



START Services

December 11, 2013



Courtney Burke
Commissioner



Andrew M. Cuomo
Governor



Nirav R. Shah, M.D.
Commissioner



Background

- Historically, crisis response services for individuals with I/DD and co-occurring mental health and behavioral problems have varied across the state
- Variability of available services influenced by:
 - Population served
 - Mental Health-Developmental Disability divide
 - Regional/geographical differences
 - Fiscal constraints, facility closures



Problems with ID/DD and MH Systems

- Eligibility issues: DD or MH, not both
- Shortage of appropriate resources for individuals with I/DD and mental health problems
- I/DD individuals much more likely to use emergency services
- Lack of training and expertise in I/DD (diagnostic overshadowing, differential diagnosis)
- Medication issues/overreliance



New Initiative at OPWDD

- New initiative at OPWDD to address the need for available community based crisis prevention and intervention services for individuals with intellectual/developmental disabilities (I/DD) and co-occurring mental health and behavioral health needs.
- New program will ensure that individuals with complex service needs can secure adequate treatment options when they need them most *in the least restrictive setting possible.*
- ***Program is called “START Services.”***



START Services

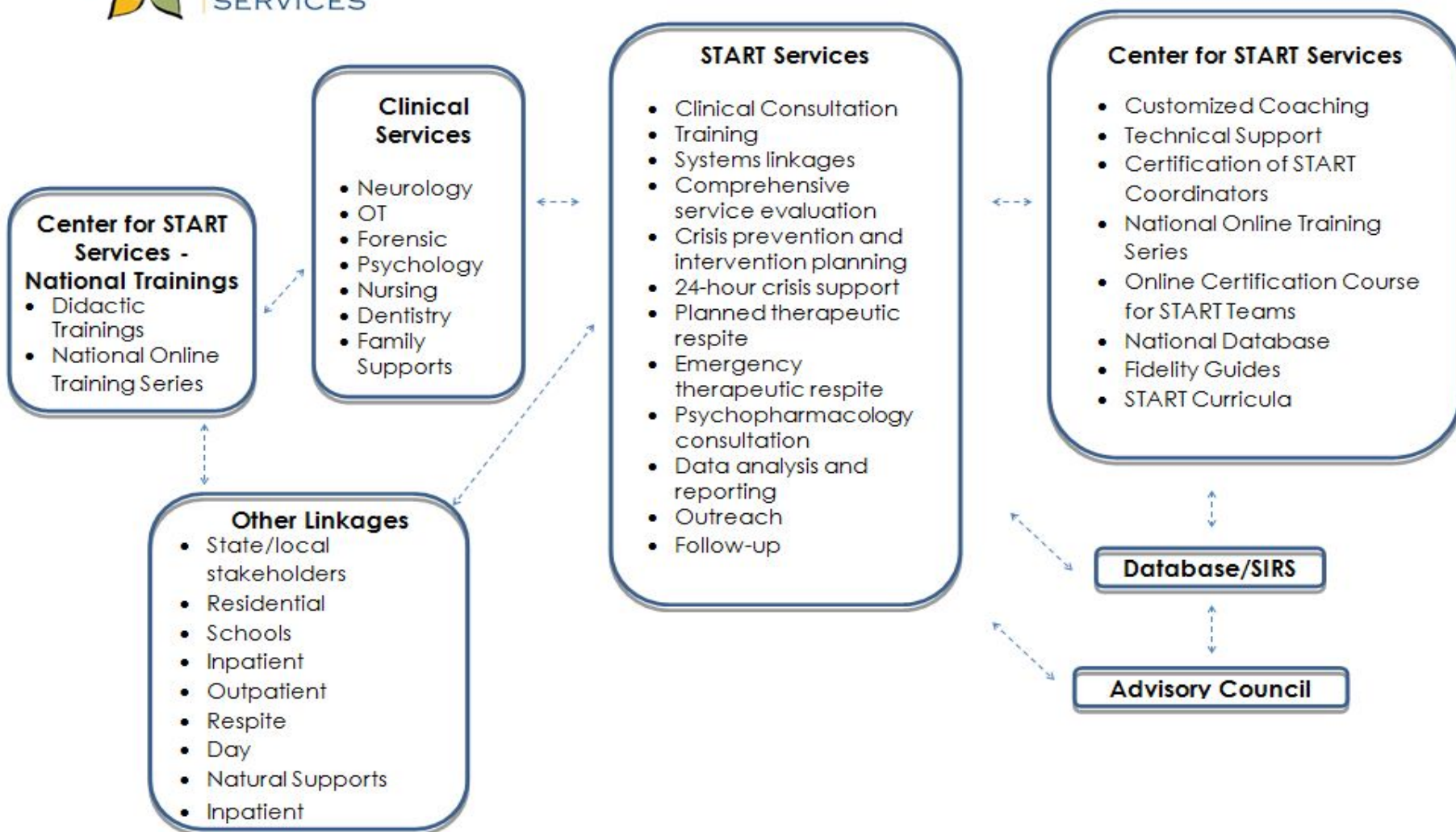
- START: Systemic, Therapeutic Assessment, Respite and Treatment
- A mental health system for crisis prevention and intervention for I/DD individuals based on evidence-informed program
- Center for START Services led by Joan B. Beasley, Ph.D.
 - Research Associate Professor at the University of New Hampshire /Institute on Disability
- START, existing since early 1990's, implemented in numerous states, including N. Carolina, Tennessee, Virginia



