



Texas START Tarrant County Fiscal Year 2018 Annual Report

Prepared for
Texas START-Tarrant

Prepared by
The Center for START Services



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Texas START - MHMR Tarrant County
1300 Circle Drive
Fort Worth, Texas 76119

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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.

*The Center for START Services, UNH Institute on Disability/UCED
56 Old Suncook Road, Suite 2, Concord, NH 03301 | start.iod@unh.edu | (603) 228-2085
www.centerforstartservices.org*

Introduction

This report offers a comprehensive summary of services provided by Texas START-Tarrant team for Fiscal Year 2018 (FY18). 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 Enrollment Trends
- Characteristics of Persons Served (demographics and clinical trends)
- Emergency Service Trends
- START Clinical Team Services
- START Therapeutic Supports

Texas START-Tarrant will develop an action plan based on recommendations from the analysis in collaboration with the Center for START Services.

Contributors to this report and the information in it are:

Ann Klein, M.S., SIRS Manager; Center for START Services

Laurie Charlot, Ph.D., National Consultant, Center for START Services

Andrea Caoili, LCSW, Director of Quality Assurance; Center for START Services

Karen Weigle, Ph.D., Associate Director, Texas START Project Facilitator, Center for START Services

Linda Kurland, MS, CCC-SLP, Senior Director, Texas START

Hannah Bednar, LMSW, Clinical Director, Texas START

Luke Reynard, MBA, Chief of Disability Services, My Health My Resources of Tarrant County

Texas START-Tarrant Program

Program Background

Texas START - Tarrant is one of two Texas START teams in operation in the state. Both Tarrant County and El Paso START have actively served individuals since FY14. Since program operations began, Texas START has served a total of 886 individuals, the majority (n=743) in the Tarrant County program. In FY18 (September 1, 2017-August 31, 2018), Texas START served 319 individuals. Figure 1 shows the percentage of individuals served by both Texas START teams in FY18. The Texas START - Tarrant program serves both children and adults (ages 6 and older), while the Texas START-El Paso program serves adults 18 years and older. Figure 2 shows the percentage of individuals served by Tarrant County in FY18 by their age category.

Figure 1: Percent of FY18 Texas START Population by County (n=319)

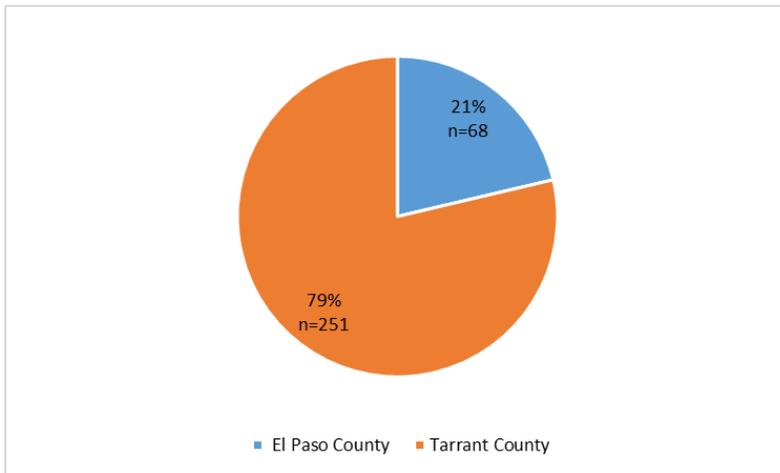
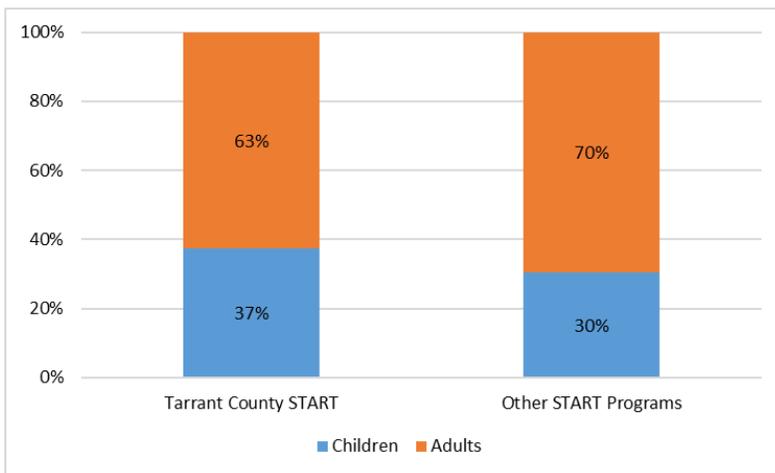
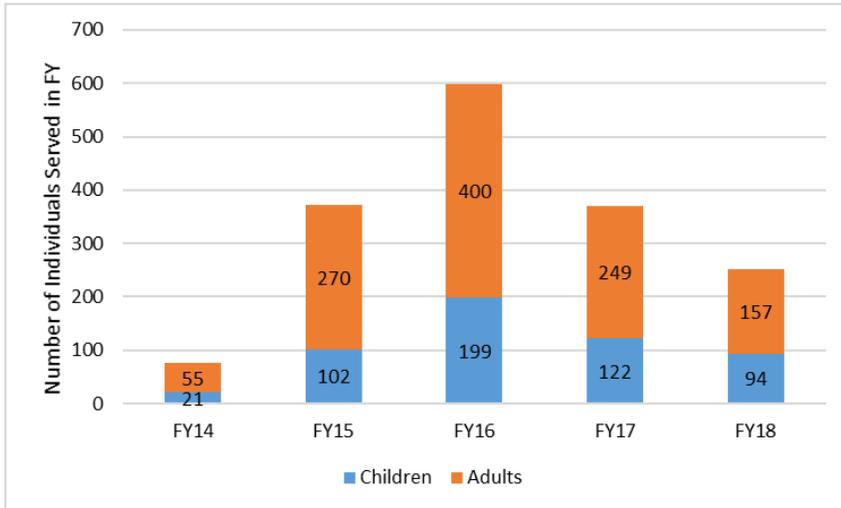


Figure 2: Percent of FY18 START Population by Age Category: Texas START - Tarrant (n=251) and Other Lifespan START Programs (n=2581)



Since program inception, Texas START - Tarrant has served 743 individuals (509 adults and 234 children) with a current active population of 91. The total yearly census for FY18 was smaller than in previous years with 251 individuals receiving services at some point during FY18 (figure 3). Texas START- Tarrant experienced unexpected staff turnover and questionable available funding for a 6-month period in 2018. This resulted in the decreased number served during the reporting period. Both issues have now been successfully resolved, which should increase the availability of services in FY19.

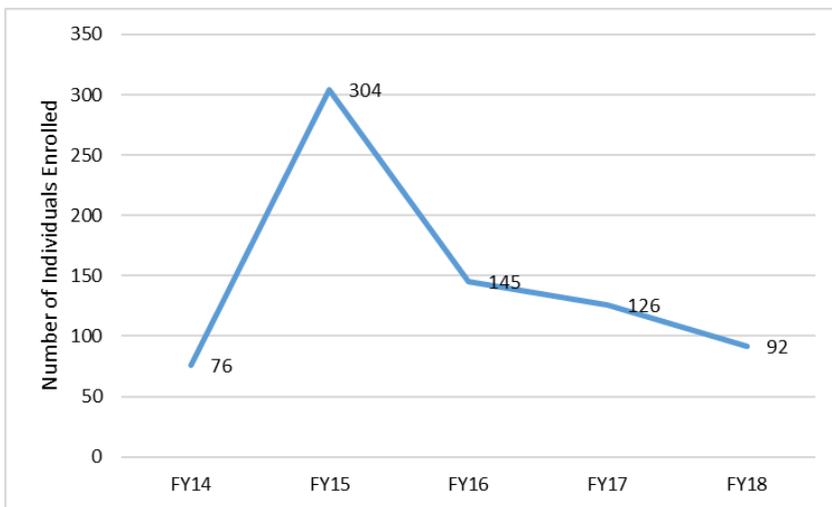
Figure 3: Number of Individuals Served by Texas START - Tarrant by Fiscal Year*



*Most Individuals have received services in multiple fiscal years.

