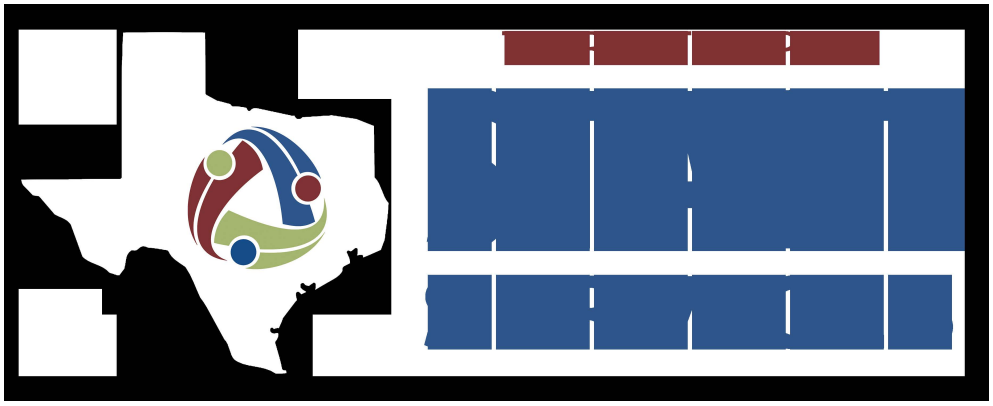

El Paso County Systemic, Therapeutic, Assessment, Resource and Treatment Program (El Paso County START)

Annual Report

November 2015 – October 2016

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Executive Summary

Stability and fidelity have been the focus of El Paso START this year. Staffing has remained stable and they have been able to put the structure in place to meet the fidelity to the model. The program has increased the number served this year by 46%, from total number of 41 individuals to 60 individuals since the inception of the program in 2014. This number remains small but consistently trending upwards and the factors to determine success are all present. Given that the team consists of three and a half full time coordinators, a team leader, and clinical director and that the program is supporting many families (natural and foster), this trend is not surprising or concerning.

Although the team began in Feb 2014, their official START conference kickoff was held in October 2015 and the 150 in attendance left inspired. The community has continued to embrace the START team. It is a small team but one that we have been able to learn from as we face similar issues elsewhere with large minority or non-English speaking consumers. As the program enters year 3 of implementation, they will be applying for National START Program Certification as a certified clinical team. Achieving this will be a great accomplishment as the El Paso START Program is the first START program in Texas who will be applying to complete this process.

In October 2016, they successfully participated in a pre-program certification review. Findings included need for a medical director, developing a clear protocol for the on-call response required for START recipients, and an overall structural design concept for how START fits into the larger Emergence Health Network design. They have already addressed the Medical Director need and are moving forward with program certification scheduled to occur in 2017.

El Paso START now has 4 out of 6 members of their team that have achieved START coordinator certification, a rigorous training curriculum process that demonstrates an expertise in MH/IDD and the START model. The program has also participated in national research initiatives in partnership with the Center for START Services to measure the effectiveness of services they are providing to members of the El Paso IDD community.

We at the Center for START Services see great promise in the El Paso START team and the people we have had the privilege to work with. They are dedicated, hardworking, and committed to providing the best services possible. We congratulate them on their accomplishments.

David O'Neal, MS
El Paso START Project Manager
Center for START Services, UNH/IOD

Program Background

El Paso was the first county in Texas to contact the Center for START Services (CSS) after they had identified the gaps in their service system around the treatment and services of individuals with IDD and co-occurring mental health issues. Their search for a model to address the gaps identified START (an acronym for Systematic, Therapeutic, Assessment, Resources, and Treatment), which promotes a comprehensive system of support to optimize community living for individuals with intellectual/developmental disabilities (IDD) and mental health needs. The underlying philosophy of START is that services will be most effective when everyone involved in care

and treatment participates actively in treatment planning and service decisions. In order for this to occur, collaboration between service providers and with service users must occur. START has been recognized by the U.S. Surgeon General as a model for supporting individuals with IDD and mental illness/behavioral health needs.

After numerous discussions between EHN and CSS, Dr. Joan Beasley and David O'Neal first met the team in February 2014. They had just recently hired all staff, a team lead, and the director internally. Since that time, the program has experienced 100% turnover in addition to operational and clinical barriers. The team has since stabilized and have more than half of their team certified as START coordinators. START coordinator certification is a rigorous training process including didactic training, workshops, document review and a case presentation to a panel of reviewing from CSS. Becoming a certified START coordinator means that the person has an enhanced expertise in the mental health aspects of IDD and the implementation of the START model.

Findings

Below are descriptions of referral trends, characteristics of persons served, emergency service trends, and service outcomes of those served by El Paso START based on data entered into the START Information Reporting System (SIRS) by El Paso START coordinators.

Enrollment Trends

Since the inception of the program in mid-2012, 100 individuals enrolled and received services from El Paso START. In FY16, 21 new individuals were enrolled in services. Coordinator caseloads tend to hover around 12 individuals per coordinator at this time. This is lower than other START programs, however the El Paso team is often faced with limited resources available in the county, supporting a large percentage of families, spending time on community capacity building activities (trainings and outreach), and developing a linkage network. All of these are critical areas of need and of high level of interest from the community partners in El Paso.

Table 1: El Paso START Census

Number at Start of Fiscal Year (11/1/2015)	41
Enrolled During Fiscal year	19
Inactivated** During Fiscal Year	33
Total Served in Fiscal year	**60**
Active* Caseload at End of Fiscal Year (10/31/2016)	**27**

**Active: This refers to individuals who has had an intake, been assigned a START coordinator and is receiving on-going START services. There is the expectation for on-going assessment, time tracking and service out-come tracking for all active START participants.*

***Inactivated: This refers to any person who is no longer receiving ongoing START services because their situation has stabilized or changed. While the person may be getting periodic follow-up calls, there is no expectation of time or service out-come tracking.*

Individuals enrolled in START services typically remain active for 12-18 months. Individuals can be made inactive for a variety of reasons including stable functioning, moving out of a START region, or because the individual/family no longer wishes to receive services. The majority of individuals (79%) inactivated from El Paso START during the fiscal year were inactivated due to stable functioning. The length of stay in active START services for all individuals inactivated during the fiscal year was about 13.5 months. This is consistent with the START model and is a positive trend. Individuals inactivated from START services can be re-activated at any time if their circumstances change and they wish to re-engage with START services. We have not experienced issues with recidivism in cases. This is positive and may reflect on the correct assessment of stability as a reason for closure. However, we must pay attention and follow up with inactive clients and their systems to ensure ongoing stability.