Components of START

- Multi-level linkages between agencies and providers (local, statewide, national)
- Clinical education teams
- Family support and education
- Cross systems crisis prevention and intervention planning using standardized protocols that connect MH and I/DD providers
- Employs data driven, evidence-informed practices and outcome measures

START LINKAGES OVERVIEW





Core START Elements

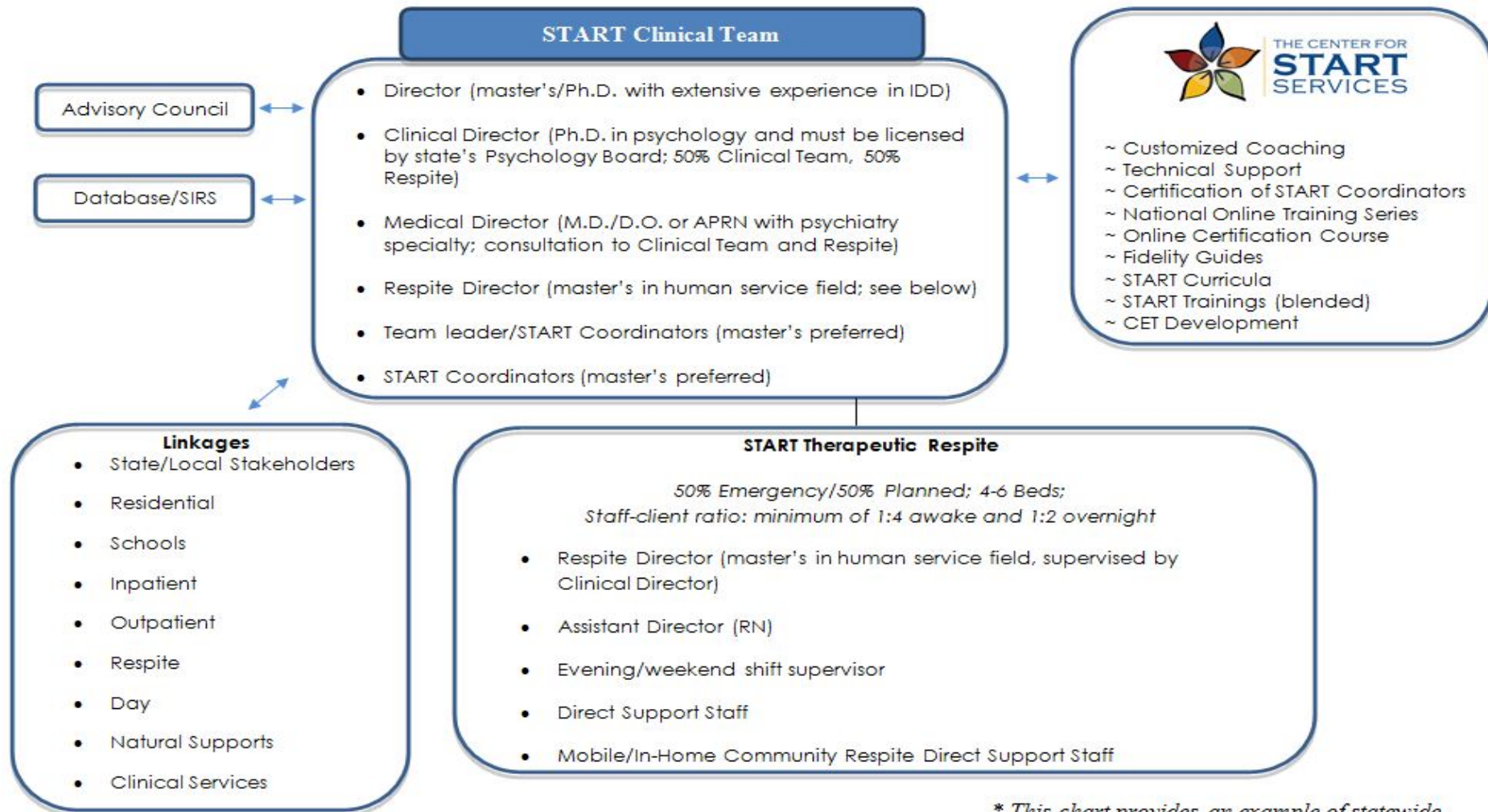
- Trained Linkage Coordinators
- Consultation, assessment, service evaluations
- Training forums for collaboration
- Crisis support 24 hours/7 days a week
- Team response time, 2-3 hours
- In-home supports (ages 6 – adult)
- Site Based Therapeutic Respite (ages 21 +) – both planned and emergency use



