NC START

Systemic • Therapeutic • Assessment • Resources • Treatment

North Carolina START- West (NC START West)

July 2017 – June 2018

Annual Report

Prepared for

NC START West

Prepared by

The Center for START Services

THE CENTER FOR START SERVICES

On August 31, 2018

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START, which stands for Systemic, Therapeutic, Assessment, Resources & Treatment, is a comprehensive model of service supports that optimizes independence, treatment, and community living for individuals with intellectual/developmental disabilities (IDD) and behavioral health needs.

The Center for START Services, a program of the University of New Hampshire Institute on Disability/UCED, is a national initiative that strengthens efficiencies and service outcomes for individuals with and behavioral health needs in the community.

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Introduction

This report offers a comprehensive summary of services provided by NC START West team for Fiscal Year 2018. The analysis includes assessment of outcomes as well as fidelity measures for the START model. Recommendations reflect the results of the analysis and service provision to date.

This report is separated into five sections:

- FY18 Program Enrollment
- Characteristics of Persons Served (demographics and clinical trends)
- Emergency Service Trends
- START Clinical Team Services
- START Therapeutic Supports

NC START West will develop an action plan based on recommendations from the analysis in collaboration with the Center for START Services.

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NC START West Program

Program Background

NC START operates throughout the state of North Carolina as three distinct programs (Central, East and West). The programs began serving adults (18 and older) in 2009 and expanded to children (6-17) in 2016. While the programs have been operational since 2009, data collection in the START Information Reporting System (SIRS) did not become fully established at NC START until more than halfway through FY14, so information in this section reflects only those individuals whose records are documented in SIRS (n=1216).

Figure 1 below demonstrates the percentage of all individuals served by NC START by region since utilization of the SIRS database, Figure 2 shows the current active NC START population (n=539). The NC Central program has the largest team out of all three programs due to some additional funding specifically from local LME-MCOs and the population density of the central part of the state. NC West is the second largest program as it serves Mecklenburg County, where the city of Charlotte is located.

NC START Central expanded to serve children prior to East and West but by 2017, all three were lifespan programs, serving individuals age 6 and older. Figure 3 below shows the percentage of individuals served by NC START in FY18 by age category. Over 40% of all NC START enrollees are children and transitional youth, with NC Central having more than 60% of their enrollees in this age group.

Figure 1: Percent of total NC START Population by Region (n=1216)

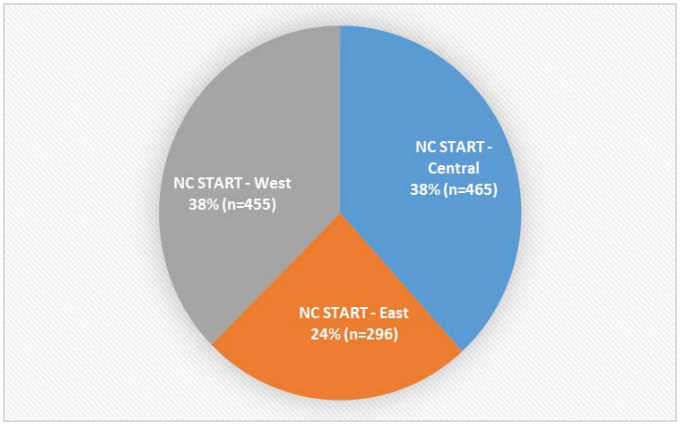


Figure 2: Percent of current, active NC START Population by Region (n=539)

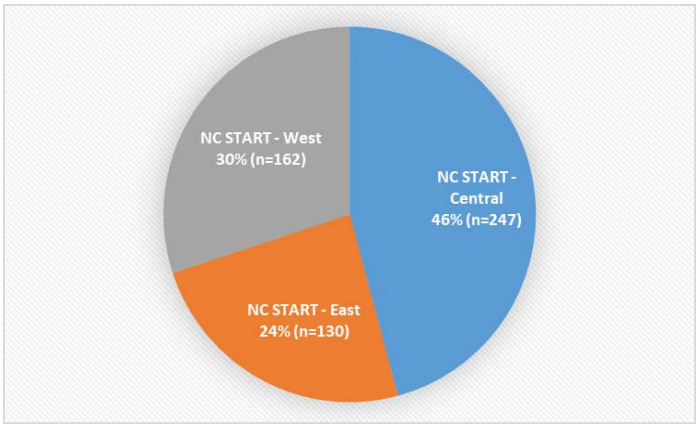
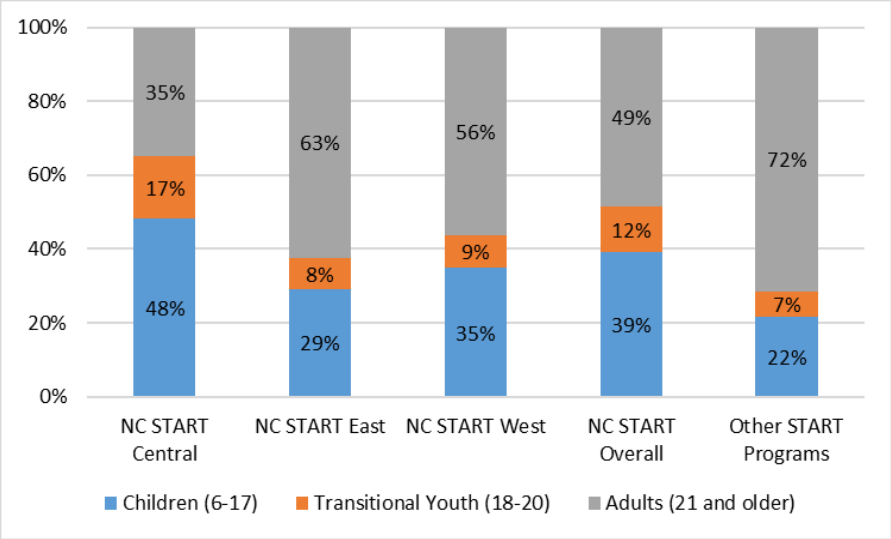
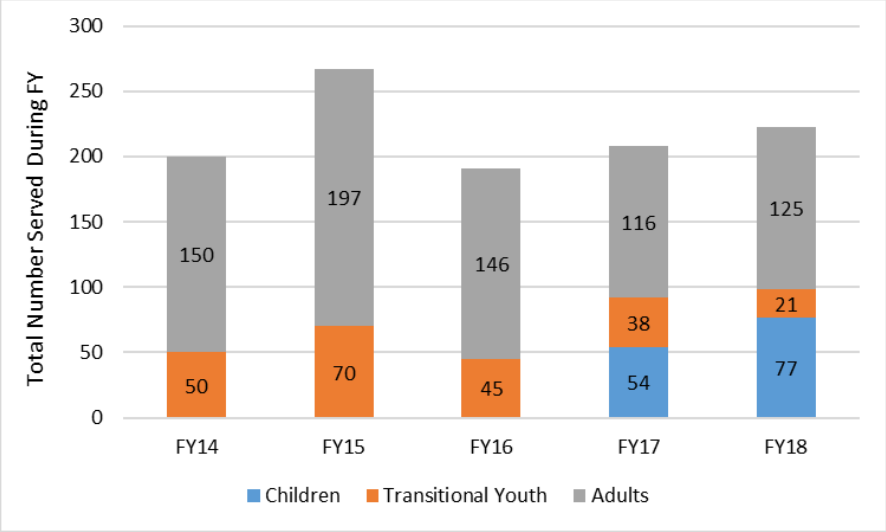


Figure 3: Percent of FY18 START Population by Age Category for NC START and Other START Programs



The figure below shows the total yearly census for NC START West since FY14. During FY18, a total of 223 individuals received services from NC START West (figure 3).