Table 2: Reasons for Inactivation

Reason for Inactivation	**Total Number (per reason)**	**Frequency**
Inactive (stable functioning)	26	79%
Inactive (extended developmental center stay)	3	9%
Inactive (no longer requesting services)	4	12%
Total Individuals Inactivated (FY16)	**33**	**100%**
Average LOS in START	**13.5 months**	

The following information refers to those individuals who were newly enrolled in El Paso START during fiscal year 2016 (N=19).

Source of Referral

For those individuals enrolled in El Paso START during this fiscal year (N=19), case managers referred the majority (32%). However the percentage is much lower than for the program overall (66%), which suggests that referral sources are becoming increasingly diversified as the program matures and creates stronger linkages and a reputation of effectiveness with various other systems and partners.

Table 3: Source of referral for individuals newly enrolled in services in FY2016

Source of Referral to START (FY16)	Number	Percent
Case Manager/Service Coordinator	6	32%
Day/vocational service provider - community	3	16%
Emergency services/mobile crisis team	3	16%
Family member	2	11%
Unreported	5	26%
Total FY16 New Enrollments	19	100%

Presenting Problems at Enrollment (FY16)

Historical data show that the majority of individuals El Paso START has served are referred for externalizing behavioral challenges, which include physical aggression, property destruction, verbal aggression, and self-injurious behaviors. FY16 trends are consistent with this as well as with national START trends. Other reasons

for referral include mental health symptoms (26%) and family needs assistance (21%). The majority of individuals reported multiple concerns at time of enrollment with the average number of challenges reported 2.1.

Table 4: Primary reasons for referral for individuals enrolled in services in FY2016

Problems at Enrollment	Number	Frequency
Aggression	12	63%
Risk of placement loss	2	11%
Decreased daily functions	3	16%
Diagnosis and treatment plan assistance	3	16%
Family needs assistance	4	21%
Leaving unexpectedly	3	16%
Mental health symptoms	5	26%
Self-injurious	2	11%
Sexualized behavior	3	16%
Suicidal ideation/behavior	2	11%
Average # problems reported	**2.1**	
Total FY16 Enrollments	**19**	

Characteristics of Persons Served

This demographic and diagnostic trend data describes all individuals (N=60) served by El Paso START at any time during FY16 (11/1/2015-10/31/2016). Whenever possible, these data are compared to data from other adult-only START programs nationally.

Age of Enrolled Individuals

Figure 1 below shows the age distribution at enrollment for individuals enrolled in El Paso START compared to other START programs nationally that serve only adults.

Figure 2 below provides additional data related to the current age of adults served by El Paso START in FY16 as well as for other adult-only START programs nationally. There is very little difference in the age of individuals served by El Paso and those adults served in other START programs.

Figure 1: Age Distribution for all individuals enrolled in services in FY2016

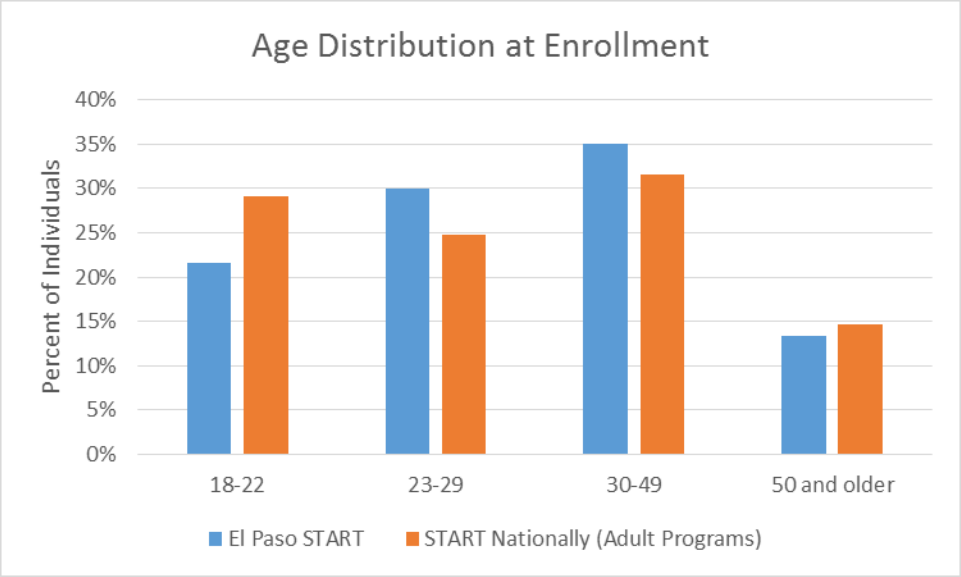
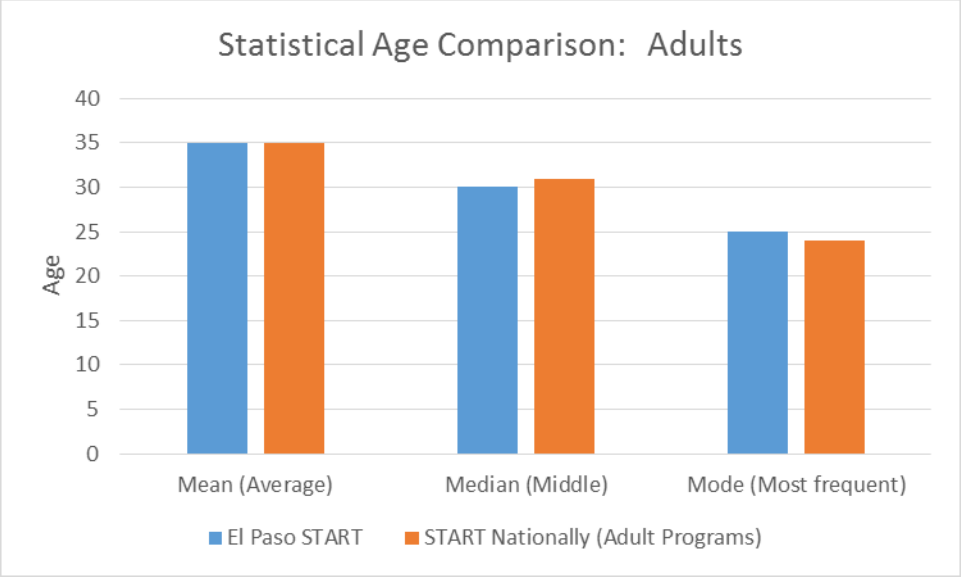