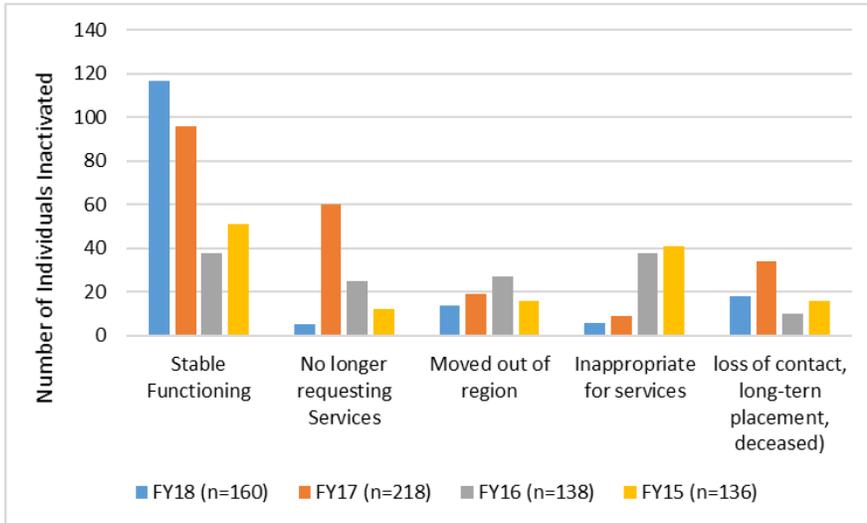
Figure 4 shows the number of newly enrolled individuals in Texas START - Tarrant each year since program operations began.

Figure 4: Number of Individuals Enrolled in Texas START - Tarrant by Fiscal Year (n=743)



While individuals are not discharged from Texas START - Tarrant, they are inactivated once they reach a period of stability or because their situation has otherwise changed (ex: they leave the state). To date, Texas START - Tarrant has inactivated 652 individuals. The average length of stay (LOS) in Texas START - Tarrant is 13 months for all individuals. For individuals who have achieved stable functioning and discharged in FY18, the average LOS was 19 months. Again, the quick activation and inactivation of services in the past fiscal year were a result of constraints in funding and staff. The team did their best to serve and stabilize as many people as possible in shorter than typical time. This is not in keeping with the START model but was used as a stop-gap until funding was secured and staffing again increased.

Figure 5: Reason for Inactivation from Texas START - Tarrant by Fiscal Year (n=652)



Summary

- Texas START - Tarrant served a total of 251 individuals during this fiscal year, including 94 children and 157 adults. The active caseload at the end of FY18 was 91. The lower overall census is due, in part, to a fluctuation in available coordinators over a 6 month period. This was secondary to unexpected coordinator turnover along with a delay in available funding. The loss of 1115 Waiver resulted in positions being frozen by the agency for a period of time. Both issues have now been resolved with all open coordinator positions hired. The agency’s continued recognition of the integral role START plays in support of the people and systems served was demonstrated by their continued funding prior to funding being solidified.
- In addition to the vacancies in coordinator positions, enrollment for this fiscal year was further impacted by the loss of a Spanish speaking coordinator who the team had been utilizing to support a substantial subset of enrollees for whom Spanish was their primary language. A START Coordinator who is bilingual has been hired.
- The average length of stay (LOS) in Texas START - Tarrant is 13 months for all individuals. For individuals who have achieved stable functioning and inactivated in FY18, the average LOS was 19 months.
- Since program inception, 743 individuals were served. Early on in program development, it was found that many were initially enrolled in Texas START - Tarrant did not meet criteria for START services and were inactivated. The program has resolved this issue and is no longer enrolling individuals unless all admission criteria are met. In FY18, the majority (74%) of in-activations were for individuals with stable functioning.

Recommendations

The Texas START - Tarrant Team is currently fully staffed with nine coordinators, including one who is bilingual with English and Spanish.

Before discussing specific findings for individuals enrolled in Texas START - Tarrant Services in FY18, a review of the previous year recommendations and how they were addressed is included below.

Recommendations from FY 2017 Annual Report/Progress

Enhanced systems engagement through work in the following areas:

1. Robust Advisory Council

- Texas START - Tarrant hosts quarterly advisory council meetings with continued focus of expanding the number of stakeholders and increased engagement by this group.
- New members in the council include representatives from Fort Worth Police Department's Mental Health Division, John Peter Smith (JPS) Hospital, Fort Worth Independent School District (FWISD), and various departments within MHMR (Supportive Employment, Home and Community Based Services, Continuity of Care and Yes Waiver).

2. Continue Routine Clinical Education Teams

- CETs were held for 9 of the 12 months and included a wide range of topics, with community members acting as subject matter experts for each training. This led to an increase in attendance and rich discussion. Increased input from participants on training topics also led to more robust attendance and engagement.

3. Outreach and Linkages

- Texas START- Tarrant had numerous engagements with local hospitals this FY, including Texas Health Huguley Hospital, an inpatient behavioral health unit. Texas START - Tarrant is currently involved in a pilot project with Amerigroup with the aim of streamlining hospital discharges from Sundance Hospital.
- Other collaborations have occurred with the leadership team at John Peter Smith Hospital and this is with the aim of streamlining continuity of care with mutual patients. Texas START - Tarrant Medical Director met with JPS's Medical Director in the spring of 2018 to strengthen our relationship with the hospital. JPS Medical Director has directly contacted with Texas START - Tarrant for assessments for clients with IDD in their psychiatric units. START Medical Director has provided a lecture to the medical residents of the hospital on the topic of Emergency Department Assessment for Individuals with Developmental Delays.
- Strengthening of established linkages is also evident. Those include Fort Worth Independent School District, Eagle Mountain Saginaw Independent School District, Tarrant County Food Bank, ABG Day Habilitation, Men's Friendship Group, Amerigroup, MCOT/ICARE, and General Revenue Service Coordination to name a few.

4. Police Department Outreach and Linkages

- Texas START - Tarrant has improved linkages with local law enforcement, including the development of a 'wallet card' program that is being spearheaded by the Assistant Police Chief at the Fort Worth Police Department. START Clinical Director and Crisis Intervention Specialist were invited to assist with a presentation to the Fort Worth City Council on the progress made with this initiative.
- Expanded relationships with Arlington Police Department have included trainings for their SWAT team on how to customize negotiation techniques for individuals with IDD and MH conditions. There is ongoing collaboration with the Fort Worth Police Department's Mental Health Peace Officer.

5. Continued fidelity to the START Model given significant budgetary constraints

- At the end of FY17, Texas START - Tarrant lost its 1115 Waiver funding and subsequently obtained funding through the State Legislature (House Bill 13). This requires 100% match from MHMR of Tarrant County which demonstrates the strong commitment MHMR-Tarrant has to continued support of the START Program

Improved quality of clinical services provision by START Coordinators through addressing the following 6 Areas:

1. Involvement, training and oversight by the Clinical Director

- The Clinical Director has been providing clinical trainings, case reviews, and CET preparation support and coaching. Systemic consultation is an ongoing topic during clinical supervision and eco-maps are also highly utilized to place an added emphasis on conceptualizing and planning for the teams. The Clinical Director seeks opportunities for systemic engagement on cases that are presented on the morning triage calls.
- The Clinical Director reviewed progress note writing templates from other START programs and created one that suits the needs of Texas START - Tarrant in an ongoing effort to enhance clinical plans and impressions.

2. Monthly peer reviews

- Texas START - Tarrant conducts monthly chart reviews during clinical team meetings. A plan to complete peer reviews of START tools, especially CSCPIPs will be developed.
- Texas START - Tarrant engages in ongoing and detailed clinical oversight supervision through the weekly team meetings with the Clinical Director, Medical Director and Team Leaders. Complex cases are presented during these meetings and follow-ups are held on subsequent meetings.