Core START Elements (cont'd)

- Technical support to maintain program integrity and fidelity to the START model
- Individualized approaches to address regional and population diversity
- Person-centered focus
- Understanding that problems occur in the context of the system of support

START ORGANIZATIONAL CHART*



** This chart provides an example of statewide START implementation*



START Outcomes

- Reduction in inpatient and emergency services use
- Traditional MH providers become more willing to serve
- Cross systems planning becomes core service element
- START shown to be cost effective



Emerging Model: OPWDD Regional Pilots

- Regions identified for pilot of START program based on plan for DC closures
- Pilot of START program in OPWDD Region 1 (Western and Finger Lakes) *and* Region 3 (Capital District, Hudson Valley, and Taconic)
- Implementation in Region 4 after Region 3



Emerging Model: State and Regional

- Central Office oversight of statewide rollout , program integrity, troubleshooting
- OPWDD START liaison in each region (duties assigned to existing staff person)
- Development of Statewide and Regional Advisory Councils



NY START Overview (cont'd)

- Strategic planning forums already held this year for stakeholders and providers in Regions 1 and 3
- Large group of diverse stakeholders in attendance, including representatives from I/DD agencies, MH agencies, county and state I/DD and MH representatives, leaders/clinicians/physicians from major hospitals and university centers
- Very positive response from stakeholders attending
- Information about NY START services posted on OPWDD and START website



NY START Overview (cont'd)

2014 Implementation Plans Include:

- Plans to implement 2 START Clinical Teams and 2 four-bed therapeutic respite houses in key Region 1 locations
- Plans to implement 1 START Regional Clinical Team (with 3 smaller teams operating out of strategic locations) and 1 four-bed therapeutic respite house in key Region 3 location



NY START Region 4

- Meeting with OPWDD staff was held in late spring to discuss plan to develop START program in Region 4 (Metro, Brooklyn, Staten Island, Bernard Fineson)
- Region 4 START timeline is evolving
 - Strategic posturing to bring knowledge gained from rollout of START in Regions 1 and 3 into Region 4



NY START Models

- Implementation models vary across the regions, and may include blending of operational systems:
 - Region 1 – RFP to select voluntary provider to operate START program
 - Region 3 – START program to be operated by OPWDD
 - Region 4 – to be determined



Implementation

- Throughout planning and implementation process, START consultants will:
 - Provide consultation and technical assistance
 - Assist in development of START clinical teams
 - Conduct educational trainings to OPWDD and stakeholders
 - Implement data collection and reporting system
 - Develop and implement comprehensive respite services
- Full implementation typically takes four years



For More Information

- Center for START Services website:
 - www.centerforstartservices.com
- Video about START Services presented by Dr. Joan Beasley
 - <http://vimeo.com/user11548197/review/46700446/2df708e390>
- Video about North Carolina START
 - http://www.youtube.com/watch?v=YvzFw2jpaZY&feature=player_embedded