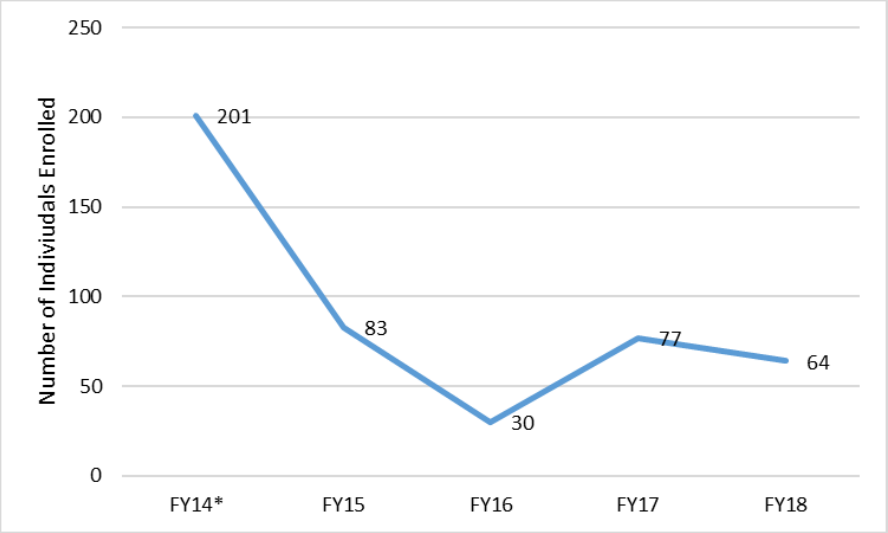
Figure 4: Number of Individuals Served by NC START West by Fiscal Year*



*Most Individuals have received services in multiple fiscal years.

Figure 5 shows the number of newly enrolled individuals in NC START West each year since SIRS data collection began.

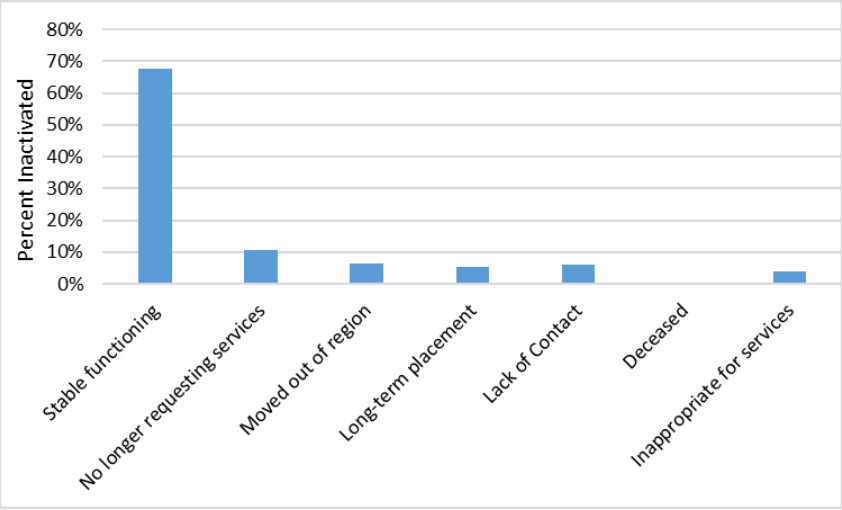
Figure 5: Number of Individuals Referred and Enrolled in NC START West by Fiscal Year (n=455)



*includes some referrals from prior fiscal years

While individuals are not discharged from NC START West, they are made inactive once they reach a period of stability (68%) or because their situation has otherwise changed (they leave the state or they no longer wish to continue services). To date, NC START West has inactivated a total of 293 individuals. The average length of stay (LOS) in NC START West is about 25 months for all individuals. For individuals who have achieved stable functioning and discharged in FY 2018, the average LOS was 38 months.

Figure 5: Reason for Inactivation from NC START West (n=293)



Summary

- NC START West served a total of 223 individuals in FY18, which is low given the team's capacity. The program plans to hire an additional START Coordinator this year to serve more adults.

- For FY18, NC START West had a long length of stay in services (25 months for all and 38 months for those case that were inactivated due to achieving stability). A very positive finding is that the primary reason for inactivity by NC START West was because the individual was doing well (has achieved "stability").
- Like the other NC START programs, NC START West expanded to serving children in 2017 and 43% of all enrolled individuals in FY18 were children and transitional youth.

Recommendations

- NC West should assure that the longer length of stay in services does not impact the program's ability to serve additional individuals in need of services. Coordinators should have a balanced caseload so that they can serve low, moderate and high intensity cases concurrently. The recommended caseload size for coordinators is 30.
- NC West should conduct a caseload analysis based on length of stay and case intensity in collaboration with the Center for START Services. Cases should be assigned based on findings and capacity.

Before discussing findings for FY18, a review of the previous year recommendations and how they were addressed is included below.

Recommendations from Fiscal Year 2017 Annual Report/Progress

Program Enrollment

Collaborate with the MCOs to identify at risk youth and adults to continuously work on promoting less emergency and more prevention-oriented interventions.

- *The NC West program has continued to meet every two weeks with each LME-MCO in the region to discuss any issues or concerns, and specifically to discuss child referrals. Data reflects a decrease in the usage of emergency services for currently enrolled youth.*

Provide more systemic education and training and increasing outreach interventions to prevent occurrences such as incarceration, hospitalization and loss of placement with family or other community care settings.

- *The NC West team has provided outreach and training this year and will continue to do so. NC West views education and training as a tool employed by all team members, to provide support to individuals and their system of care. The efforts to increase these efforts does appear to have contributed to reduced emergency service use by enrollees.*

Conduct a review of the adult waitlist to clarify individuals who would currently benefit from START enrollment. A key goal is to eliminate the adult waist list by enrolling more adults and increasing START Coordinator caseload sizes during FY 18.

- *The NC West team has increased caseload sizes this year but has not yet eliminated the waitlist for adults. The program is working with all LME-MCO's to determine eligibility for those adults still on the waitlist is hiring a new Coordinator to help eliminate the waitlist this fiscal year. If needed, additional staff will be sought.*

Characteristics of Persons Served

More training will be provided regarding the effects of executive function deficits and unique neurodevelopmental challenges on differential diagnostic considerations, with reference to emerging trends in diagnostic assessment.

- *The NC West Clinical Director provided training on executive functioning to multiple providers. Her background in developmental psychology has been especially helpful in increasing system capacity around this issue.*

Internal clinical case reviews will be focused on updating NC START West staff skills in identifying symptoms and syndromes, consistent with emerging research and new classification systems.

- *Training was provided during clinical team reviews for our clinical staff by our Clinical Director and Medical Director. Also, several staff were able to attend the START National Training Institute in Boston this year where significant and important training was received.*

Emergency Service Trends

Demographic and clinical trends for individuals with higher emergency service utilization will be reviewed and analyzed. Findings will be used to guide community training and outreach efforts, as well as other practice changes aimed at improving outcomes.

- *NC West reported that although recidivism decreased, the team wishes to continue work on this goal in FY19 to further reduce the frequency of repeated crisis contacts. Specific recommendations to address this can be found in the report.*

The frequency and variety of locations for Clinical Education Team trainings across the region will be increased during FY18.

- *NC West increased both the frequency and number of CETs held this year having total of 8, in 3 different locations. Certified teams are expected to have a minimum of 10 CETs annually and this will be the goal in FY19.*

Extra efforts will be made this FY to increase the number and scope of linkage agreements and to identify training needs of local stakeholders serving children.

- *NC West was unable to meet this goal. Though relationships and collaborations are being established, only one agreement was finalized. Improvements in this area are needed to meet program certification expectations. Additional information and recommendations regarding this can be found in the report.*

START Clinical Team Services

The NC START West team will maintain fidelity to the START model in the provision and timely documentation of all assessment data and START services.

- *NC West is achieving expectations in most areas except for CSCPIPs, where 78% (expectation is 85% or more) were up to date. A focus on assuring coordinators' understanding of the importance of continuously reviewing and updating these plans is needed. A goal will be set to review this and work toward a minimum rate of 85% up to date CSCPIPs in the coming year.*

A new system of tracking crisis calls will be developed to ensure accurate and timely data entry.

- *The NC West program developed a new system in which crisis contacts/calls are tracked and discussed during daily triage meetings, to ensure information is accurately reflected in SIRS.*

START Therapeutic Supports

NC START West will increase training and collaboration efforts with families and community agencies that request frequent use of Resource Center emergency beds.