3. Continued growth in maximizing collaboration between START Coordinators and Resource Center Counselors

- The Resource Center Director is currently assigning specific Resource Center Counselors to act as “leads’ for In-Home Therapeutic Coaching cases, and people admitted to the Resource Center.
- Resource Center Counselors are involved in sharing information and knowledge gained about the guests, supplementing the coordinator’s efforts in organizing admission, discharge and transition planning.

4. Continued improvement in utilizing resource center beds and keeping planned visits scheduled in advance

Texas START - Tarrant leadership meets weekly to focus solely on the identification of individuals who may benefit from scheduled planned visits at the Resource Center. This focus will continue to assure those who can benefit will have access to these services. As a result of these meetings, a goal of 20 individual planned guests per month the capacity and goal.

5. Enhanced integration with MHMRTC Continuity of Care, Transitions Team and other Disability Services within the agency

- The START Resource Center is currently working with MHMR Tarrant PASRR program to provide services to individuals who are in Nursing Facilities by providing therapeutic and leisure one-on-one sessions thus continuing to expand START supports and services into the community.
- Resource Center is working with the MHMR Volunteer and Intern Coordinator to provide Intern opportunities at the Resource Center. Providing peer supports is also being investigated.
- Texas START – Tarrant:
Meets on a bi-weekly basis with the leadership from the General Revenue program to identify individuals who are mutually served that would benefit from START services with a focus on access to the Resource Center.

- Engages with MHMR’s ICARE crisis program for training purposes and continuity of care for shared service recipients.
- Is involved with MHMR’s Criminal Justice Program which is funded by a grant from the State of Texas designed to provide services to victims of crime, allowing access to Eye Movement Desensitization Reprocessing (EMDR), equine and art therapy.
- Continues to work with MHMR Law Liaison’s office to support police officers directly in the field when they encounter START enrollees.
- Is actively involved in MHMR’s Cross Systems Consultation Team (CSCT), an interdisciplinary team consisting of a psychologist, psychiatrist, occupational therapist, BCBA, LMSW’s, LMFT, LPC, JPS liaison and program managers from all major programs within MHMR Disability Services.
- Continues to engage with MHMR’s Transition Team through Occupational Therapy services. Occupational Therapy consultations are a critical component in our systemic engagement of cases that have sensory, communication and other OT needs.

6. Demonstrate value to Managed Care Organization within the county

- Texas will be moving toward a managed Medicaid model for Medicaid recipients in 2020. Several MCO’s, such as Amerigroup, have expressed interest in the START model as they prepare to bid for services. This has allowed Texas START - Tarrant to promote outcomes to these entities. The consolidated Texas START programs including El Paso and counties that surround Tarrant County have enhanced the potential for state-wide MCO consideration.
- Texas START - Tarrant collaborated with John Peter Smith Hospital to obtain hospitalization data on all individuals served in START since 2013. This was in an effort to compare inpatient hospitalization rates pre and post START engagement and highlight the program’s efficacy toward diversion from inappropriate hospitalization.

Findings

Following is an analysis of enrollment, demographic, and service outcome data for Texas START - Tarrant for FY18 (September 1, 2017-August 31, 2018).

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

Section I: Fiscal Year 2018 Program Enrollment

Data below reflect all individuals served by Texas START - Tarrant during this reporting period (n=251).

Table I.A: FY18 Census Summary

Texas START - Tarrant	FY18 (n=251)	
Variable	Children	Adults
<i>Total Served during reporting period N (%)</i>	94 (37%)	157 (63%)
FY18 New Enrollments	38	54
<i>Individuals inactivated</i>	61	99
Stable functioning	45 (74%)	72 (73%)
Moved out of START region	4 (7%)	10 (10%)
No longer requesting services	1 (2%)	4 (4%)
Inappropriate for services	1 (2%)	5 (5%)
No contact	10 (16%)	5 (5%)
Long-term placement/incarceration	-	3 (3%)
<i>Active Caseload at the end of reporting period</i>	33 (36%)	58 (64%)

Table I.B: Source of Referral: FY18 New Enrollments (n=92)

Texas START - Tarrant	FY18 (n=92)	
Variable (N)	Children (n=38)	Adults (n=54)
<i>Referral Source (%)</i>		
Case Manager	95%	96%
Emergency Department/mobile crisis	-	-
Family Member	3%	2%
Residential/Day Provider	-	-
Hospital/ID Center	-	2%
Mental Health Practitioner	-	-
Other (Behavior Analyst, law enforcement, schools)	3%	-

Table I.C: Source of Referral: Trends over Time

Variable (N)	FY18 (n=92)	FY17 (n=78)	FY16 (n=30)	National START Trends (n=2860)
<i>Referral Source (%)</i>				
Case Manager	96%	87%	97%	69%
Emergency	-	3%	-	6%
Department/mobile crisis				
Family Member	2%	5%	-	7%
Residential/Day Provider	-	-	-	7%
Hospital/ID Center	1%	3%	-	3%
Mental Health Practitioner	-	-	-	2%
Other (Behavior Analyst, law enforcement, schools)	1%	3%	3%	6%
Missing	-	-	-	0%

Table I.D: Reasons for Enrollment: FY18 New Enrollments (n=92) - More than one option can be selected

Texas START - Tarrant		
Variable (N)	Children (n=38)	Adults (n=54)
<i>Most Common Reasons for Enrollment (%)</i>		
Aggression	87%	74%
Family Needs Assistance	82%	59%
Risk of losing placement	3%	11%
Decreased Daily Functioning	-	1
Dx and Treatment Planning	-	2%
Mental Health Symptoms	13%	9%
Leaving Unexpectedly	8%	20%
Suicidality	16%	15%
Self-Injurious Behavior	26%	26%
Sexualized Behavior	11%	9%
Transition from Hospital	-	4%

Table I.E: Reasons for Enrollment: Comparison to National START Programs (Active FY18)

Variable (N)	Tarrant County Children (n=94)	National START Trends Children (n=800)	Tarrant County Adults (n=157)	National START Trends Adults (n=2060)
<i>Most Common Reasons for Enrollment (%)</i>				
Aggression	87%	91%	76%	81%
Family Needs Assistance	78%	76%	44%	35%
Risk of losing placement	2%	19%	8%	23%
Decreased Daily Functioning	-	23%	3%	27%
Dx and Treatment Planning	2%	24%	3%	24%
Mental Health Symptoms	18%	39%	18%	58%
Leaving Unexpectedly	20%	24%	16%	18%
Suicidality	14%	12%	13%	19%
Self-Injurious Behavior	30%	29%	28%	29%
Sexualized Behavior	10%	14%	8%	11%
Transition from Hospital	2%	8%	6%	9%

Summary

- It is important to note that the typical referral process for Texas START – Tarrant is through the Cross Systems Consultation Team (CSCT). While case managers make the actual referrals, the process includes a review by the CSCT, an interdisciplinary team which consists of a psychologist, psychiatrist, occupational therapist, BCBA, LMSW's, LMFT, LPC, hospital liaison, crisis responders, and program managers from all major programs within MHMR Disability Service. This highly professional interdisciplinary process has led to earlier recognition of need for referral and provides a comprehensive review of each individual we serve to best meet their overall needs with our community partners.
- With the securing of stable program funding this year and the commitment of MHMR, the program plans to see an increase in enrollments in the coming fiscal year.
- The majority (74%) of individuals inactivated in FY18 were for stable functioning. However, in-activations out-paced enrollments leading to a drop in the overall census. This was due primarily to staff vacancies and funding changes detailed above.
- Most individuals enrolled this fiscal year had aggression listed as a concern leading to the referral. Few were referred due to mental health symptoms. (Only 18% of the child and adult cases had this listed as a referral concern.) This again may be explained by the CSCT referral practice at the agency. Typically, Service Coordinators make the referral and may not be as versed in the underlying contributors to the aggression.

