects/start/description_history.aspx
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"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._
Assessment leads to appropriateness

"If I had an hour to solve a problem, I would spend 55 minutes thinking about the problem and 5 minutes thinking about the solution."

~ Einstein
Public Health Model and START

- **Primary**: Capacity building; communication and collaboration, improved quality services and quality of life; accountability

- **Secondary**: Expertise, access to appropriate care, cross systems communication; crisis prevention; accountability

- **Tertiary**: Expertise, appropriate response, stabilization, intervention; accountability
Numbers Benefitting from Intervention

System gap analyses, work force development and identification of risk factors

Primary Intervention: Improved access to services, treatment planning, integration of health and wellness, and development of service linkages

Effective Strategies ‘Changing the odds’

Secondary Intervention: Identification of individual/family stressors, crisis planning/prevention, respite services, medication monitoring and crisis intervention services

Improved Supports ‘Beating the odds’

Tertiary Intervention: Emergency room services, hospitalizations and law enforcement interventions

Accurate Response ‘Facing the odds’

Potential impact of intervention

Required intensity of intervention
Core START Elements

• Trained Linkage Coordinators (systems navigators)
• Linkages (local, statewide, national)
• Solutions focused (STRENGTH model); positive psychology
• Consultation, service evaluations
• Training, forums for collaboration
• Crisis support 24 hours/7 days a week
• Planned therapeutic resources (in-home and center-based)
Core START Elements (continued)

• Crisis therapeutic resources (in-home and center based)
• Expertise as members of core team: learning community
• National Center for Excellence
• Data-driven, evidence-informed practices (START Information Reporting System or SIRS)
START Service Development

- Developed in 1988 Danvers MA Northeast Region of MA.
- TNSTART (2003-2007); re-engaged 2014
- NC START first statewide implementation (2009), followed by NH (2010)
- Ohio: First START influenced local programs developed for children and transitional youth (2009)
START Service Development (continued)

- Virginia REACH (2011) (2 regional teams, three influenced by START)
- ArkSTART: First START program developed by a private provider network (2011); expansion 5 teams (2013-14)
- Noted as a best practice by NASDDS (2012)
- TX START (Tarrant, Travis Counties and El Paso) 2013
- NY START pilots (one state operated, one private provider) 2014
- Expansion to children in some locations (2014)
The Role of the Center for START Services

1. Training by national experts, identifying local experts
2. Technical Support to START teams
3. Certification, fidelity, best practices
4. Evidence-based practices
5. Linkages between START teams
6. Research and publishing
7. Development of leaders to improve systems of care throughout the U.S.
NCSTART

• Exceptional dedication from providers and leadership close to the program.
• Mandate was for full program, funds were for less than half of what was needed.
• Reliance on case managers and other first responders no longer available.
• Inability to build capacity due to lack of resources while much has been accomplished could have achieved much more.
• START services children ages six and up but not in NC.
What NCSTART currently does

• Collaboration with MH practitioners and prescribers in the community.
• Collaboration with MCO care coordinators, state facilities, and mobile crisis teams.
• Crisis intervention planning, linkages and outreach.
• Support to many who have no other support especially families.
• Highly skilled, highly trained workforce.
• Limited 24 hour crisis response.
• Training, clinical education teams.
• Therapeutic setting for crisis intervention and assessment, family support.
• Evidence-based and evidence-informed practices.
• National leaders in the field.
What NC START could do in addition

- More of what we are doing.
- Help to build capacity to take root in a ever changing system.
- Serve all of those in need of START services.
- Provide in home supports.
- Respond in a more timely fashion.
- Provide ongoing coaching and training to residential and vocational providers.
- Provide services to children; work with schools.
- Proactively support community integration through more coaching, outreach, comprehensive assessments and training.
- Provide training and support to those who have co-occurring SA needs.
Systems change has its ups and downs

"You never fail until you stop trying."

~ Einstein
References