Figure 2: Statistical Age Comparison: Current Age



Gender of Enrolled Individuals

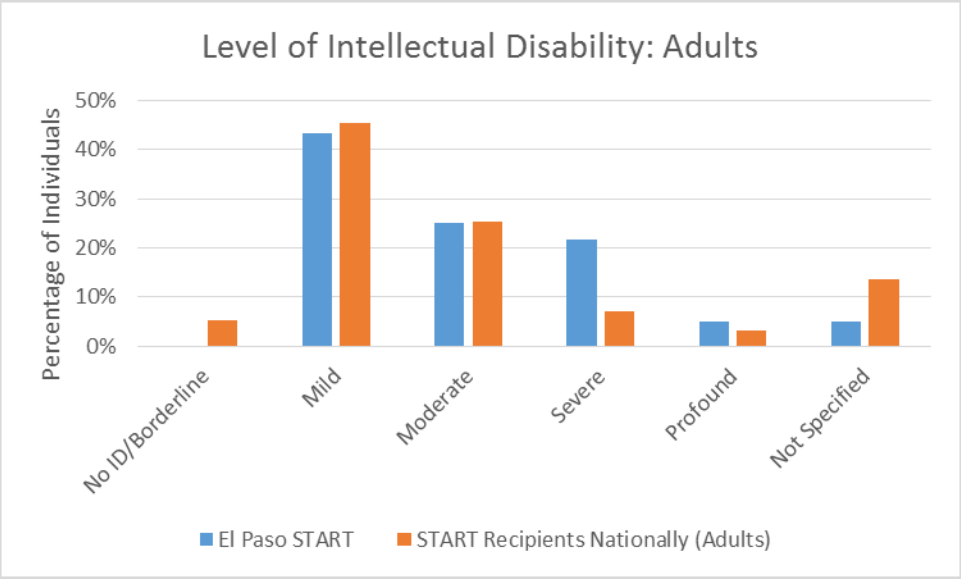
The distribution for individuals served by El Paso START in FY16 is approximately 50% female and 50% male. This differs slightly from the gender distribution for adults served by START nationally, which is roughly 60% male and 40% female.

Level of Intellectual Disability

Figure 3 below shows the level of Intellectual Disability (ID) reported for adults served by the El Paso START program. The distribution is consistent with adults in START programs nationally. In general, the distribution of

individuals with lower levels of intellectual disabilities (more impaired) is greater for START populations than in the general population of individuals with ID. Less than half of the people enrolled are diagnosed with Mild ID while the prevalence rate in the population is nearly twice as great. Individuals with greater levels of ID may require more specialized expertise and are less likely to be responsive to unmodified mental health services designed for people who do not have ID. It appears that people enrolled in El Paso START services are more than 10% more likely to be diagnosed with Severe ID according to psychological records and referral information. Since the large majority of the El Paso START population is non-English speaking and literature notes that IQ testing is flawed when it comes to addressing cultural and linguistic factors, one possible reason for this trend could be that cultural and communication differences were not taken into consideration during testing. This is an interesting and important trend to follow as it could also point to a need to build expertise in psychological testing in the El Paso system of care.

Figure 3: Level of Intellectual Disability (Adults)



Living Situation at Enrollment

An important factor that contributes to or undermines mental health stability for service users is a stable home life. As noted in the presenting problem data in Table 4, family members and caregivers frequently express concerns about their ability to safely support their family member in the home, especially during times of difficulty.

The table below presents a frequency distribution of living situations at the time of START enrollment for adults enrolled in El Paso START as well as adults in other START programs. The percentage of individuals living with their family and other family-like living arrangements (AFL) is considerably higher than adults in START programs nationally (60% in El Paso vs 37% nationally). Since START is designed to assist families, this trend seems helpful to watch in the upcoming years to see how it continues. This high percentage is likely related to the cultural norms of keeping an individual with the family and multi-generational homes among the Hispanic

population. In addition, many of the individuals are of undocumented status, therefore uninsured/not eligible for Medicaid, and are not eligible for other services outside of their home.

Table 5: Living Situation at Enrollment (Adults)

	El Paso START		START Programs Nationally (Adults)
Living Situation	**Number**	**Frequency of Placement**	**Frequency of Placement**
Alternative Family Living (AFL)/Foster Care	6	10%	4%
Assisted Living Facility	0	0%	1%
Community ICF/DD	7	12%	3%
Family home	30	50%	33%
Group home	14	23%	24%
Independent living	2	3%	3%
Psychiatric hospital	0	0%	3%
State operated I/DD center	0	0%	2%
Unreported	1	2%	14%
Total	**60**	**100%**	

Mental Health Conditions

It is critical to understand the biological, psychological, and social strengths and concerns for individuals enrolled in START programs. In order to provide intervention and supports, we must know how these factors influence the person and his/her functioning, and specifically how they may contribute to or help prevent crisis and instability. An accurate understanding of both mental health and medical conditions is imperative in designing effective crisis prevention and intervention services.