Recommendations

- As new staff are brought on board, efforts will be made to increase the overall census of the Texas START-Tarrant program.
- Provide more training on the biopsychosocial factors that impact functioning and need for services to the CSCT to enhance their understanding of the START client population. This will also likely change reasons for referral to reflect a better understanding of factors contributing to crisis.

Section II: Characteristics of Persons Served

Demographics

Section II of this report provides demographic and diagnostic trend data for all individuals served by Texas START - Tarrant (n=251) during FY18 (September 1, 2017-August 31, 2018). There are no significant differences in the demographics of active individuals in FY18 compared to previous fiscal years. When relevant, the Texas START - Tarrant population is compared to other START programs nationally.

Table II.A: Age, gender, race, level of ID, and living situation for FY18 Texas START - Tarrant enrollees (n=251) served at any time during FY2018.

Variable	FY18 (n=251)		Other START Programs	
	Children	Adults	Children	Adults
N	94	157	800	2060
Mean Age (Range)	14 (5-17)	31 (18-77)	14 (6-17)	32 (18-80)
Gender (% male)	73%	62%	77%	61%
<i>Race</i>				
White/Caucasian	73%	67%	55%	68%
African American	18%	24%	26%	20%
Asian	2%	1%	4%	2%
Other	4%	1%	10%	6%
Unknown/Missing	2%	6%	5%	4%
<i>Ethnicity (% Hispanic)</i>	27%	18%	13%	9%
<i>Level of Intellectual Disability (%)</i>				
No ID/Borderline	12%	6%	13%	8%
Mild	44%	53%	34%	50%
Moderate	26%	23%	29%	30%
Severe-Profound	15%	11%	9%	8%
Not specified in records	3%	4%	15%	4%
Missing	1%	3%	1%	1%
<i>Living Situation (%)</i>				
Family	90%	43%	87%	42%
Enhanced Family Care/Foster Family	2%	6%	3%	9%
Group Home and Community ICF/DD	5%	39%	4%	27%
Independent/Supervised	-	3%	-	13%
Psych. Hospital/IDD Center	-	3%	3%	5%
Other (Jail, Homeless, "Other")	1%	4%	1%	3%
Missing	1%	3%	1%	1%

Summary

- A large number of the children served during this fiscal year resided with family (90%).
- 73% of the children and 62% of the adults were males.
- Over 40% of individuals had a severe or moderate level of ID diagnosis at intake.
- Over a quarter of the children served this year (27%) were identified as Hispanic. In general, the Texas START - Tarrant team serves a diverse population including 18-26% child and adult individuals identified as African American.
- More of the enrolled individuals in Texas START-Tarrant are of Hispanic decent than what is seen in national START trends.

Recommendations

- Cultural and linguistic competency are integral for all START Programs and the program should continue to support the local community in obtaining training and resources regarding cultural competency. Resources are available through the Texas START network and the Center for START Services.

Mental Health and Chronic Health Conditions

Table II.B: Texas START - Tarrant enrollees with mental health conditions reported at intake

Texas START - Tarrant	FY18 (n=251)	
Variable	Children	Adults
N	94	157
<i>Mental Health Conditions (%)</i>		
At least 1 diagnosis	89%	90%
Mean Diagnoses (range)	2.2 (1-5)	2.3 (1-7)
<i>Most Common MH Conditions (%)</i>		
Anxiety Disorders	15%	11%
ADHD	56%	28%
ASD	69%	42%
Bipolar Disorders	13%	34%
Depressive Disorders	21%	35%
Disruptive Disorders	20%	24%
OCD	7%	6%
Personality Disorders	-	8%
Schizophrenia Spectrum Disorders	1%	28%
Trauma/Stressor Disorders	8%	10%

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

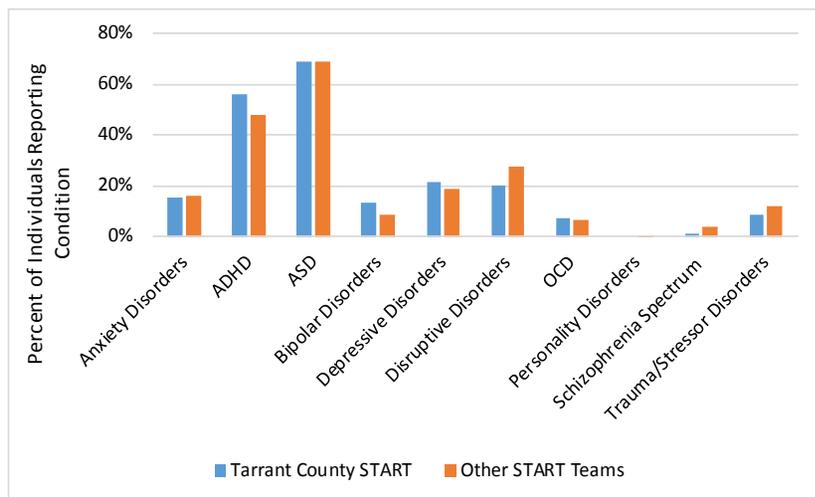


Figure II.B: Frequency of most common mental health conditions for enrolled adults (trends across START)

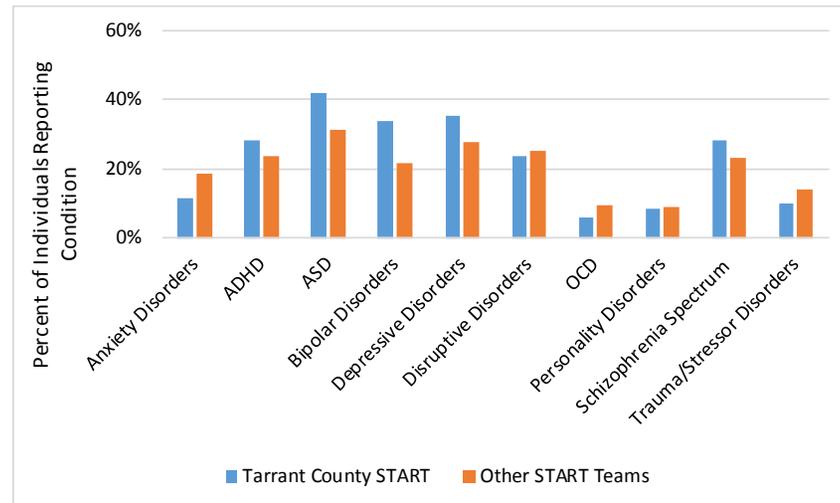


Table II.C: Texas START - Tarrant enrollees with chronic medical conditions reported at intake

Texas START - Tarrant	FY18 (n=251)	
Variable	Children	Adults
N	94	157
<i>Medical Diagnosis (%)</i>		
At least 1 diagnosis	69%	77%
Mean Diagnoses	1.7 (1-7)	1.9 (1-6)
<i>Most Common Medical Conditions (%)</i>		
Cardiovascular	9%	9%
Endocrine	11%	34%
Gastro/Intestinal	14%	21%
Genitourinary	8%	5%
Immunology/Allergy	15%	9%
Musculoskeletal	9%	7%
Neurologic	35%	31%
Obesity	5%	9%
Pulmonary disorders	20%	9%
Sleep Disorder	11%	9%