- *NC West has been working on the reducing recurrent emergency bed utilization and rates have decreased. The team recognizes a need to address this during FY19 and plans additional emphasis on discharge planning and outreach to caregivers to lower the rate of recidivism for crisis stays at the Resource Center. Additional recommendations regarding this can be found in the report.*

The Therapeutic Coaching Program will be fully implemented with a goal to maintain this service at full capacity. This service will promote improved capacity to further reduce emergency service use.

- *The Therapeutic Coaching Program has been fully implemented as planned. There is one Therapeutic Coaching Team Leader who supervised four full-time coaches.*

Findings

Following is an analysis of enrollment, demographic and service outcome data for NC START West for FY18 (July 1, 2017- June 30, 2018).

Enrollment trends, characteristics of persons served, emergency service trends, and service outcomes of those served by NC START West are based on data entered into the START Information Reporting System (SIRS). When noteworthy, elements are compared to national START trends.

Section I: Fiscal Year 2018 Program Enrollment

Data below reflect all individuals served by NC START West during this report period.

Table I.A: FY18 Census Summary

NC START West	FY18 (n=223)		
Variable	Children	Transitional Youth	Adults
Total Served during reporting period N(%)	**77 (35%)**	**21 (9%)**	**125 (56%)**
FY18 New Enrollments	33	9	22
Transfers	3	1	-
Individuals inactivated	**21**	**5**	**35**
Stable functioning	6 (29%)	-	18 (51%)
Moved out of START region	6 (29%)	2 (40%)	5 (14%)
No longer requesting services	4 (19%)	2 (40%)	6 (17%)
Long-term placement	1 (5%)	1 (20%)	1 (3%)
Inappropriate for services	-	-	2 (6%)
Unable to locate/no contact	4 (19%)	-	3 (9%)
Active Caseload at the end of reporting period	**56 (35%)**	**16 (10%)**	**90 (55%)**

Table I.B: Source of Referral: FY18 New Enrollments

NC West			
Variable (N)	Children (n=33)	Transitional Youth (n=9)	Adults (n=22)
Referral Source (%)			
Case Manager	94%	100%	59%
Emergency Department/mobile crisis	-	-	14%
Family Member	-	-	14%
Residential/Day Provider	-	-	-
Hospital/ID Center	-	-	-
Mental Health Practitioner	-	-	-
Other (Behavior Analyst, law enforcement, schools)	6%	-	14%

Table I.C: Source of Referral: Trends over Time (all newly enrolled individuals)

Variable (N)	FY18 (n=64)	FY17 (n=77)	FY16 (n=30)	National START Trends (n=4633)
Referral Source (%)				
Case Manager	83%	94%	40%	69%
Emergency Department/mobile crisis	5%	3%	20%	6%
Family Member	5%	-	10%	6%
Residential/Day Provider	3%	1%	10%	7%
Hospital/ID Center		1%	-	3%
Mental Health Practitioner		-	-	2%
Other (Behavior Analyst, law enforcement, schools)	5%	1%	17%	5%
Missing	-	-	3%	1%

Table I.D: Reasons for Enrollment: FY18 New Enrollments - More than one option can be selected

NC West			
Variable (N)	Children (n=33)	Transitional Youth (n=9)	Adults (n=22)
Most Common Reasons for Enrollment (%)			
Aggression	87%	90%	78%
Family Needs Assistance	78%	76%	19%
Risk of losing placement	5%	5%	6%
Decreased Daily Functioning	-	-	2%
Dx and Treatment Planning	3%	-	-
Mental Health Symptoms	17%	33%	56%
Leaving Unexpectedly	16%	14%	6%
Suicidality	10%	10%	18%
Self-Injurious Behavior	10%	38%	19%
Sexualized Behavior	12%	29%	2%
Transition from Hospital	9%	14%	5%

Table I.E: Reasons for Enrollment: Comparison to National START Programs (all enrollees)

Variable (N)	NC West Children (n=77)	National START Trends Children (n=1005)	NC West Adults/TY (n=146)	National START Trends Adults/TY (n=3628)
Most Common Reasons for Enrollment (%)				
Aggression	87%	89%	79%	75%
Family Needs Assistance	78%	71%	25%	32%
Risk of losing placement	5%	16%	6%	22%
Decreased Daily Functioning	-	20%	2%	25%
Dx and Treatment Planning	3%	23%	-	22%
Mental Health Symptoms	17%	32%	53%	49%
Leaving Unexpectedly	16%	19%	7%	12%
Suicidality	10%	10%	16%	15%
Self-Injurious Behavior	10%	30%	22%	25%
Sexualized Behavior	12%	10%	6%	8%
Transition from Hospital	9%	5%	6%	7%

Summary

- Like other START programs, NC West receives most of their referrals from case managers. Near 100% of child referrals were from case managers and was likely related to the manner of the roll out of these services, where the local LME-MCOs make referrals directly to the START program.
- The reasons for referral to NC START West in FY18 are proportionately almost exactly that reported for other START programs, with the notable exception of "risk of losing placement", which seems low in comparison. It is unclear why, but it may relate to the higher than usual rates of enrollees in NC START West having out of home placements already (33%). One potential reason for this trend is the program's referral protocols where LME-MCO make referrals. This is an important area to address, as a key role for START teams is to help families stay together.

Recommendations

- The NC West team should develop a strategic plan to obtain referrals of youth before out of home placements occur, and to then apply the START model and associated services to keep more children at home.
- Expansion and additions of linkage agreements with a wide array of entities such as schools and other programs serving children might help to identify more youth prior to out of home placements. Data demonstrated that the early efforts to support children with therapeutic coaching may help in this effort.

Section II: Characteristics of Persons Served

Demographics

Section II of this report provides demographic and diagnostic trend data for all individuals served by NC START West (n=223) during FY 2018 (July 1, 2017-June 30, 2018). There are no significant differences in the demographics of active individuals in FY2018 compared to previous fiscal years. When relevant, the NC START West population is compared to other START programs nationally.

Table II.A: Age, gender, race, level of ID, and living situation for NC START West Enrollees.

	FY18 (n=223)			Other START Programs (n=4633)		
Variable	Children	Transitional Youth	Adults	Children	Transitional Youth	Adults
N	n=77	n=21	n=125	n=1005	n=315	n=3313
Mean Age (Range)	14 (6-17)	19 (18-20)	34 (21-65)	14 (6-17)	19 (18-20)	36 (21-82)
Gender (% male)	74%	62%	54%	76%	69%	61%
Race						
White/Caucasian	77%	62%	70%	57%	63%	63%
African American	21%	33%	20%	20%	18%	15%
Asian	-	-	1%	4%	5%	1%
Other	3%	5%	2%	8%	7%	3%
Unknown/Missing	-	-	7%	11%	7%	18%
Ethnicity (% Hispanic)	4%	-	2%	17%	16%	10%
Level of Intellectual Disability (%)						
No ID/Borderline	5%	5%	2%	13%	15%	7%
Mild	60%	52%	57%	34%	42%	48%
Moderate	26%	38%	31%	28%	27%	26%
Severe-Profound	4%	5%	6%	9%	7%	11%
Not specified in records	5%	-	3%	12%	7%	5%
Missing	-	-	-	4%	2%	3%
Living Situation (%)						
Family	66%	52%	36%	91%	79%	34%
Alternative family living/foster care	14%	14%	18%	1%	2%	7%
Group Home/ICF/DD	6%	14%	26%	3%	9%	30%
Independent/Supervised	-	-	2%	-	3%	13%
Psych. Hospital/IDD Center	5%	10%	8%	2%	3%	4%
Other (Jail, Homeless, Other)	8%	10%	8%	1%	3%	4%
Missing	-	-	2%	2%	2%	8%

Summary

- Trends in average age and gender for NC West enrollees are consistent with national trends.
- NC West enrollees, specifically youth, appear to have a designation of Mild ID somewhat more often than is reported for other START programs where also, the designation of no ID or Borderline Intellectual functioning is reported more frequently.
- Many more of the NC West enrollees live in out of home placements, including more served in foster care type settings, group homes and facilities. This is particularly important for children where national trends show 85% or more living in family settings compared to only 66% percent of NC West children enrollees.