Of the individuals served during the reporting period, 62% of individuals enrolled in El Paso START reported at least one diagnosed mental health condition. For START programs nationally, over 80% of enrolled adults report at least one mental health condition. The lower frequency of mental health diagnoses need further review, since accurate diagnosis indicates a systemic understanding of comorbid mental health issues in individuals with IDD. Siloes of care are still present in El Paso. Many of the individuals in the IDD system do not receive regular psychiatric and primary care as conditions are often attributed to the IDD itself (diagnostic overshadowing). There is also stigma attached to being linked with and part of the mental health service system which sometimes influences the access and appropriateness of mental health services for individuals enrolled in the program. This will continue to be an important trend to follow to understand whether El Paso's lower percentage (62%) may be a pitfall of diagnostic overshadowing or may be an advantage of El Paso's service system that first looks at the biology and social vulnerabilities and functions prior to assessing mental health and prescribing medications to those enrolled in services.

Table 6: Mental Health Conditions for Enrolled Individuals

Mental Health Conditions	Number	Percent
Individuals with reported mental health conditions	37	62%
Total individuals reporting no mental health conditions	23	38%
Total	**60**	**100%**

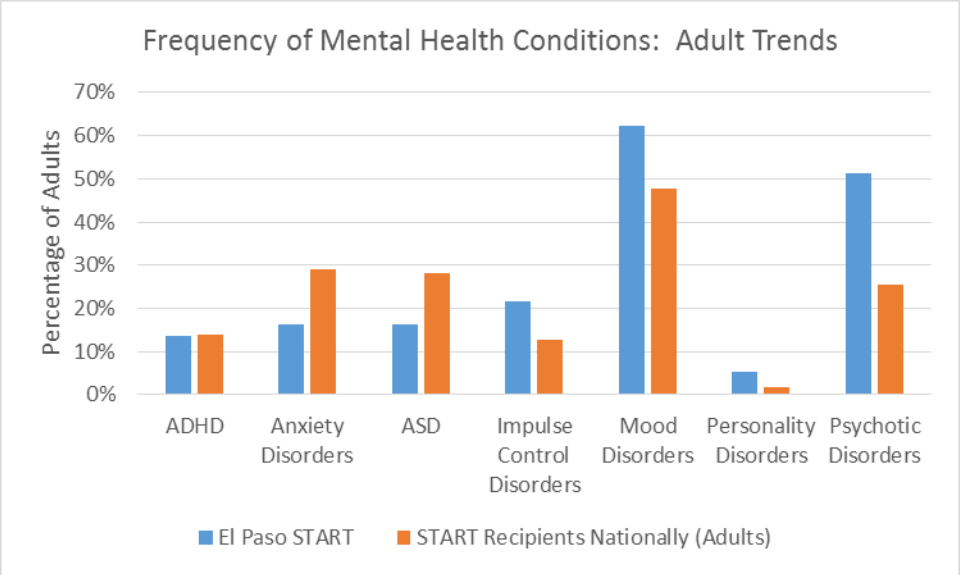
Research consistently indicates that individuals with IDD and co-occurring mental health conditions are frequently difficult to accurately assess and require a more in-depth clinical evaluation to effectively determine the diagnosis. In El Paso START, 24% of individuals have a diagnosis in the "other" category. The majority of these are intermittent explosive disorder, oppositional defiant disorder and other behavioral disorders. These may be over-diagnosed due to an effort to describe a behavioral presentation when underlying causes, such as anxiety or trauma, are not fully recognized.

El Paso START continues to prioritize trainings focused on the assessment, diagnosis and treatment of mental health conditions for individuals with IDD. These trainings are conducted from a biopsychosocial framework in addition to the use of evidence based and evidence informed psychopharmacology and/or therapeutic interventions.

The chart below shows the frequency of commonly diagnosed mental health conditions for adults enrolled in El Paso START compared to the frequency of diagnosed conditions for adults enrolled in START programs nationally.

The frequency of mood, impulse control disorders and psychotic disorders for adults enrolled in El Paso START are higher than those of adults in other START programs nationally. Also, the frequency of diagnosed anxiety disorders is significantly lower than the national average for START programs. These data may indicate that more externalizing symptoms and behavioral presentations such as aggression, property destruction and/or self-injury are more likely to be identified as a major mental illness than other possible issues or conditions. Trainings are ongoing around trauma and PTSD in individuals with IDD to assist the community in understanding the prevalence. There are very few providers trained in or having expertise in treating individuals with IDD (we are linking with those that do). There seems to be a tendency to get a medication such as an antipsychotic medication approved or paid for, you must have a diagnosed psychotic disorder recorded. This has been indicated in some of our more in depth record review for individuals enrolled in START. Further analysis may provide more detail into this comparative data. **One major goal for the upcoming year is to continue to provide targeted training and outreach to the system of care around the issues of anxiety, trauma and other frequently underdiagnosed or misdiagnosed conditions in the IDD population.**

Figure 4: Frequency of Most Common Mental Health Conditions Reported: Adult Trends



Chronic Medical Conditions

In addition to mental health conditions, individuals referred to START services often present with co-occurring medical conditions. Medical conditions are important to address as research suggests that they are often under-diagnosed, underreported, or signs/symptoms of medical conditions are misinterpreted as challenging behavior and/or mental health conditions.

About 38% of individuals enrolled in El Paso START during FY16 have chronic medical conditions reported in the SIRS database. This is lower than national START data and suggests that awareness and reporting of medical concerns should be increased. While the number of individuals with reported medical diagnoses in El Paso START is not high enough to make a meaningful comparison to national data, adults enrolled in START programs nationally most frequently present with gastro/intestinal conditions, diabetes and seizure disorders.

While the prevalence of medical conditions for individuals with IDD is higher than the general population, the very high rate of multiple, chronic medical conditions is concerning. One reason for the high rate is that medications frequently prescribed for this population highly correlate with increased medical conditions as side effects, particularly gastrointestinal, cardiac and endocrine conditions. This highlights the importance of teaching and promoting healthy diet and behavior among this population, as well as considering the impact of atypical antipsychotic medications in creating health problems. START coordinators train to encourage, promote and provide resources that promote healthy lifestyles.