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

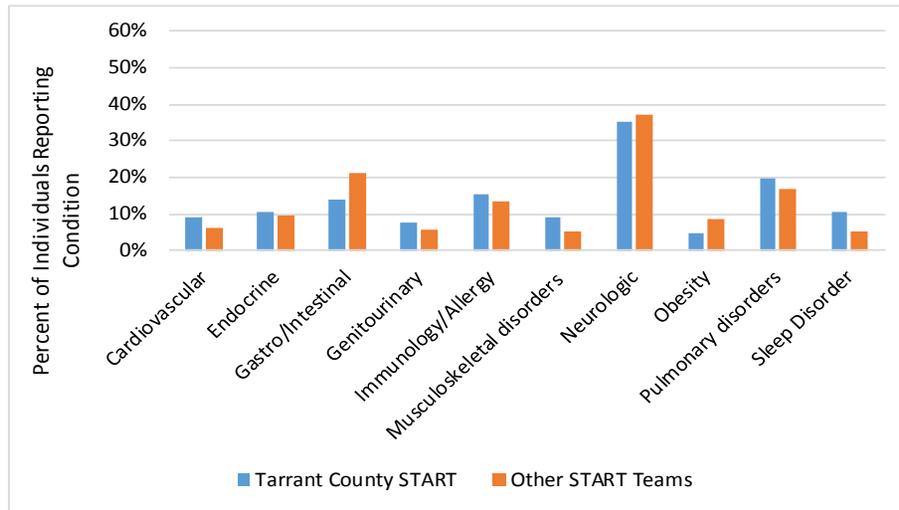
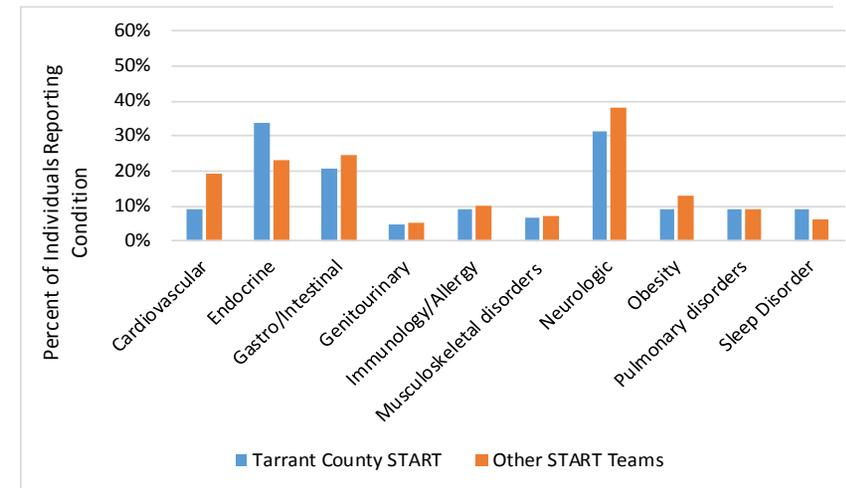


Figure II.D: Frequency of most common medical conditions for enrolled adults (trends across START)



Summary

- About 90% of enrollees were diagnosed with at least one mental health condition. However, it is of interest that, so few people are referred with symptoms of mental health conditions as a primary concern. Aggression appears to be a continued focus in the referral concerns in isolation of psychiatric/MH concerns.
- Individuals served had an average of 2 mental health conditions reported at intake. Multiple diagnoses are not uncommon for individuals referred to START programs, and at times reflect the complexity of accurate identification of mental health conditions in the population.
- Reported rates for psychosis and bipolar disorder as well as disruptive disorders for enrolled adults was higher than what is generally reported for prevalence of psychiatric syndromes in adults with IDD.
- ASD and ADHD were the most common mental health conditions reported for children. This is generally what is reported for programs providing outpatient mental health services to youth with IDD.
- Multiple medical problems were also commonly noted at enrollment. A large percentage of adults with IDD have comorbid GI and neurological conditions. This is consistent with findings in research including individuals with IDD and behavioral health concerns.

Recommendations

- It is recommended that the Texas START - Tarrant team provides more training to community partners regarding differential diagnosis of psychiatric disorders, as well as how symptoms like anxiety and past trauma experiences can be root causes of aggressive behavior. This might inform more effective treatment interventions.

Section III: Emergency Service Trends

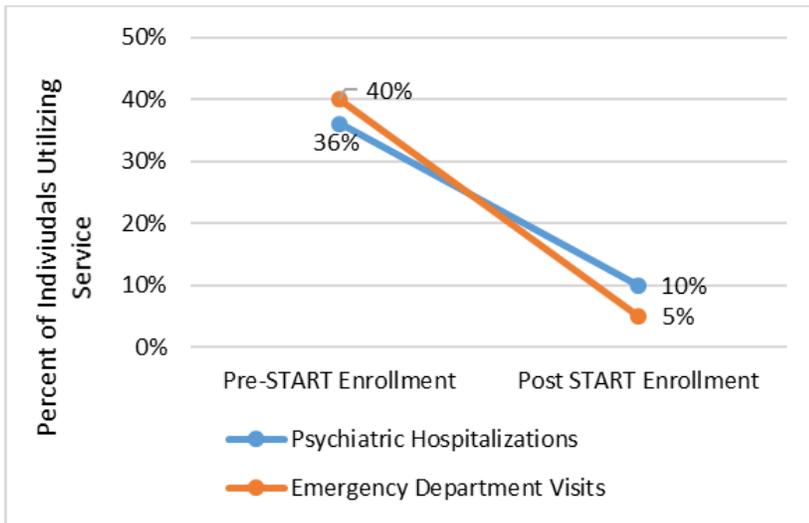
At intake, all START enrollees are assessed for prior utilization of emergency services (hospital and emergency department) for psychiatric or behavioral reasons. The table below compares the number and percentage of individuals who experienced a psychiatric hospitalization or ED visit in the 12 months prior to START enrollment to the number of percentage of those individuals who experienced emergency service use post START enrollment. While not every individual has been enrolled for a full 12 months at the time of this analysis, the average length of enrollment in START was just over 16 months. The mean and range reflect the frequency of admissions/visits experienced by individuals utilizing those services.

Table III.A: Emergency Service Utilization

Variable	Children	Adults
N	94	157
<i><u>Psychiatric Hospitalization</u></i>		
Prior to enrollment, N (%)	33 (35%)	57 (36%)
Mean Admissions (range)	1.7 (1-6)	2.5 (1-10)
During START, N (%)	9 (12%)	17 (11%)
Mean Admissions (range)	1.6 (1-3)	2.0 (1-8)
Average length of stay (days)	14 days	5 days
<i><u>Emergency Department Visits</u></i>		
Prior to enrollment, N (%)	41 (44%)	60 (38%)
Mean Visits (range)	1.8 (1-4)	2.9 (1-15)
During START, N (%)	5 (5%)	8 (5%)
Mean Visits (range)	1.6 (1-3)	1.1 (1-2)

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

Figure III.A: Change in frequency of pre and post START enrollment emergency service utilization (n=251)



Summary

- Data show a reduction in emergency service from pre to post START enrollment for Texas START - Tarrant enrollees.

Recommendations

- Continue outreach and crisis planning to further reduce rates of emergency services use.

Section IV: START Clinical 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 reports 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 in order 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 Texas START - Tarrant team members in FY18. Primary START services include system linkages, education and community training. These services are part of the plan to improve the capacity of the system as a whole so that improvements are effective and sustainable over time. Over the last year, the Texas START - Tarrant 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

Texas START - Tarrant	FY18
<i>Number of Activities (N)</i>	
Community linkage/affiliation	20
Community-based training	7
Host Advisory Council Meeting	3
<i>Provided Training (N)</i>	
Day provider	1
Emergency services	2
Family	23
Other	7
Residential provider	3
School	3
Therapist/mental health providers	1
Transition Support/Planning-Developmental Center	6
Transition Support/Planning-Psychiatric Hospital	4
<i>Total Community Outreach/Training Episodes (N)</i>	80
<i>Total Linkage/Collaboration Agreements Completed Since Program Inception (N)</i>	17
<i>Total Clinical Education Teams in FY18 (N)</i>	9

In addition to the above reported specific training and linkage activities, a number of 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 Texas START - Tarrant Program Director.

See addendum for a list of additional training provided to the community as part of the primary services provided by the region during FY18.