Recommendations

- As noted above, it is recommended that NC West make a targeted effort evaluate how referrals, especially for children, are being made and determine strategies to receive referrals prior to crisis events when possible.

Mental Health and Chronic Health Conditions

In this section, adults and transitional youth are included in a single category because diagnostic trends are very similar

Table II.B: NC START West enrollees with mental health conditions reported at intake

NC START West	FY18 (n=223)	
Variable	Children	Adults/TY
N	n=77	n=146
Mental Health Conditions (%)		
At least 1 diagnosis	97%	93%
Mean Diagnoses (range)	2.8 (1-7)	2.0 (1-5)
Most Common MH Conditions (%)		
Anxiety Disorders	33%	13%
ADHD	63%	19%
ASD	49%	24%
Bipolar Disorders	11%	27%
Depressive Disorders	35%	24%
Disruptive Disorders	47%	24%
OCD	3%	9%
Personality Disorders	0%	10%
Schizophrenia Spectrum Disorders	4%	24%
Trauma/Stressor Disorders	29%	14%

Figure II.A: Frequency of most common mental health conditions for enrolled children (trends across START)

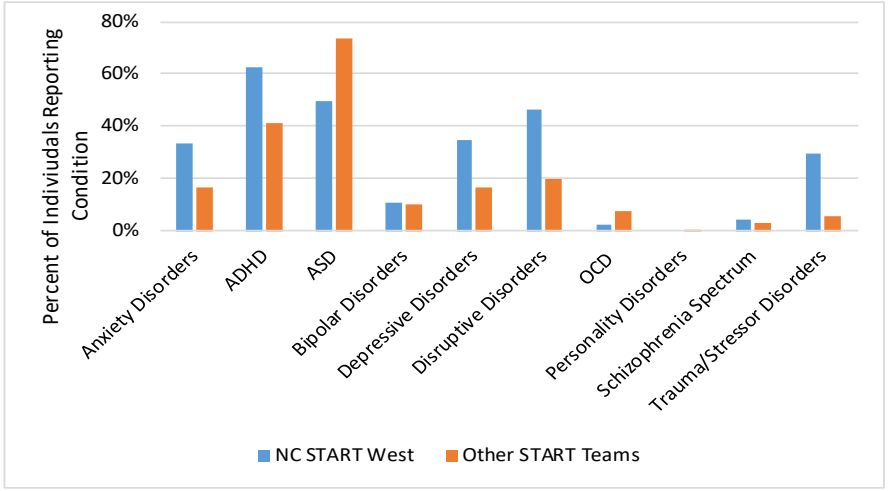


Figure II.B: Frequency of most common mental health conditions for enrolled adults/TY (trends across START)

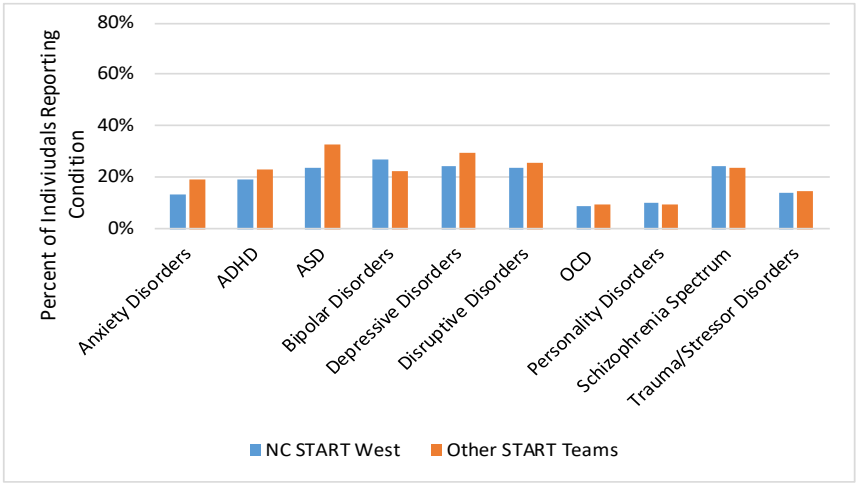


Table II.C: NC START West enrollees with chronic medical conditions reported at intake

NC START	FY18 (n=223)	
Variable	Children	Adults/TY
N	n=77	n=146
Medical Diagnosis (%)		
At least 1 diagnosis	44%	55%
Mean Diagnoses	2.1 (1-5)	2.2 (1-7)
Most Common Medical Conditions (%)		
Cardiovascular	2%	28%
Endocrine	9%	29%
Gastro/Intestinal	18%	37%
Genitourinary	14%	7%
Immunology/Allergy	16%	17%
Musculoskeletal	5%	13%
Neurologic	41%	49%
Obesity	9%	15%
Pulmonary disorders	14%	8%
Sleep Disorder	5%	7%

Figure II.C: Frequency of most common medical conditions for enrolled children (trends across START)

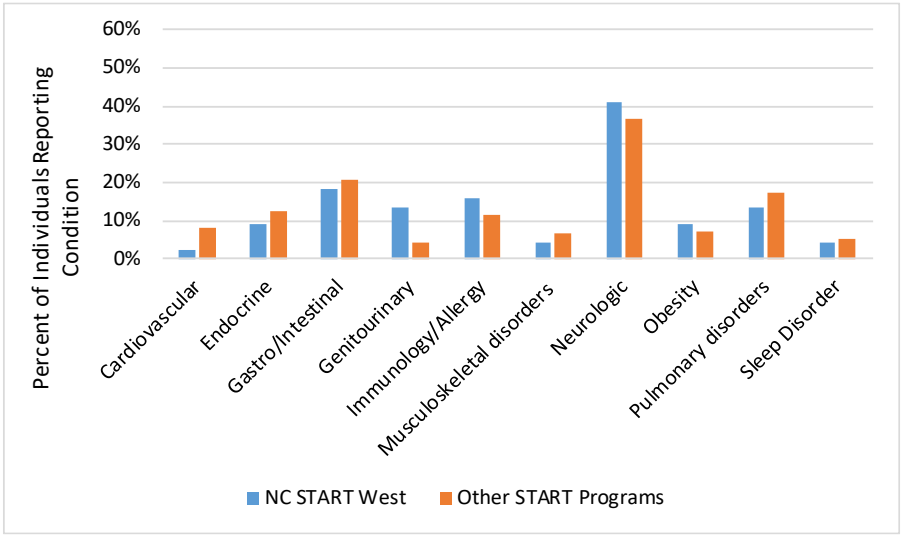
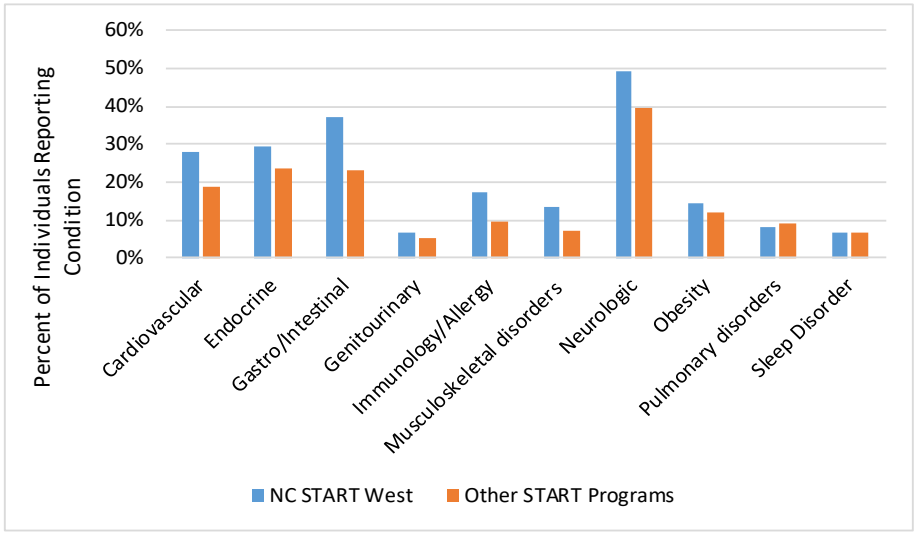


Figure II.D: Frequency of most common medical conditions for enrolled adults/TY (trends across START)



Summary

- The variability in rates of various mental health conditions reported for NC West START do seem to differ from what is reported in the national data set for children but is like the national trends reported for adults. There was a slightly lower reported rate for ASD.
- Children served by the NC West team are diagnosed with anxiety, ADHD, trauma related disorders and depression more frequently when compared to the national START data. Also, disruptive behavior disorders are also diagnosed more often. It is usually a positive sign as a START program becomes an established part of the state's emergency safety net.
- Although trauma related disorders are diagnosed at a rate higher than what is seen elsewhere, it is likely still under-reported in North Carolina West. Therefore, continued focus in this area is necessary.
- Reported rates for health conditions among the individuals young and old, served by NC West are high but consistent with national trends and with rates reported in national and international research on this topic. The rates for GI concerns in youth may be low however, as most investigations suggest rates would be higher, closer to 30 percent or more of these individuals suffering from constipation or gastro esophageal reflux disease (GERD).