This data supports a need to increase trainings surrounding the physical health, medication side effects, and the connection these regularly have with behavioral health challenges. When we combine this information with the previous information that many El Paso START service recipients are diagnosed with severe ID, we would definitely expect a higher frequency of multiple medical concerns. **One possible reason for these lower rates of**

medical conditions is that we have not successfully obtained and tracked this data accurately. Doing so will be a goal for the coming year. Another possibility is that this data reflects the fact that medical conditions are simply under-recognized and under-treated in this population. Our ongoing training in the community is aimed at helping correct his problem. Finally, and least likely, we may not be receiving referrals for people with the greatest medical needs and this may stem from not engaging with systems who may serve this subset of the population. By spending time in Dayhabs and other venues where we can observe groups of individuals with IDD, we are engaging these systems and providing more education.

Table 7: Chronic Health Conditions for Enrolled Individuals

Chronic Medical Conditions	Number	Percent
Individuals with reported chronic medical conditions	23	38%
Total individuals reporting no chronic medical conditions	37	62%
Total	**60**	**100%**

Emergency Service Trends

A number of El Paso START service recipients have a history of emergency service use prior to enrollment in START services. The following tables look at emergency service trends for individuals at enrollment as well as 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 rates; these trends are observed in well established START Programs across the country. The reduction in emergency service use suggests that maintaining fidelity to START service elements such as comprehensive assessment and evaluation, cross system crisis planning, outreach and emergency response can be effective in improving the outcomes for individuals enrolled in services. This year the tracking of service outcomes has improved drastically. Because START is often called for on non-START enrolled individuals, it requires careful monitoring and data entry to ensure we are accurately reporting utilization.

Psychiatric Hospitalization Trends

For individuals enrolled in El Paso START in FY16, about 23% reported a psychiatric hospitalization in the year prior to enrolling in services. Since involvement with El Paso START, the percentage of individuals who were hospitalized decreased to about 7%, suggesting that involvement with START creates alternatives to hospitalization for mental health crises that occur. This also speaks to the hospitals' understanding and identification of mental health in the IDD population. Effective cross system planning is also a factor as it creates less reliance on later, more intense stages of intervention and focuses on interventions and communication of ideas in earlier stages of crisis. The CSCPIP process has been very effective to coordinate efforts between the system of supports including START, service providers, emergency services and families. Even though EHN does not have their own START resource center, the START team has been successful in linking to other diversion services and opening doors to access facilities that have not historically supported individuals with IDD.

Table 8: History of Psychiatric Hospitalizations (Year prior to enrollment)

Psychiatric hospitalizations during year prior to enrollment	Number	Percent
Yes	14	23%
No	41	68%
Unreported	5	8%
Total	60	100%
Range (lowest and highest number of hospitalizations)	1 to 7	
Mean (average number of hospitalizations per person)	2.1	

Table 9: Psychiatric Hospitalizations (Following Enrollment)

Hospitalization Details	El Paso START
Total individuals with a psychiatric hospitalization	4
Percent of caseload	7%
Total number of admissions	4
Number of individuals with more than 1 admission	0
Percent of individuals with more than 1 admission	0%

Emergency Department Utilization Trends

Emergency Department utilization is often seen as a measure of stability for the individual and system. History of reported ED use is collected at intake and ongoing use once is tracked. The pre-enrollment variable was added to SIRS on January 1, 2015, so there is a high percentage of unreported data, which make analysis difficult. The data available suggest that emergency department visits decrease after START enrollment, but more analysis is needed once more complete data are gathered. The Hispanic population is less likely to trust or use an emergency room as many families expressed little faith in the system to understand and treat their children. While the utilization of emergency department services (8% after enrollment) is higher than the use of psychiatric admissions (4% after enrollment), this trend is similar across the country as emergency departments are often the first line of support for families until effective crisis planning and coordination of services is in place. We expect this trend to remain consistent.

Table 10: History of Emergency Department Utilization (Year prior to enrollment)

Emergency Department during year prior to enrollment	Number	Percent
Yes	10	17%
No	31	52%
Unreported	19	31%
Total	60	100%
Range (lowest and highest number of visits)	1 to 3	
Mean (average number of visits per person)	1.5	

Table 11: Emergency Department Utilization (Following Enrollment)

Emergency Department Visits Detail	El Paso START
Total individuals with ED visits	5
Percent of persons supported	8%
Total number of visits	5
Range of visits	1
Number of individuals with more than 1 ED visit	0
Percent of individuals with more than 1 ED visit	0%

START Service Outcomes

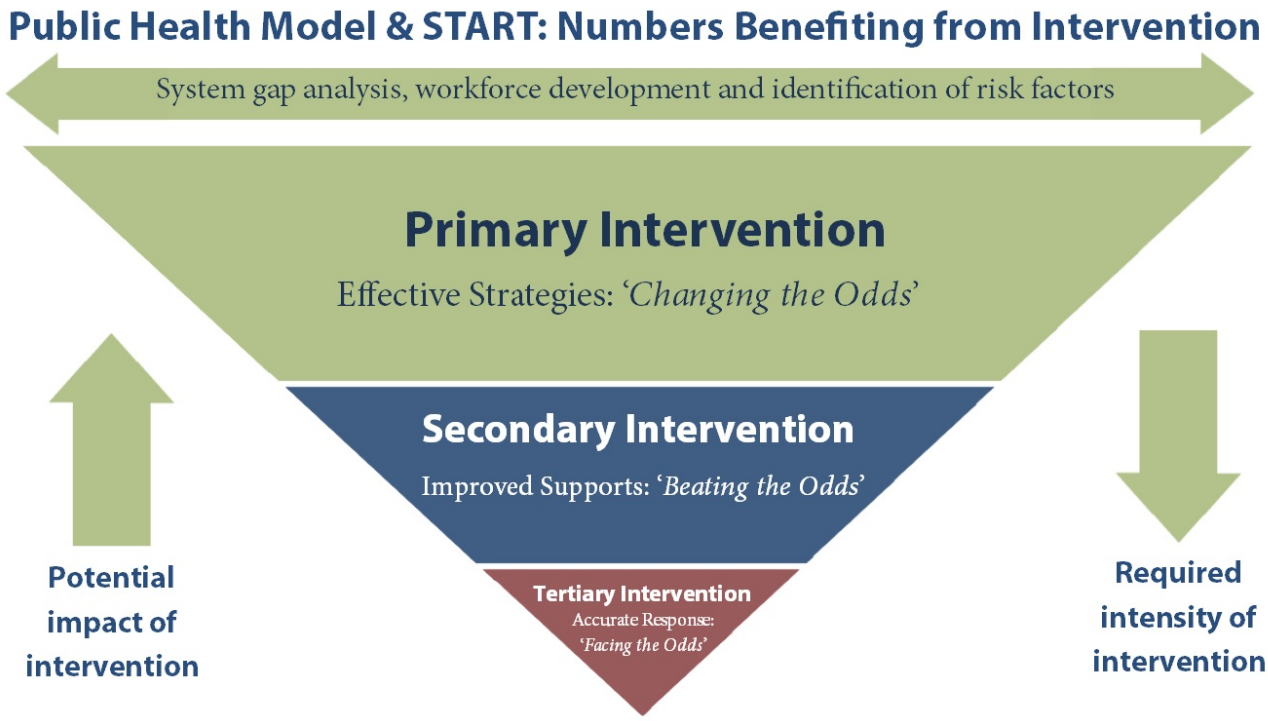
START services are incorporated into a tertiary care model to assess trends in service delivery for the El Paso START program during this reporting period.