Table IV. B: Clinical Education Teams in FY18

Date	Title/Training Topic	Number in attendance
7/19/2018	Importance of medical education on individuals diagnosed with IDD	22
6/21/2018	PERMA Model	16
5/29/2018	Fetal Alcohol Syndrome	22
4/12/2018	Borderline Personality Disorder	25
3/15/2018	Childhood Trauma and IDD	19
2/22/2018	Genetic Disorder (William Yoder)	12
12/12/2017	Learned helplessness and positive psychology	22
10/31/2017	Attachment and the development of antisocial personality disorder	16
8/8/2017	Grief and loss	Unavailable

National START Practice Groups

As part of the national START network and Professional Learning Community, Texas START - Tarrant 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 Practice Group, facilitated by Jill Hinton, Ph.D.
- Children's Services Practice Group facilitated by Karen Weigle, Ph.D.
- Resource Center Directors Practice Group, facilitated by Bob Scholz, M.S., LMHC
- Medical Directors Practice Group, facilitated by Karen Weigle, Ph.D. and Laurie Charlot, Ph.D.
- Team Leaders Practice 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

- Texas START - Tarrant provided many outreach, consultation and training events to their local community partners during FY18, especially with family member groups.
- One area that has been very helpful has been the program's recent outreach and training with law enforcement in multiple communities. Additional information regarding these efforts can be found in the section of the report titled "Recommendations from FY17 Annual Report".
- Attendance at CETs was stable during the fiscal year, but the program would like to maximize attendance in the coming reporting period.
- Texas START – Tarrant is collaborating with Texas START – El Paso and two other local authorities to conduct a qualitative study on "Lived Experiences of Undocumented Immigrant Families Caring for an Individual with Intellectual or Developmental Disabilities" which will be an important contribution to the field.

Recommendations

- Utilizing technology through webinars should be a priority to expand outreach efforts and grow attendance.
- Events appear to previously address high risk individuals' needs. It might be useful to identify themes across these high-risk cases and to provide training regarding these areas, introducing best practices to as many community partners as possible. The START Clinical and Medical Directors should provide trainings on some of these topics, depending on the assessment of themes emerging for the high-risk cases (i.e. missed medical problems, over use of psychotropic medications and lack of adequate attention to use of multiple modalities of interventions and supports, concerns related to differential diagnosis and use of modified DSM criteria and approaches to assessment).
- Based on the low rate of referral concerns focused on psychiatric symptoms with a high rate of psychiatric disorders reported, including what appears to be possible over diagnosing of psychosis and Bipolar Disorder with under identification of anxiety; it may be helpful for future community-based trainings to focus on basics of psychiatric assessment if people with IDD and on recognition of anxiety.
- The program aims to develop a plan to assure that primary services are being offered by all members of the team, including START coordinators. Texas START – Tarrant will also assure that documentation of these activities is consistent and comprehensive in the next reporting period.

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.

All START programs offer the following planned, secondary services 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.
- *Medical Consultation:* 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.
- *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 program 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.

Table IVC: Provision of Planned START Clinical (Coordination) Services

Texas START - Tarrant	Children	Adults
N	94	157
<i>Utilization of Planned Services (% of Individuals)</i>		
Outreach	89%	84%
Intake/Assessment	73%	72%
CSCPIP	41%	38%
Clinical Consultation	33%	36%
Medical Consultation	24%	27%
Therapeutic Supports	15%	37%
Crisis Follow-Up	20%	24%

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 steps, 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 (n=91)

START Tools	Tool was completed (Active)
<i>START Action Plan</i>	91%
<i>Aberrant Behavior Checklist (ABC)</i>	97%
<i>Recent Stressors Questionnaire (RSQ)</i>	98%
<i>Cross Systems Crisis Prevention and Intervention Plans (CSCPIPs)</i>	91%
<i>Comprehensive Service Evaluations (CSEs) Completed</i>	8%

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 of time. When using the ABC, the authors suggest use of the subscales, and not a total scale score. Subscales were identified 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 Texas START - Tarrant enrollees.

For this analysis, only individuals enrolled in START services for at least 6 months of START service with at least two ABC scores were included: children (n=69) and adults (n=112). The average time between the two administrations used in this analysis was 16 months for children and 19 months for adults. Results show that average scores decreased as shown in Table IV.E and F.

Table IV.E: ABC Analysis: Children

Tarrant County START (n=69)	Percent with Improvement	Mean Score		t Stat	P(T<=t) one-tail
		Initial	Most Recent		
Hyperactivity/Noncompliance	54%	30.71	27.94	1.93	0.03
Irritability/Agitation	55%	26.71	23.54	2.53	0.01
Lethargy/Social Withdrawal	51%	14.07	12.29	1.05	NS

Alpha=0.05

Table IV.F: ABC Analysis: Adults

Tarrant County START (n=112)	Percent with Improvement	Mean Score		t Stat	P(T<=t) one-tail
		Initial	Most Recent		
Hyperactivity/Noncompliance	52%	17.36	16.67	0.54	NS
Irritability/Agitation	51%	18.62	17.09	0.31	NS
Lethargy/Social Withdrawal	49%	10.50	10.16	3.04	NS

Alpha=0.05

Summary

- Outreach was provided to the 84% of adults and 89% of children, which is what is minimally expected to meet START fidelity.
- The START Action Plans and CSCPIPs were not up to date for a minimum percentage of the individuals served and should be so for at least 85% or more of enrollees.
- The time spent on crisis planning is also low, considering that these plans are to be constantly reviewed and updated during outreach visits and at least annually.
- The rate of CSE completion has improved but the goal for completion is between 15-20% of individuals served.
- ABC subscale scores (Irritability, Hyperactivity and Lethargy subscales) are considered an important measure for demonstrating the impact of START services. These results indicated improved scores over time with statistically significant improvement with child enrollees. All contrasts were with scores at intake. An improved effort to interview and rate in similar environments over time should ultimately demonstrate a more accurate reflection of changes with START engagement.

Recommendations

- The Texas START – Tarrant team needs to analyze the ABC results on a more real time basis to modify approaches accordingly, using these data to inform practices on a case by case basis.
- Action plans are in place to assure all START tools and assessments are completed as the START Model prescribes on an ongoing basis.

Tertiary Services

Emergency interventions provided during a crisis

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

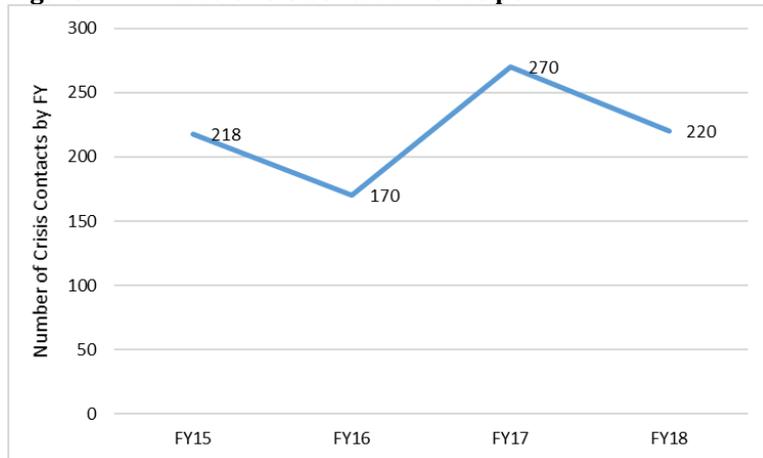
- **Crisis Contact:** An emergency call received by the Texas START - Tarrant team that requires immediate triage and response, likely resulting in an in-person emergency assessment. Assessment can be conducted in a number of settings including: family home, residential setting, day program, hospital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

Texas START - Tarrant Variable	FY18	
	Children	Adults
<i>Crisis Contacts</i>		
Number of Individuals	17	46
Number of Crisis Contacts	49	171
Range of Contacts	(1-17)	(1-20)
Type of Intervention		
In-Person	19 (39%)	60 (35%)
Phone Consultation	30 (61%)	111 (65%)
<i>Average Length of In-Person Intervention</i>	2.0 hours	1.5 hours
<i>Crisis Disposition</i>		
Maintain Setting	40 (82%)	132 (77%)
Psychiatric Hospital Admission	-	16 (9%)
Emergency Department Hold	5 (10%)	6 (4%)
Medical Hospital Admission	-	2 (1%)
START Therapeutic Services	-	1 (1%)
Crisis Stabilization	2 (4%)	7 (4%)
Other (Incarcerated, Referral to services, "Other")	1 (2%)	7 (4%)
Unreported	1 (2%)	-

Figure IV.A: Acute Crisis Contact Trends per FY



Summary

- In person assessment rates were very low at only 35-39% of cases. It is expected that around 70% of crisis contacts require in person contact. It is suspected that the previously stated staffing and funding issues resulted in coordinator fatigue that may have impacted these findings.
- The number of crisis contacts range from a single contact, up to as many as 20 for some individuals. This may indicate a need for more outreach and crisis planning interventions be employed for specific people/systems.

