

START
(Systematic, Therapeutic, Assessment, Respite and Treatment)
PROGRAM SUMMARY

The primary goal of the START program is to provide effective supports and services for OPWDD eligible individuals with behavioral health needs. These supports and services must be inclusive, timely and community based, meet specific needs of an individual and contain specified outcome measures including effective treatment with reasonable costs.

START is predicated on a series of intermingled basic elements namely:

- Formal affiliation/linkage agreements
- Mobile crisis management
- Crisis plan development
- Emergency respite

A *Cross System Crisis Plan* is development for each START service recipient with the *universal goals* of:

- Determining what the individual is communicating by their behavior
- Developing and improving coping strategies of the individual and caregiver via the inclusion of
 - proactive interventions
 - solution focused intervention
- Preventing the system from going into crisis including defining roles and responsibilities for specific professionals and service providers
- Simplifying individual access to ongoing and emergency services
- Completion within 60 days

Service delivery is based on established criteria for crisis intervention and prevention situations. The Clinical Team includes a Director, Clinical Director (psychologist), Medical Director (psychiatrist) and Team Clinicians. Clinical Teams:

- Evaluate treatment strategies and update crisis prevention plans
- Foster active communication among providers and direct caregivers
- Provide outreach support through home visits
- Attend admission and discharge meetings for psychiatry inpatient and planned START respite stays
- Consultation to residential and day service providers
- Attend follow up meetings and assist with attendance at appointments with mental health providers

In home Community Support – START teams comprised of well-trained and highly supervised bachelor and master's degree staff will have the capacity to provide in home supports including:

- Triage assessments completed within 2 hours of request

- Targeted assessments and stabilization of person in natural setting
- Mobile crisis response
- Emergency in home stabilization supports available throughout the region for up to 72 hours per intervention period.

SECOND PHASE of START program services will include:

Facility Based Clinical Respite Service – 4 bed facility (2 beds planned, 2 beds emergency) This will provide therapeutic supports to people who require out of home evaluation, stabilization and/or treatment implementation. Each facility will:

- Be geographically accessible
- Provide enough space to provide a therapeutic environment
- Provide staffing ratios to allow for individual programming
- Provides assessment and supports in a highly structured setting
- Closely linked with START Clinical Team and includes evaluations by Medical and Clinical Directors.
- Private bedrooms, space for programming and meetings