Based on a tertiary care approach to crisis intervention, START service measures fall into three crisis intervention modalities:

- *Primary (improved system capacity*): CET's, education, system linkage, and community training;
- *Secondary (specialized direct services to people at risk of needing emergency services):* intake and assessment activities, comprehensive service evaluations, outreach, clinical and medical consultation, and cross systems crisis prevention and intervention planning; and
- *Tertiary (emergency intervention services):* emergency assessments and mobile support as well as other emergency services such as hospitalizations and emergency room visits used by START recipients.

The following analysis looks at utilization patterns in each of these services during the fiscal year. The goal of START is to support and assist the system in moving from tertiary care (emergency level of crisis intervention services) to primary intervention (able to assist when vulnerable) and secondary services (getting expert assistance without the use of emergency department utilization or psychiatric hospitalization). This is achieved by building capacity across the service system in order to prevent and assist with potential problems rather than manage them as crises later.

START Tertiary Care Model



Primary Services

Building capacity of the system to support individuals in their homes and communities.

Primary START services include system linkages, clinical consultation, education, and community training. These services are part of the plan to improve the capacity of the system as a whole so that the community system is effective and sustainable over time. El Paso START coordinators have engaged the community locally and regionally to provide training and education around the unique needs of individuals with IDD. They have also continued efforts to engage the system to become active participants in the START learning community.

The following is a summary of the primary service activities done by El Paso START in FY16.

Table 12: Community Training

Community Training/Outreach Episodes	FY16
Number Completed	228

In the attachments is a list of training offered to the community as part of the primary services provided by El Paso START.

Table 13: Clinical Education Team Meetings

CETs Completed	FY16
Number Completed	9

The goal of all certified START programs is to provide a CETs 9-12 months a year. The El Paso program offered 9 CETs over the last fiscal year, which is in line with the expectations of certified START programs.

Table 14: Linkage Agreements

Linkage Agreements	El Paso START
Number Completed or in Process	12

The El Paso START program has developed linkage agreements with a wide variety of providers that partner and work collaboratively with the team. Linkage agreement development and review is an ongoing practice and the program will continue their work in developing a network of providers with shared missions and goals in the coming year.

National START Study Groups

As part of the START model and the national START Professional Learning Community, El Paso START personnel participate regularly in national study groups with other professionals. These forums are opportunities to gain knowledge and skills needed to improve system capacity. The goal of these groups is to insure that all START teams have the latest knowledge and technical support to provide evidence-based services in all areas of service provision. These study groups include:

- Clinical Directors Study Group, facilitated by Jill Hinton, Ph.D.
- Medical Directors Study Group, facilitated by Karen Weigle, Ph.D.; Laurie Charlot, Ph.D.
- Team Leaders Study Group, facilitated by David O'Neal, MS, and Alyce Benson, MSW
- National Program Director forums held quarterly facilitated by Andrea Caoili, LCSW and Joan B. Beasley, Ph.D.;
- the START National Training Institute chaired by Joan B. Beasley, Ph.D., Director of the Center for START Services

Secondary Services

Specialized direct services to people at risk of needing emergency services

Secondary services help to ensure that individuals are getting the supports they need to intervene effectively in times of stress and avoid costly and restrictive emergency services. The following planned, secondary services are offered by El Paso START program.

- *Intake/Assessment:* Work done to determine the needs of the individual and their team, and the services to be provided. Includes: Information/record gathering; intake meeting; completion of assessment tools; and START action plan development.

- *Outreach*: Any time in which the START Coordinator provides education or outreach to the system of support related to general issues or those specific to the individual referred. Entities to which the START Coordinator may provide outreach: families/natural supports, residential programs, day programs, schools, mental health facilities, or any entity that may seek or need additional support and education.

- *Clinical Consultation*: START coordinators will present cases to their teams, and then share clinical consultations provided by the Clinical Director and Medical Director with community team members who support individuals, and work with the Clinical director to provide direct, on site clinical case consultations.

- *Medical Consultation:* This includes any consultation provided by the START Medical Director regarding medication and other medical issues, includes collaboration with prescribing doctor.

- *Cross System Crisis Planning*: Completion of the Cross Systems Crisis Intervention and Prevention Plan (CSCPIP) includes collecting and reviewing relevant information; brainstorming with the team; developing/writing the plan and distributing; reviewing and revising; and training and implementation the plan with the system of support.

- *Crisis Follow-Up*: Time spent following up after a crisis contact. This includes facilitating emergency service admissions and discharges, meetings with emergency service providers and follow-up on crisis plan recommendations.

- *Clinical Education Team (CET)*: Preparing for and holding a CET regarding the enrolled individual. Includes reviewing and identifying relevant recommendations with Clinical Director and assisting system of support with implementing recommendations.