Recommendations

- The Texas START- Tarrant team should examine each crisis contact to be certain that all those requiring in person assessment are receiving this. Utilizing the back-up function to support those case-by-case determinations is essential.
- The Texas START - Tarrant team should review repeat crisis use cases in detail. The following steps should be considered:
 - If calling the crisis line when not in crisis -schedule phone calls to meet the person's need for contact in a planned manner
 - Update the CSCPIP with close involvement of the person's 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
 - If appropriate, and possible the person might benefit from planned Therapeutic START services, especially given the low rates for planned Resource Center admissions listed below.

Section V: START Therapeutic Services

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 Resource Center admissions may vary but average about 3 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 16 days, during which guests received assessment and individualized intervention and discharge planning.

Table V.A: Planned Center-Based Supports: Overnight

Texas START - Tarrant	FY17	FY18
Number of individuals admitted	19	28
Total number of admissions	66	77
Range of days	1 to 7	1 to 5
Avg LOS (days)	3	3
Total time spent in resource center (days)	215	261
Number of individuals with more than 1 admission	12	15
Percent of individuals with more than 1 admission	63%	54%
Occupancy Rate (2 beds)	29%	36%

It is not uncommon for families/systems/guests to be unsure of whether the guest could tolerate a stay at the Resource Center. Several guests attended during the day for a brief period until they had a level of comfort with a 3 day stay, in an effort to provide individualized support. Additionally, some guest's need to successfully transition from being home all day to being able to attend a day facility were addressed through day visits. **Table V.B: Planned Center-Based Supports: Day**

Texas START - Tarrant	FY17	FY18
Number of individuals admitted	9	9
Total number of admissions	41	79
Range of visits	1 to 10	1 to 44
Total time spent in resource center (hours)	248	388

Table V.C: Emergency Center-Based Supports

Texas START - Tarrant	FY17	FY18
Number of individuals admitted	25	17
Total number of admissions	35	23
Range of days	3 to 89	2 to 36
Avg LOS (days)	17	16
Total time spent in resource center (days)	610	439
Number of individuals with more than 1 admission	4	4
Percent of individuals with more than 1 admission	16%	23%
Occupancy Rate (2 beds)	84%	60%

Therapeutic Coaching

Texas START - Tarrant in-home therapeutic coaching services (IHTC) are designed to be short term, therapeutic services 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, Resource Center Director, 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 in 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 & Emergency Therapeutic Coaching

Tarrant County	Planned Coaching		Emergency Coaching	
Variable	Children	Adults	Children	Adults
Number of individuals admitted	7	16	-	2
Range of hours	2-10	2-18	-	8-19
Hours provided*	49	130	-	27

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

Summary

Center-Based Supports

- The reported bed use rates for planned and emergency center services in FY18 were low (36% and 60% respectively). Given the funding cuts across the local system and the role of START as an emergency safety net service, filling gaps and providing Resource Center services when acute needs arise is often needed. As the team continues to focus on capacity building, planned admissions will also continue as a priority when possible.
- Recidivism rates for emergency admissions (23%) were close to the target rate of <20%. Some of the reason for the higher recidivism rates include the fact that Texas START-Tarrant is a safety net service for the county. Despite this fact, they continue to provide discharge planning in line with START model and maintain a low recidivism rate.
- It is a somewhat unique service that Texas START - Tarrant provides to enrollees by having day center visits. This service has been helpful to several individuals and families in the Tarrant County community.

Therapeutic Coaching

- Texas START - Tarrant has been providing in-home coaching supports to their enrollees, including both children and adults.

Recommendations

Center-Based Supports

- The Texas START - Tarrant team will continue to work to increase use of planned beds (especially for any of the people with repeated crisis events as noted above).
- The program will continue its efforts to reduce emergency Resource Center recidivism whenever possible through the use of other START services such as therapeutic coaching and cross systems crisis planning.

Therapeutic Coaching

- Continue efforts to provide therapeutic coaching to both child and adult enrollees, and consider adding this service for any of the individuals having repeated crisis contacts, as well as those who are not showing improvements as reflected in ABC scores.
- Texas START-Tarrant plans to hire a full-time Therapeutic Coach to increase opportunities of the program to provide community based direct intervention for individuals enrolled in START services.

Conclusions and Recommendations for Fiscal Year 2019

Conclusions

Texas START - Tarrant team served 251 individuals during FY18 including 94 children and 157 adults. The active caseload at the end of FY18 was 91. Now that additional funding has been secured, efforts will be made to increase the FY19 census by filling vacant coordinator positions and increasing caseload sizes.

Over the entire time of the program's operation, 652 individuals were served. Several co-occurring circumstances resulted in a reduced number of available START Coordinators during the fiscal year described in this report. Loss of 1115 Waiver with a delay in the award of replacement grant funding resulted in the freezing of positions. This was further complicated by unexpected staff turnover. As the program's ongoing outreach efforts yielded increased visibility of services during the time of reduced resources, adjustments had to be made to best serve the needs of the community. These unique circumstances resulted in a higher than typical rate of inactivation. Efforts will be continued in FY19 to fill positions, certify coordinators and grow enrollment to the capacity of the team.

Texas START - Tarrant had numerous engagements with local hospitals this fiscal year, including linkage agreements with Texas Health Huguley Hospital which has an inpatient behavioral health unit. Texas START - Tarrant is currently involved in a pilot project with Amerigroup with the aim of streamlining hospital discharges from Sundance Hospital. Other collaborations have occurred with the leadership team at JPS and this is with the aim of streamlining continuity of care with mutual patients. Texas START - Tarrant Medical Director met with JPS's Medical Director in the spring of this year to strengthen our relationship with the hospital. JPS Medical Director has directly contacted with Texas START - Tarrant for assessments for clients with IDD in their psychiatric units. The START Medical Director is scheduled to provide a lecture to the medical residents of the hospital this fall. Significant positive outcomes from collaboration with JPS include more intensive case-based discussions and having the opportunity to develop effective discharge plans on mutual clients either by extending hospital stays (as appropriate) or utilizing the Resource Center as a step-down facility.

Texas START - Tarrant has developed new linkages and collaborations with the law enforcement system and continues to work with MHMR Law Liaison's office towards being able to support crisis intervention assistance with START clients directly with police officers in the field, by phone or in person engagement.

The Texas START - Tarrant has been actively involved in MHMR's Cross Systems Consultation Team (CSCT), which is defined in detail in the report. This process is a progressive forum for idea-sharing with regard to challenging cases and provides suggestions for next steps to care coordinators. Suggestions range from sensory interventions to strategies on how to approach Individualized Education Program (IEP) meetings. Texas START - Tarrant's goal is to assist care coordinators in following up on the recommendations and help explore further gaps from a systemic engagement perspective.

Other positive ongoing progress includes the team's work with the MHMR's Transition Team through occupational therapy services. Occupational therapy consultations are a critical component in our systemic engagement for people who have sensory, communication and other OT needs. This intervention available through the MHMR Transition Team has proven helpful in addressing crisis events, case conceptualization, and improved well-being for individuals. Another way that Texas START - Tarrant and the Transition Team have collaborated is through hosting events. The Transition Team was involved in coordinating events where Dr. Joan Beasley provided a two-day conference on Cultural Competency. This year, the Transition Team is involved in coordinating Dr. Dan Tomasulo's two-day conference on Positive Psychology. These efforts would not be possible without the collaboration between the Transition Team and START.