Recommendations

- The NC West team should collaborate with LME-MCOs and community partners to strategize ways to increase community capacity for evidence based diagnostic assessments of ASDs. This is important and would impact treatment planning for youth in important ways.
- It may be helpful for NC West to examine how information about health conditions is secured and develop strategies to ensure that medical conditions are not missed, especially in youth given the low reported rate for GI issues and the high rate at which this is generally reported.
- Continued targeted focus on identification of trauma is needed and additional training regarding trauma informed care is needed, since this is likely under-identified in this population.

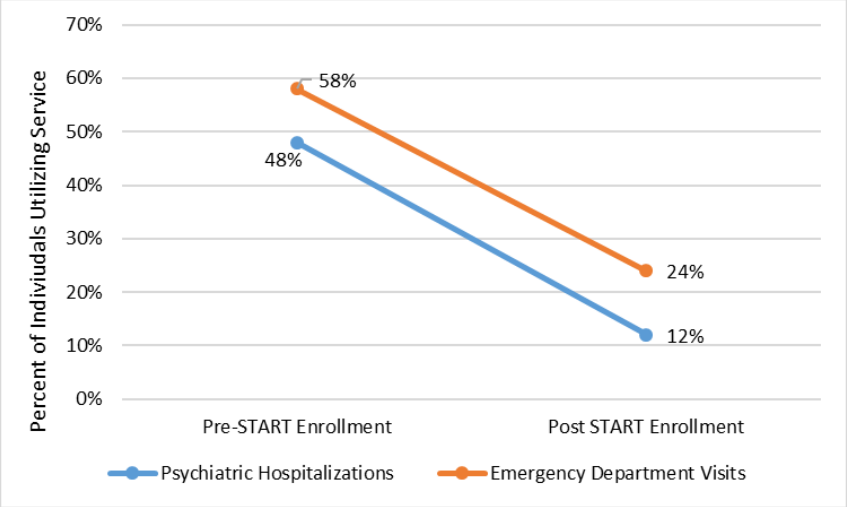
Section III: Emergency Service Trends

Table III.A: Emergency Service Utilization for n=223 FY18 Enrollees

Variable	Children	Transitional Youth	Adults
N	n=77	n=21	n=125
Psychiatric Hospitalization			
Prior to enrollment, N (%)	**42 (55%)**	**14 (67%)**	**51 (41%)**
Mean Admissions (range)	1.7 (1-7)	1.7 (1-5)	1.6 (1-6)
During START, N (%)	**7 (9%)**	**3 (14%)**	**16 (13%)**
Mean (range)	1.6 (1-4)	2.0 (1-3)	2.8 (1-11)
Average length of stay (days)	24 days	16 days	29 days
Emergency Department Visits			
Prior to enrollment, N (%)	**46 (60%)**	**16 (76%)**	**66 (53%)**
Mean Visits (range)	1.8 (1-7)	2.4 (1-9)	2.5 (1-15)
During START, N (%)	**14 (18%)**	**4 (19%)**	**36 (29%)**
Mean (range)	1.6 (1-4)	2.5 (1-6)	2.0 (1-11)

The figure below shows the change in frequency between pre- and post-enrollment emergency service utilization for all NC START West enrollees active in FY18.

Figure III.A: Change in frequency of pre and post START enrollment emergency service utilization (n=223)



Summary

- The Pre-START enrollment rates for ED use and psychiatric hospitalization is very high, with more than 50% of all individuals enrolled utilizing these services in the year prior to START enrollment. These high rates are consistent across the NC START programs but are higher than other START programs.
- Fortunately, individuals served by NC West during the FY18 experienced a significant decrease in emergency service use from what was reported prior to and following receiving START services. This has been found across all START programs and provides support for the efficacy of the START model in contributing to reduced emergency service use.
- In the case of NC West, it may help to both reduce out of home placements and to further reduce emergency service use overall if referrals come to NC START earlier, prior to the person experiencing placement loss and needing repeated urgent service responses.

Recommendations

- Continue ongoing efforts to reduce emergency service use through primary and secondary level service provision.
- Examine the reasons for high pre-enrollment rates, explore potential contributing factors and proposed remedies.

Section IV: START Clinical Team Services

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

Primary (improved system capacity): Clinical Education Teams (CETs), community education, training, and system linkage;

Secondary (specialized direct services to people at risk of needing emergency services): Intake and assessment activities, Comprehensive Service Evaluations (CSE), outreach, clinical and medical consultation,

and Cross Systems Crisis Prevention and Intervention Planning (CSCPIP); planned therapeutic supports (Resource Center and Therapeutic Coaching) 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 (includes emergency therapeutic supports).

This section looks at utilization patterns in each of these services**.** 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 to prevent and assist with potential problems rather than manage them as crises later.

Primary Services

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

The following is a summary of the primary service activities reported by NC START West as reported during FY2018. Primary START services include system linkages, education and community training. These services are part of the plan to improve the capacity of the system so that improvements are effective and sustainable over time. Over the last year, the NC START team has engaged the community to provide training and education around the unique needs of individuals with IDD and co-occurring behavioral health issues and continues to engage the system to become active participants in the START learning community.

Table IV.A: Community training activities

NC START West	**FY18**
Number of Activities (N)	
Community linkage/affiliation	9
Community-based training	-
Host Advisory Council Meeting	2
Provided Training (N)	
Day provider	-
Emergency services	1
Family	11
Other	15
Physician/medical personnel	3
Residential provider	7
School	2
State facilities (state hospitals, developmental centers)	1
Therapist/mental health providers	7
Transition Support/Planning-Developmental Center	1
Transition Support/Planning-Psychiatric Hospital	8
Total Community Outreach/Training Episodes (N)	67
Total Linkage/Collaboration Agreements Completed Since Program Inception (N)	13
Total Clinical Education Teams in FY18 (N)	8

In addition to the above reported specific training and linkage activities, several more informal outreach efforts were made. These included providing community partners with information about START and issues pertaining to the population served. More information about these activities can be obtained from the NC START West Program Director.

The following is a list of some of the training provided to the community as part of the primary services provided by the region during FY18.