- *Comprehensive Service Evaluation (CSE)*: Completion of the CSE, including receiving and reviewing records; interviewing the individual and system of support; writing the CSE; and reviewing recommendations through development of an action plan.

Figure 5 details the percentage of time spent on each planned, secondary service category by El Paso START personnel, while Figure 6 shows the percent of individuals enrolled in El Paso START who received these planned services. Since each individual enrolled in START is at a different stages of case activity and has unique strengths and needs, not all individuals received all planned services throughout the reporting period.

Figure 5: START Services: Percent of Time

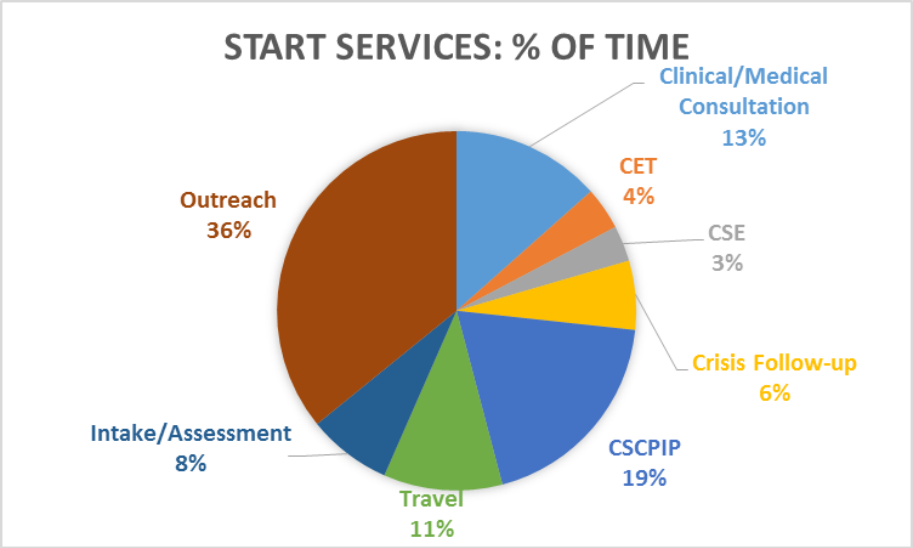
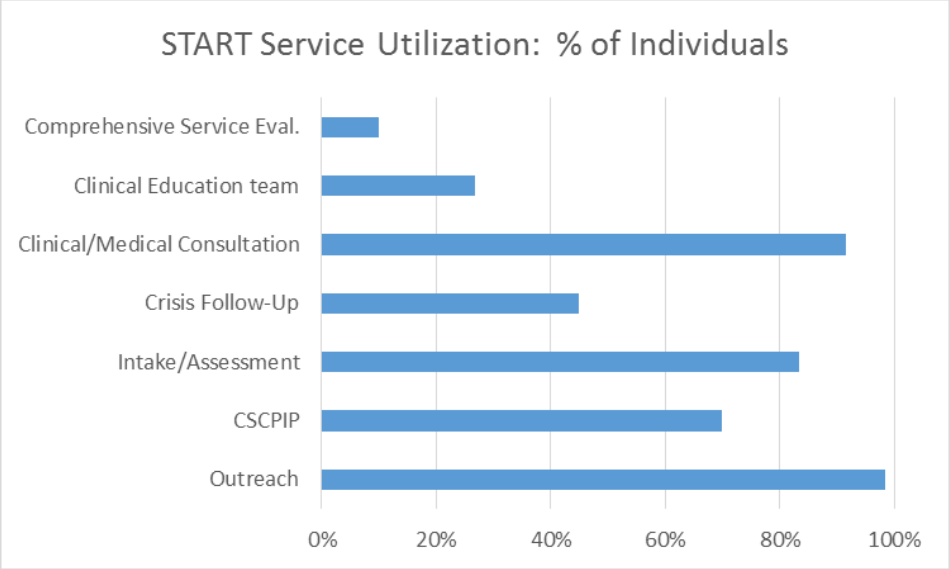


Figure 6: START Service Utilization: Percent of Individuals

Over 90% of individuals enrolled received regular outreach and clinical/medical consultation. CSE numbers are at 10% and our goal is at least 20%.



START Intake and Assessment

All individuals who are enrolled in START services participate in an initial Intake/Assessment process in which the START team gathers important historical and biopsychosocial information about the individual and his/her system of support. This process informs the next step, which is the development of a START Action Plan, outlining specific services and resources that the START Program will provide. Assessment tools used during the initial intake process, including the Aberrant Behavior Checklist (ABC), Recent Stressors Questionnaire (RSQ)

and START Action Plan are re-administered or updated on a regular basis as long as the individual is enrolled and actively receiving START Services.

The Aberrant Behavior Checklist (ABC), developed by Aman and Singh, is completed for all enrolled individuals at the time of intake and every 6 months thereafter until the enrolled individual is stabilized. Research of ABC scores for individuals receiving START services indicates that the lethargy and irritability subscales are strong predictors of emergency service use. The Recent Stressors Questionnaire (RSQ), developed by Laurie Charlot, LCSW, Ph.D. is also completed at time of intake and as part of the emergency assessment process. The RSQ is a valuable assessment tool and assists the coordinator with gathering important biopsychosocial information about the individual and his/her crisis experience. Certified programs are expected to have at least 90% of those enrolled in services at any given time to have these assessments completed. As seen from Table 15 below, the El Paso START Program is meeting this expectation.

The table below shows the number of individuals active at any point during the fiscal year who had these services.

Table 15: START Action Plans and Assessments Completed

START Action Plans/Assessments	Number	Percentage
START Action Plan	54	90%
Aberrant Behavior Checklist (ABC)	56	93%
Recent Stressors Questionnaire (RSQ)	56	93%

ABC Analysis

The Aberrant Behavior Checklist (ABC) is a 58-item psychopathology rating tool that has been widely used in the assessment of people with ID (Aman, Burrow, & Wolford,1997).

The ABC is administered to START service recipients at intake and again at 6 month intervals. For those individuals with at least two administrations in SIRS, results show that informants (family members, caregivers) report a decrease in problematic behavior in most subscales for individuals receiving START services.