The Tarrant Team has also been working to prepare for the Medicaid managed care transition and has been able to demonstrate effectiveness of START services in lowering costly emergency service use.

As the program begins FY19, they plan to continue positive growth and address opportunities for service enhancement. The following recommendations provided are based on report findings. The Texas START-Tarrant program will develop an action plan to assure that these are addressed in the coming year.

Recommendations for Fiscal Year 2019

Program Enrollment

- As new staff are brought on board, efforts will be made to increase the overall census of the Texas START-Tarrant program.
- Provide more training on the biopsychosocial factors that impact functioning and need for services to the CSCT to enhance their understanding of the START client population. This will also likely change reasons for referral to reflect a better understanding of factors contributing to crisis.

Characteristics of Persons Served

- Demographics
 - Cultural and linguistic competency are integral for all START Programs and the program should continue to support the local community in obtaining training and resources regarding cultural competency. Resources are available through the Texas START network and the Center for START Services.
- Mental Health and Chronic Health Conditions
 - It is recommended that the Texas START - Tarrant team provides more training to community partners regarding differential diagnosis of psychiatric disorders, as well as how symptoms like anxiety and past trauma experiences can be root causes of aggressive behavior. This might inform more effective treatment interventions.

Emergency Service Trends

- Continue outreach and crisis planning to further reduce rates of emergency services use.

START Clinical Services

Primary Services:

- Utilizing technology through webinars should be a priority to expand outreach efforts and grow attendance.
- Events appear to previously address high risk individuals' needs. It might be useful to identify themes across these high-risk cases and to provide training regarding these areas, introducing best practices to as many community partners as possible. The START Clinical and Medical Directors should provide trainings on some of these topics, depending on the assessment of themes emerging for the high-risk cases (i.e. missed medical problems, over use of psychotropic medications and lack of adequate attention to use of multiple modalities of interventions and supports, concerns related to differential diagnosis and use of modified DSM criteria and approaches to assessment).
- Based on the low rate of referral concerns focused on psychiatric symptoms with a high rate of psychiatric disorders reported, including what appears to be possible over diagnosing of psychosis and Bipolar Disorder with under identification of anxiety; it may be helpful for future community-based trainings to focus on basics of psychiatric assessment if people with IDD and on recognition of anxiety.
- The program aims to develop a plan to assure that primary services are being offered by all members of the team, including START coordinators. Texas START - Tarrant will also assure that documentation of these activities is consistent and comprehensive in the next reporting period.

Secondary Services

- The Texas START – Tarrant team needs to analyze the ABC results on a more real time basis to modify approaches accordingly, using these data to inform practices on a case by case basis.
- Action plans are in place to assure all START tools and assessments are completed as the START Model prescribes on an ongoing basis.

Tertiary Services

- The Texas START- Tarrant team should examine each crisis contact to be certain that all those requiring in person assessment are receiving this. Utilizing the back-up function to support those case-by-case determinations is essential.
- The Texas START - Tarrant team should review repeat crisis use cases in detail. The following steps should be considered:
 - If calling the crisis line when not in crisis -schedule phone calls to meet the person’s need for contact in a planned 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
 - If appropriate, and possible the person might benefit from planned Therapeutic START services, especially given the low rates for planned Resource Center admissions listed below.

Therapeutic Supports

Center-Based Supports

- The Texas START - Tarrant team will continue to work to increase use of planned beds (especially for any of the people with repeated crisis events as noted above).
- The program will continue its efforts to reduce emergency Resource Center recidivism whenever possible through the use of other START services such as therapeutic coaching and cross systems crisis planning.

Therapeutic Coaching

- Continue efforts to provide therapeutic coaching to both child and adult enrollees and consider adding this service for any of the individuals having repeated crisis contacts, as well as those who are not showing improvements as reflected in ABC scores.
- Texas START-Tarrant plans to hire a full-time Therapeutic Coach to increase opportunities of the program to provide community based direct intervention for individuals enrolled in START services.

Addendum

FY18 Community Training Topics

Date	Title	Attendees	Notes
10/31/2017	Clinical Education Team	16	Attachment and the Development of Antisocial Patterns of Behavior
11/7/2017	Clinical Education Team	10	Sexual Health and IDD
12/12/2017	Clinical Education Team	22	Learned Helplessness
2/22/2018	Clinical Education Team	12	Genetic Disorders
3/15/2018	Clinical Education Team	18	Childhood Trauma and IDD
4/12/2018	Clinical Education Team	25	Borderline Personality Disorder and IDD
5/29/2018	Clinical Education Team	22	Fetal Alcohol Syndrome
6/21/2018	Clinical Education Training	15	The PERMA Model
7/25/2018	Clinical Education Training	22	Importance of Medical Education for individuals with IDD
6/5/2018	Cross Systems Consultation	12	Consultation on high intensity cases
6/7/2018	Cross Systems Consultation	14	Consultation on high intensity cases
6/12/2018	Cross Systems Consultation	14	Consultation on high intensity cases
6/14/2018	Cross Systems Consultation	9	Consultation on high intensity cases
6/19/2018	Cross Systems Consultation	17	Consultation on high intensity cases
6/21/2018	Cross Systems Consultation	14	Consultation on high intensity cases
6/26/2018	Cross Systems Consultation	12	Consultation on high intensity cases
7/3/2018	Cross Systems Consultation	15	Consultation on high intensity cases
7/10/2018	Cross Systems Consultation	12	Consultation on high intensity cases
7/12/2018	Cross Systems Consultation	20	Consultation on high intensity cases
7/17/2018	Cross Systems Consultation	14	Consultation on high intensity cases
7/19/2018	Cross Systems Consultation	20	Consultation on high intensity cases
7/31/2018	Cross Systems Consultation	17	Consultation on high intensity cases
8/12/2018	Cross Systems Consultation	15	Consultation on high intensity cases
8/7/2018	Cross Systems Consultation	12	Consultation on high intensity cases
8/9/2018	Cross Systems Consultation	22	Consultation on high intensity cases
8/14/2018	Cross Systems Consultation	15	Consultation on high intensity cases
8/21/2018	Cross Systems Consultation	17	Consultation on high intensity cases
8/23/2018	Cross Systems Consultation	16	Consultation on high intensity cases
8/28/2018	Cross Systems Consultation	9	Consultation on high intensity cases
8/30/2018	Cross Systems Consultation	4	Consultation on high intensity cases
8/22/2018	New SC Training	4	Introduction of CIS role to new Service Coordinators
8/22/2018	ICARE Training	5	Introduction of CIS role to MCOT and ICARE
8/22/2018	ICARE Training	13	Introduction of CIS role to ICARE
8/16/2018	ICARE Training	7	Introduction of CIS role to ICARE
7/25/2018	New SC Training	10	Introduction of CIS role to new Service Coordinators
6/27/2018	New SC Training	8	Introduction of CIS role to new Service Coordinators
7/31/2018	Arlington Police Department	19	Training on IDD and co-occurring Mental Illness
	Arlington SWAT/CIT	7	Training on IDD and co-occurring Mental Illness
6/20/2018	TEXAS Council	20	Training on interaction with local Police Departments
6/5/2018	Advisory Council	12	Consultation on START practices
8/29/2018	COC	8	Consultation on high intensity cases
8/15/2018	COC	9	Consultation on high intensity cases
6/27/2018	Crisis Services Stakeholder Meeting	20	Discuss crisis trends in the community
8/1/2018	COC	8	Consultation on high intensity cases
7/18/2018	COC	10	Consultation on high intensity cases
7/4/2018	COC	9	Consultation on high intensity cases
6/6/2018	COC	11	Consultation on high intensity cases