Community trainings in FY18

Aberrant Sexual Expression and Safety Planning
Antisocial Personality Disorder
Attention Deficit Hyperactivity Disorder
Autism Spectrum Disorder and Posttraumatic Stress Disorder
Autism Spectrum Disorder and Sensory Integration Dysfunction
Autism Spectrum Disorder and Theory of Mind
Bipolar and Related Disorders
Borderline Personality Disorder
Client Specific Needs
Grounding Techniques
Intellectual Disabilities, Autism Spectrum Disorder and Executive Functioning
Intermittent Explosive Disorder
Mindfulness
Prader Willi
Schizoaffective Disorder
Sensory Integration Techniques
START Model
Trauma and People with Intellectual Disabilities
Trauma Informed Practices
Traumatic Brain Injury
VIA Character Strengths
Positive Psychology
Williams Syndrome
Crisis planning
STC
Therapeutic Milieu
Individual Specific Crisis plan training

Table IV. B: Clinical Education Teams in FY18

Date	Title/Training Topic	Number in attendance
1. 8/15/17	ASD and Sensory Integration Dysfunction	16
2. 10/3/17	ASD and PTSD	14
3. 11/7/17	Antisocial Personality Disorder	9
4. 12/5/17	Schizoaffective Disorder and IED	9
5. 2/6/18	ASD and Sensory Integration Dysfunction	13
6. 3/6/18	Bipolar Disorder	17
7. 4/3/18	ASD and Theory of Mind	14
8. 6/5/18	ADHD	16

National START Practice Groups

As part of the national START network and Professional Learning Community, NC START West personnel participate regularly in national practice 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 ensure that all START teams have the latest knowledge and technical support to provide evidence-based services. These study groups include:

- Clinical Directors Study Group, facilitated by Jill Hinton, Ph.D.
- Children's Services Study Group facilitated by Karen Weigle, Ph.D.
- Resource Center Directors Study Group, facilitated by Bob Scholz, M.S., LMHC
- Medical Directors Study Group, facilitated by Karen Weigle, Ph.D. and 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.
- National START Online Training Series, offered by the Center for START Services to START programs
- The START National Training Institute chaired by Joan B. Beasley, Ph.D., Director of the Center for START Services

Summary

- Many outreach, training and consultation services were provided by NC West to their community partners over the last fiscal year. A wide range of important topics were covered.

- The following topics areas for future trainings are recommended: common medical conditions affecting children with ASD and IDD, especially GI conditions.
- Eight CETs were held during the course of the last reporting period. It is expected that a program host at least 10-12 CETs annually.
- The number and scope of linkage agreements formed by NC West is quite low, and this is an area that the team recognizes needs to be a focus going forward for the program to maintain START program certification. NC West will be pursuing more collaborations and linkage agreements with child service entities.

Recommendations

- NC West leadership should meet and develop an action plan and set targets for creating, finalizing and diversifying linkage agreements during FY19.
- The program is expected to develop an annual schedule for CETs to assure that they host at least 10 in the coming fiscal year.
- NC West should develop and implement strategies to increase attendance at their CETs such as offering opportunities for zoom or other web-based video conferencing opportunities and offering continuing education units.
- Advisory Council meetings should be held quarterly (at least 4 times per year). It is important for the NC West program to evaluate attendance and members and determine if other stakeholders should be invited to participate. The program should also consider ways to enhance the Advisory Council meetings and member roles in the next reporting period.
- The NC West program should develop a tracking mechanism for training and stakeholder meetings to monitor attendance and diversity of participants.
- It is unclear whether training opportunities, such as the National Online Training Series offered through the Center for START Services are being maximized by the NC West program. It is recommended that the program develop a plan to utilize these and other trainings available to them and their community partners.

Secondary Services

Specialized direct services to people at risk of emergency service use

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 all START programs and time spent on these activities is tracked in SIRS.

- *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 the START Coordinator provides informal education or outreach to the system of support related to general issues or those specific to the individual. 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*: Consultations provided by the Clinical Director with community team members who support individuals. Recommendations are given, and facilitation of goals and action plan development is done by the START Coordinator.
- *Medical Consultation:* Consultation provided by the START Medical Director regarding medication and other medical issues, includes collaboration with prescribing doctor. Recommendations are given, and facilitation of goal and action plan development is done by the START Coordinator.
- *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.
- *Facilitation of Planned Therapeutic Supports (Resource Center, Therapeutic Coaching)*: Work/coordination related to preparing for and facilitating planned center based or in-home supports.
- *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.

Table IV.C shows the percent of individuals enrolled in the region who received planned START services during the year. Since each individual enrolled in START is at a different stage of case activity and has unique strengths and needs, not all individuals received all planned services throughout the reporting period.

For this section, adults and transitional youth are included in a single category

Table IV.C: Provision of Planned START Clinical (Coordination) Services

NC START West	Children	Adults/TY
N	n=77	n=146
Utilization of Planned Services (% of Individuals)		
Outreach	97%	96%
Intake/Assessment	87%	86%
CSCPIP	**74%**	**74%**
Clinical Consultation	69%	45%
Medical Consultation	**12%**	**18%**
Therapeutic Supports	19%	32%
Crisis Follow-Up	21%	27%

START Intake and Assessment

All individuals who are enrolled in START services participate in the Intake/Assessment process in which the START program gathers important historical and biopsychosocial information about the individual and their system of support. This process informs the next step, which is the development of a START Action Plan, outlining specific services and resources that START should provide. Assessment tools used during intake include the Aberrant Behavior

Checklist (ABC), Recent Stressors Questionnaire (RSQ), and START Action Plan. They are re-administered or updated on a regular basis as long as the individual is enrolled and actively receiving START Services.

Table IV.D: Percentage of active individuals who received assessments/tools

START Tools	Tool was completed (n=162)	Up-to-date (n=162)
START Action Plan	99%	93%
Aberrant Behavior Checklist (ABC)	100%	98%
Recent Stressors Questionnaire (RSQ)	100%	100%
Cross Systems Crisis Prevention and Intervention Plans (CSCPIPs)	96%	**85%**
Comprehensive Service Evaluations (CSE)	1%	N/A

Aberrant Behavior Checklist (ABC)

The Aberrant Behavior Checklist (ABC) is a 58-item informant report psychopathology rating tool designed specifically for use with individuals with IDD (Aman, Burrow, & Wolford, 1997). The ABC is administered to START service recipients at intake and again at 6-month intervals.

The ABC has been reported in the literature as an *outcome measure*, having demonstrated sensitivity to detecting changes in psychopathology ratings over time. The ABC is used to determine if the provision of START services is associated with reduced psychopathology ratings over a 6 month or greater period. When using the ABC, the authors suggest use of the subscales, and not a total scale score. Subscales were analyzed via a factor analytic process, and three of these have been reported in the literature as sensitive to treatment effects, including the *Irritability*, *Hyperactivity* and *Lethargy* scales so these are reported below for FY18 NC START West enrollees.

For this analysis, only individuals enrolled in START services for least 6 months of START service with at least two ABC scores were included. In NC START West, there were not enough children with two administrations to do a separate analysis, so all individuals active in NC START West during FY18 with two ABC administrations are included in this analysis (n=144). The average time between the two administrations used in this analysis was 22 months. Results show that average scores decreased as shown in Table IV.E.

Table IV.E: ABC Analysis

		Mean Score			
NC START West (n=144)	**Percent with Improvement**	**Initial**	**Most Recent**	**t Stat**	**P(T<=t) one-tail**
Hyperactivity/Noncompliance	63%	20.15	17.02	3.18	<0.00
Irritability/Agitation	54%	20.47	18.78	1.79	0.04
Lethargy/Social Withdrawal	53%	11.13	9.29	2.71	<0.00

Alpha=0.05

Summary

- NC West has provided an array of services to enrollees during FY18 and has maintained national START standards in terms of completing and keeping various assessments and plans up to date. It is important to pay attention to the rates of up to date CSCPIPs, since the program is meeting minimum expectations.
- Significant levels of clinical consultation have been provided, especially for children. Medical consultation time appears lower than expected.
- The ABC subscale scores for the 3 major subscales that are used to evaluate treatment outcomes did show a decrease over time. This adds to the earlier reported findings that emergency service use is reduced after receiving START services in supporting the efficacy of the START model for individuals with significant behavioral health needs.
- Very few individuals enrolled received Comprehensive Service Evaluations during the reporting period.

Recommendations

- START CSCPIPs are organic, evolving documents which are facilitated by the START coordinator with the full commitment and participation of the individual's team. It is important for the NH START leadership team to examine the reason for incongruency and assure that clinical team members are engaging the system of support for enrollees.
- It is expected that programs completed CSEs for 15-20% of all active cases. The West program should develop a plan to immediately increase the completion of these evaluations as they are important tools for service and diagnostic treatment planning. Given the high rates of pre-START enrollment utilization of emergency services, many individuals enrolled would benefit from these in-depth, multi-disciplinary evaluations.
- The NC West program should evaluate how they are using available time from their medical director and maximize efforts in this area.