The majority of individuals referred to START report challenges around aggression and mental health symptoms. These behaviors are most reflected in the Irritability/Agitation and Lethargy/Social Withdrawal subscales. As seen in the table below, a majority of individuals receiving START services have reported improvement in these areas.

The chart below shows the percent of individuals who showed improvement (decreased score) in each of the five ABC subscales as well as the mean scores at the initial and most recent assessment administrations. All of the five subscales showed statistically significant decreases.

Table 16: ABC Analysis

El Paso (N= 40)	Percent of individuals with Improvement	Mean Score Initial Administration	Mean Score Most Recent Administration	t Stat	P(T<=t) one-tail
Hyperactivity/Noncompliance	78%	17.08	7.08	6.47	0.00
Inappropriate Speech	63%	3.28	1.08	5.30	0.00
Irritability/Agitation	83%	19.95	8.9	7.60	0.00
Lethargy/Social Withdrawal	78%	14.53	5.08	5.95	0.00
Stereotypic Behavior	75%	4.85	1.58	4.94	0.00

Alpha= 0.05

Nationally, higher scores in the Irritability/Agitation subscale and the Lethargy/Social Withdrawal subscale seem to be predictive of emergency service use. This data may indicate that the reduction in use of emergency services for people served through START described earlier in this report is due in part to a decrease in mental health symptoms and signs that are measured by the ABC. This is a promising trend; however, the numbers are small so we will continue to track this and report cumulative data in the next report.

Cross Systems Crisis Prevention and Intervention Planning

In addition to the START Action Plan and assessment tools used, START coordinators work with the individual enrolled and his/her team to develop a Cross Systems Crisis Prevention and Intervention Plan (CSCPIP). These plans are critical in helping ensure that teams know how to respond and support service users in crisis situations.

Rates of completion of Cross Systems Crisis Prevention and Intervention Plans (CSCPIPs) are slightly below the 85% threshold for compliance to the START model, but have improved dramatically in the last fiscal year. **This will be a goal for the coming year.** All other service elements exceed the threshold.

Table 17: Cross Systems Crisis Prevention and Intervention Plans (CSCPIPs) Completed

CSCPIPs Completed	**FY16**
Number Completed	48
Percent of Individuals	80%

Tertiary Services

Emergency interventions provided during a crisis

START tertiary services include the time spent responding to crises, facilitating necessary emergency supports, and transitioning individuals to facilities providing lower levels of care.

> *Crisis Contact: An emergency call received by the START team that requires immediate triage and response, likely resulting in an emergency assessment. Assessment can be conducted in a number of settings including: family home, residential setting, day program, hospital emergency department, etc.*

In some cases, the on call coordinator may provide consultation to family or caregivers over the phone, or may speak with the individual to help restore calm, and avert the need for higher levels of intervention such as Mobile

Crisis Management services or needing to go to the ER. Calls 8am-5pm, 7 days a week, are handled by START. The START team works very closely via training, attending weekly meetings, a robust communication system, and supervisor meetings with MCOT (Mobile Crisis Outreach Team) to provide assistance and consultation 24/7 and immediate next day follow up. The START team provides specialized outreach, assistance, and consultation to anyone who is presenting to crisis services regardless of START enrollment. This tends to introduce our services at the tertiary level but it does provide access and support to those care systems in need of oxygen. Disposition and outcome data for those enrolled in START is collected following the event that entered into the SIRS database according to data entry protocols.

Table 18: Number of Crisis Contacts

Number of Crisis Contacts	FY 2016
Total individuals requiring crisis contact	16
Total number of Emergency/Crisis services	27
Average number of contacts per individual	1.7
Number of Individuals with Multiple Contacts	5
Percent of Individuals with Multiple Contacts	31%

Table 19: Type of Crisis Assessment

Type of Crisis Assessment	Number	Percent
In-person	26	96%
Phone Consultation	1	4%
Total Number	27	100%

Table 20: Disposition of Crisis Contacts

Crisis Contact Disposition	Number	Frequency
Community mental health in-patient unit admission	4	15%
Crisis stabilization unit/bed	2	7%
ED Visit	3	11%
Maintain current setting	13	48%
Referral out for services	2	7%
Emergency respite referral	3	11%
Total Dispositions	27	100%

Table 21: Hospital Diversions

Hospital Diversion	Number	Percent
Yes (met conditions for hospitalization)	14	52%
No (did not meet conditions for hospitalization)	7	26%
Hospitalization	4	15%
Crisis Stabilization/ED	2	7%
Total Crisis Calls	27	100%

Conclusions

El Paso START's continued improvement and their fidelity and knowledge of the START model has resulted in the program's pursuit of National START Program Certification status. The program continues to provide training and outreach to the local system of support to increase the number of individuals enrolled in services and this will continue to be a goal for the upcoming year. El Paso START has successfully and quickly integrated into all levels of service in the El Paso community. Trainings offered by the program are well attended in high demand and effective, with CETs becoming a draw for the preeminent professionals and potential local experts in the field. Linkage with the county's MCOT and emergency services has enabled the program to be more effective and complete during the stages of crisis including triage, assessment, disposition, and follow up. We continue to be proud of the progress that has been made since the inception of START in El Paso and will continue to assure fidelity to the START model and providing exemplary services to individuals with IDD, their families and systems of support.

Goals and Recommendations for FY17:

1. We will complete Comprehensive Service Evaluations for 20% of individuals served.
2. Rates of completed CSCIPs will be above 85%
3. Data entry into SIRS of demographics and medical conditions will be completed as they are identified.
4. We will continue excellence in providing crisis services to all identified as IDD, but will only collect data in SIRS on individuals enrolled in START.
5. We will obtain Program Certification in early 2017
6. Caseload sizes and overall number of those served will continue to increase. This will be accomplished as Emergence Health Network expands the services it offers to individuals with IDD and their systems who are in a mental, behavioral, or systemic crisis. EHN will combine a new funding source for respite beds, and the national "Money follows the Person" (MFP) programs with START to be able to offer evidence-informed services. A certified START program will be the backbone and lead this development.