Tertiary Services

Emergency interventions provided during a crisis

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

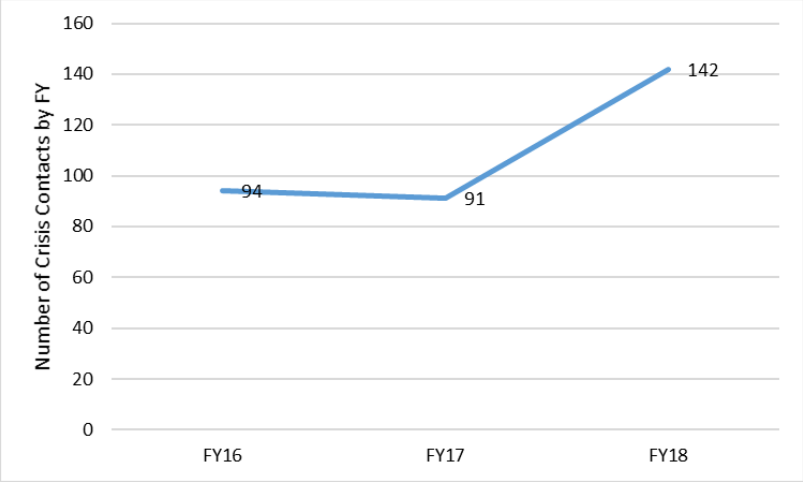
- Crisis Contact: An emergency call received by the NC START West team that requires immediate triage and response, likely resulting in an in-person emergency assessment. Assessment can be conducted in a number of settings including: family home, residential setting, day program, hospital emergency department,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

Crisis Contacts

Table IV.F: FY18 Crisis Contacts

NC START West	FY18 to Date		
Variable	Children	Transitional Youth	Adults
Crisis Contacts			
Number of Individuals	15	7	36
Number of Crisis Contacts	47	12	83
Range of Contacts	(1-14)	(1-3)	(1-9)
Type of Intervention			
In-Person	45%	58%	71%
Phone Consultation	55%	42%	29%
Missing	-	-	-
Average Length of In-Person Intervention	5.9 hours	3.8 hours	5.6 hours
Crisis Disposition	77%	75%	47%
Maintain Setting			
Psychiatric Hospital Admission	11%	17%	8%
Emergency Department Hold	4%	-	11%
Medical Hospital Admission	-	-	1%
START Therapeutic Services	-	8%	19%
Crisis Stabilization	-	-	10%
Other (Incarcerated, Referral to services, "Other")	9%	-	2%
Unreported	-	-	1%
Reason for ED Hold (N)			
No hospital beds	-	-	2
No placement	-	-	3
Assessment/Evaluation	2	-	4
Diverted from hospital or higher level of care	50%	33%	52%

Figure IV.A: Acute Crisis Contact Trends per FY



Summary

- NC West experienced an increase in crisis contacts this FY18 rising from 91 in FY2017 to 142 in FY2018. This may be related to a goal set last year in which a new system was devised for tracking all crisis contacts by having discussions about them during daily triage calls.
- A 71% in person assessment rate for the adults who had crisis contacts is positive (and expected). The rates for youth were not as high (45%) and does not meet START program certifications standards.
- Though it was promising to see that for most children who experienced a crisis and START was contacted, support from START resulted in maintaining setting (about 75% of contacts), this was less often the case for adults as only 47% contacts resulted in this generally preferred outcome. This may be a product of the high utilization of START's Resource Center (19% of all adult crisis calls) as an alternative to hospitalization for many adults (and only adults aged 18 or over can access this service).

Recommendations

- NC START West leadership should make plans to review causes of individuals not being able to maintain setting as the result of crisis contacts to ensure that whatever dispositions are occurring, are those are best suited to meet the needs of the person experiencing a crisis and that all was done to prevent this.
- Increasing time spent on CSCPIP planning and improvement in the number of completed and up-to-date plans may impact the frequency of crisis contacts.
- For any individual with repeated calls to the crisis line, a review should be conducted by the Clinical Director. The clinical director working with the coordinator should then take the following steps:
    - If calling the crisis line when not in crisis, schedule phone calls to meet the person's need for contact in a preventive manner.
    - Update the CSCPIP with close involvement of the person' system of care.
    - Check the START plan and ensure this is in alignment with the high need profile of the cases reviewed.
    - Present the case to the medical director.
    - Complete a CSE.
    - Organize a systems meeting and review.
    - If appropriate, schedule a CET.
    - Develop a detailed action plan to reduce crisis events based on above and in conjunction with the person's system of care.

Section V: START Therapeutic Supports

Resource Center

The following table reflects utilization of the START Resource Center. The program has four beds, half of which are designated for planned admissions. Planned admissions are intended to serve adults who live with their families or natural supports and have not been able to use respite in more traditional settings due to ongoing behavioral health concerns. Depending on the needs of the person and their family, the frequency and length of planned Center admissions may vary but average about 4 days per admission. The other two beds are designated for emergency admissions, which serve adult enrollees experiencing acute crises. Emergency admissions are longer and average about 19 days, during which time, guests received assessment and individualized intervention and discharge planning.

Table V.A: Planned Center-Based Supports

NC START West	FY18	FY17	FY16
Number of individuals admitted	42	40	47
Total number of admissions	145	145	143
Range of days	1-14	1-9	1-11
Avg LOS (days)	4	4	4
Total time spent in resource center (days)	580	503	556
Number of individuals with more than 1 admission	28	31	33
Percent of individuals with more than 1 admission	67%	78%	70%
Occupancy Rate (2 beds)	80%	69%	76%

Table V.B: Emergency Center-Based Supports

NC START West	FY18	FY17	FY16
Number of individuals admitted	16	18	25
Total number of admissions	22	27	34
Range of days	4-34	2-30	1-30
Average LOS (days)	19	20	17
Total time spent in resource center (days)	465	521	565
Number of individuals with more than 1 admission	5	6	5
Percent of individuals with more than 1 admission	31%	33%	20%
Occupancy Rate (2 beds)	64%	71%	77%

In-Home Therapeutic Coaching

NC START in-home therapeutic coaching is designed to be a short term, therapeutic service provided to an individual in their current setting. The need for this service is determined by the Start Coordinator in collaboration with the Clinical Director, Therapeutic Coaching Team Leader, individual and their circle of support. Person centered, positive psychology-based approaches are used to address identified goals that help enhance an individual's social skills, coping strategies, and other related skills while enhancing the system's ability to support the individual through psycho-education and training. Therapeutic coaching can be provided within a variety of settings. Currently, services are provided within a family home, an individual's own home, group homes, day support programs, crisis centers and residential treatment facilities as part of a transition plan. The goal is to provide the individual and system with enhanced understanding, skills and tools to successfully address stressful situations. Other outcomes include the maintenance of the individual's current residence and/or services and to assist the individual and team in linking to services.

It is important to note that hours of service are only entered for discharged individuals. Those who are currently active in services are not reflected in these data.

Table V.C: Planned Therapeutic Coaching

NC START West	Planned Coaching		
Variable	Children	Transitional Youth	Adults
Number of individuals admitted	22	2	1
Range of hours	16-81	13-54	9.5
Hours provided*	787	65.5	9.5

Table V.D: Emergency Therapeutic Coaching

NC START West	Emergency Coaching		
Variable	Children	Transitional Youth	Adults
Number of individuals admitted	1	-	1
Range of hours	5.5	-	6.5
Hours provided*	5.5	-	6.5

***** Some in-home episodes started in FY17 and continued into FY18. Total hours are from all individuals served at some point in FY18.

Summary

- NC West saw some important improvements in their Resource Center this year. NC West has engaged new focus, new leadership, and reported "renewed energy" at their Center, along with new beautiful artwork including a mural, and refreshed backyard.
- NC West has reported progress with regards to use of crisis beds but wish to focus on reducing recidivism further this FY. This rate should be 20% or less.
- NC West completed their first full year of providing in home therapeutic coaching services and reported that individuals from families receiving this service had reduced emergency service use, and important and expected outcome.

Recommendations

- NC West has been working on the prevention of recurrent emergency bed utilization and rates have decreased. However, the team recognizes a need to continue to work on this during FY19 and plans additional emphasis on discharge planning and outreach to caregivers to lower the rate of recidivism for crisis stays at the Resource Center.
- One strategy to reduce emergency admission recidivism is to identify ways in which Resource Center services can be enhanced using START therapeutic coaching as a resource for individuals discharging from the START Center. The In-Home Therapeutic Coaching Team Leader, Resource Center Director and Clinical Director should develop protocols to improve outcomes for emergency Resource Center guests.
- NC West team should review these cases and ensure that all possible has been done to try to assist the system of care to provide elements of the experience that these guests desire, that occurs for them now only during center visits, at home and in their communities to the greatest extent possible.

Conclusions and Recommendations for Fiscal Year 2019

Conclusions

NC West served 223 individuals this fiscal year, including 77 children, 21 transition aged youth and 125 adults. The program plans to hire an additional START Coordinator in FY19 to serve more adults. The NC START programs, including the West, have undergone significant program expansion over the past 2 years, and now provide lifespan services (serving children over 6 years old and up). Fiscal Year 2018 was the first full year that the NC West program provided In-Home Therapeutic Coaching (IHTC) with 23 families receiving these supports. The program currently has one full-time IHTC Team Leader and four full-time coaches.

A larger percentage of NC West enrolled individuals (both adults and children) reside in residential settings than what is seen in national START data. This is an important data trend and supports the need of the program to focus efforts on outreach to receive referrals for individuals prior to out-of-home placements whenever possible. Additionally, pre-START enrollment rates for ED use and psychiatric hospitalization are very high, with more than 50% of all individuals enrolled utilizing these services in the year prior to START enrollment. These high rates are consistent across the NC START programs. Fortunately, individuals served by all the NC START teams during the FY18 experienced a significant decrease in emergency service use once enrolled in START services.

NC West provided many trainings and outreach to community partners but attendance at these trainings as well as Advisory Board attendance will be an area of focus in the coming year. Additionally, the program will focus on increasing linkages and partnerships with community stakeholders, especially stakeholders involved in children's service provision.

While the program met fidelity standards in many areas in FY18, they do need to increase the rates of completion of Comprehensive Service Evaluations (CSEs). CSEs are in-depth service and treatment evaluations and allow for objective, multi-disciplinary recommendations and planning. With the high rates of clinical consultation, the program may be providing some assessment and consultation services that should be more formalized and complete through the development of a CSE.

NC West experienced an increase in crisis contacts this year (142 in FY18) compared to 91 received in FY17. This may be related to a goal set last year in which a new system was implemented for tracking all crisis contacts. The 71% in person assessment rate for the adults who had crisis contacts is positive (and expected), however the in-person response rates for youth were not as high (45%). The lower rates may be related to the frequency of repeat calls received for children this year. A plan to address this should include increasing the amount of comprehensive service evaluations that are completed for anyone receiving multiple crisis contacts.

START Therapeutic Supports offered by NC West saw some important improvements and innovations throughout the year. IHTC continues to grow and the team is settling in to the new Resource Center. A new Resource Center Director has provided new leadership and "renewed energy: at the Center and environmental improvements in the sensory room and the outdoor space have been enjoyed by guests, family members, community providers and staff.

NC START West continues to meet fidelity to the START model in many areas and does require some improvements as outlined in the report. The recommendations below provide a framework for the program so that the program can remain in good standing as a Certified Lifespan START Program. The team will devise an action plan to address recommendations and review regularly with the Center for START Services.

Recommendations for Fiscal Year 2019

Program Enrollment

- The NC West team should develop a strategic plan to obtain referrals of youth before out of home placements occur, and to then apply the START model and associated services to keep more children at home.
- Expansion and additions of linkage agreements with a wide array of entities such as schools and other programs serving children might help to identify more youth prior to out of home placements. Data demonstrated that the early efforts to support children with therapeutic coaching may help in this effort.

Characteristics of Persons Served

- Demographics
  - As noted above, it is recommended that NC West make a targeted effort evaluate how referrals, especially for children, are being made and determine strategies to receive referrals prior to crisis events when possible.
- Mental Health and Chronic Health Conditions
  - The NC West team should collaborate with LME-MCOs and community partners to strategize ways to increase community capacity for evidence based diagnostic assessments of ASDs. This is important and would impact treatment planning for youth in important ways.
  - It may be helpful for NC West to examine how information about health conditions is secured and develop strategies to ensure that medical conditions are not missed, especially in youth given the low reported rate for GI issues and the high rate at which this is generally reported.
  - Continued targeted focus on identification of trauma is needed and additional training regarding trauma informed care is needed, since this is likely under-identified in this population.

Emergency Service Trends

- Continue ongoing efforts to reduce emergency service use through primary and secondary level service provision.
- Examine the reasons for high pre-enrollment rates, explore potential contributing factors and proposed remedies.

START Clinical Team Services

Primary Services

- NC West leadership should meet and develop an action plan and set targets for creating, finalizing and diversifying linkage agreements during FY19.
- The program is expected to develop an annual schedule for CETs to assure that they host at least 10 in the coming fiscal year.
- NC West should develop and implement strategies to increase attendance at their CETs such as offering opportunities for zoom or other web-based video conferencing opportunities and offering continuing education units.
- Advisory Council meetings should be held quarterly (at least 4 times per year). It is important for the NC West program to evaluate attendance and members and determine if other stakeholders should be invited to participate. The program should also consider ways to enhance the Advisory Council meetings and member roles in the next reporting period.
- The NC West program should develop a tracking mechanism for training and stakeholder meetings to monitor attendance and diversity of participants.

- It is unclear whether training opportunities, such as the National Online Training Series offered through the Center for START Services are being maximized by the NC West program. It is recommended that the program develop a plan to utilize these and other trainings available to them and their community partners.

Secondary Services

- START CSCPIPs are organic, evolving documents which are facilitated by the START coordinator with the full commitment and participation of the individual's team. It is important for the NH START leadership team to examine the reason for incongruency and assure that clinical team members are engaging the system of support for enrollees.
- It is expected that programs completed CSEs for 15-20% of all active cases. The West program should develop a plan to immediately increase the completion of these evaluations as they are important tools for service and diagnostic treatment planning. Given the high rates of pre-START enrollment utilization of emergency services, many individuals enrolled would benefit from these in-depth, multi-disciplinary evaluations.
- The NC West program should evaluate how they are using available time from their medical director and maximize efforts in this area.

Tertiary Services

- NC START West leadership should make plans to review causes of individuals not being able to maintain setting as the result of crisis contacts to ensure that whatever dispositions are occurring, are those are best suited to meet the needs of the person experiencing a crisis and that all was done to prevent this.
- Increasing time spent on CSCPIP planning and improvement in the number of completed and up-to-date plans may impact the frequency of crisis contacts.
- For any individual with repeated calls to the crisis line, a review should be conducted by the Clinical Director. The clinical director working with the coordinator should then take the following steps:
  - If calling the crisis line when not in crisis, schedule phone calls to meet the person's need for contact in a preventive manner.
  - Update the CSCPIP with close involvement of the person' system of care.
  - Check the START plan and ensure this is in alignment with the high need profile of the cases reviewed.
  - Present the case to the medical director.
  - Complete a CSE.
  - Organize a systems meeting and review.
  - If appropriate, schedule a CET.
  - Develop a detailed action plan to reduce crisis events based on above and in conjunction with the person's system of care.

Therapeutic Supports

- NC West has been working on the prevention of recurrent emergency bed utilization and rates have decreased. However, the team recognizes a need to continue to work on this during FY19 and plans additional emphasis on discharge planning and outreach to caregivers to lower the rate of recidivism for crisis stays at the Resource Center.
- One strategy to reduce emergency admission recidivism is to identify ways in which Resource Center services can be enhanced using START therapeutic coaching as a resource for individuals discharging from the START Center. The In-Home Therapeutic Coaching Team Leader, Resource Center Director and Clinical Director should develop protocols to improve outcomes for emergency Resource Center guests.
- NC West team should review these cases and ensure that all possible has been done to try to assist the system of care to provide elements of the experience that these guests desire, that occurs for them now only during center visits, at home and in their communities to the greatest extent possible.