2019 was another year of expansion in START program development, research, publication and training across the country. In addition, more than 10,000 children and adults with IDD-MH have received services and supports through the START Network, and 280 START coordinators have been certified. We are delighted that California START has begun, and work to develop Maryland START has begun, and are looking forward to what lays ahead.

We continue to learn from evaluation of START services and supports provided, as well as the ever expanding network dedicated to improving the lives of people with IDD who receive mental health services and their families through our collaborative forums and practice groups. We have begun the development of the Prescribers guide funded through a WITH grant with the help of the MD practice group hosted by Dartmouth Medical School.

We have seen the growing influence of rigorous clinical practices combined and positive psychology on us all. We want to thank you all for being a part of this journey, especially the people with lived experiences and their families who have enhanced our capacity in the words of Maya Angelou to "know better and when we know better, to do better".
UNH Institute on Disability

The Institute on Disability (IOD) was established in 1987 to provide a university-based focus for the improvement of knowledge, policies, and practices related to the lives of people with disabilities and their families and is New Hampshire's University Center for Excellence in Disability (UCED). Located within the University of New Hampshire, the IOD is a federally designated center authorized by the Developmental Disabilities Act. Through innovative and interdisciplinary research, academic, service, and dissemination initiatives, the IOD builds local, state, and national capacities to respond to the needs of individuals with disabilities and their families.

The Center for START Services

START is a community-based crisis prevention & intervention service model for individuals age 6 and older with intellectual and developmental disabilities (IDD) and mental health (MH) needs. START was first developed in 1988 by Dr. Joan B. Beasley and was cited as a national model in the 2002 US Surgeon General's report on mental health disparities for people with IDD.

The Center for START Services (CSS) at the UNH IOD is an organization of experts in the mental health aspects of IDD that develop innovative MHIDD training programs, conduct research, and facilitate the development of START programs across the country. Members of the CSS national team assist regional and statewide START programs with program design, training and tools of the START model, on-going evaluation of outcomes, technical support and best practices in the MH aspects of IDD.

All START programs work together as a national community of practice facilitated by the national Center for START Services. START programs have been developed in 15 states across the U.S. with a goal of positive systems’ change in each location.

Certified START programs provide:
- Expertise in the mental health aspects of IDD
- Validated assessments, training, interventions, and ongoing dialogue with stakeholders within the context of the START model’s guiding principles
- Cross systems crisis intervention and prevention planning
- Certified START coordination
- Psychopharmacology consultation
- Therapeutic supports (resource centers and therapeutic coaching) provided by highly skilled direct support staff
- Outreach to the person, their supports and service providers to enhance capacity of all
- Face-to-face, timely crisis prevention and intervention services, 24hr/7day crisis response
- Increased knowledge of MHIDD among professionals through outreach & training
- Participation in CSS innovative training and research initiatives

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The START Coordinator Certification Curriculum was developed to ensure that all START team members are proficient in the knowledge and skills necessary to be effective specialists in the behavioral health aspects of IDD and START practices. The START Coordinator Curriculum consists of three main elements: the START Coordinator Certification Course, Coordinator Training Group participation; and active START coordination.

**Coordinator Certification Course**
The course consists of 40+ video presentations paired with reading assignments that provide in-depth training on MHIDD and START model approaches and tools.

**Coordinator Training Groups**
Groups of 18-24 coordinators meet weekly for 5 months in these interactive learning forums facilitated by CSS staff to deepen understanding of course content.

**Active START Coordination**
Direct application of the START approach is vital to fully integrating the curriculum content and facilitated Training Group discussions into daily work.

**START Practice Groups**
START Practice Improvement Groups are communities within the START Network organized around START team roles, professional disciplines and specific topics of interest. Each group is facilitated by CSS clinical leadership team members and occasionally features invited speakers and special guests.

**Professional Learning Communities (PLC)**
START PLCs provide professionals from various disciplines with expert training, facilitated discussions, and evidence-based approaches and tools to improve overall knowledge of the mental and behavioral health aspects of IDD across a local or regional system of care. Each PLC is tailored to meet the needs of the region and the participants.

<table>
<thead>
<tr>
<th>FY19 Coordinator Training Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>364</td>
</tr>
<tr>
<td>147</td>
</tr>
<tr>
<td>171</td>
</tr>
<tr>
<td>257</td>
</tr>
</tbody>
</table>

**FY19 Training & TA Provided**

| 2083 | Professionals trained |
| 2944 | Technical assistance provided (hours) |
| 176  | Practice group participants |
| 90   | Practice group hours facilitated |
| 46   | PLC participants |
| 68   | PLC training provided (hours) |
| 2    | Research studies published in peer-reviewed journals |

FY19 PLCs included:
- Mental Health & IDD Crisis Assessment & Intervention
- START Program Overview for Community Stakeholders
- Mental Health & IDD Training for Special Educators
- Mental Health Aspects of IDD

Above: Members of the Oklahoma Special Educators PLC and CSS Project Facilitator David O’Neal, MS, MPH, LMHC
START National Training Institute

The START National Training Institute (SNTI) brings together hundreds of START team members, self advocates, families, and national & international leaders in the field of MH/IDD to share expertise, tools, and best practices. The 2019 SNTI was held in Washington DC and featured keynote presentations, panels, and breakout sessions in five content strands: Strength-Based Approaches, Psychiatry & Integrated Health, START Best Practices & New Strategies, Policy, Practices & Community Inclusion, and Crisis Response.

Right: Tawara Goode, Andy Arias, Liz Weintraub, and Marya Laviste sharing the stage during Wednesday's Keynote "Inclusion and Belonging: Implications for Individuals with IDD-MH"

The annual START Research Poster Session had 15 submissions on a wide variety of topics related to best practices in MHIDD and START service delivery. Posters were judged by a panel selected by the START Research Committee.

1st Place - NY START Region 4 Triborough: Contributing Factors to Underutilization of the NYSTART Crisis Line Amongst Families

2nd Place - NY START Region 4 Richmond Kings: Resilience and Recovery: Positive Psychology Approaches in Caregiving for Children and Adults with IDD/MH - Exploratory Analysis of Assessment Measures Used to Experience PERMA in Individuals Enrolled in the NYSTART Program

3rd Place - NH START: Live Free, our Data: Factors impacting residential stability in New Hampshire

START National Online Training Series

This annual series of 6-8 online trainings is designed to provide innovative and topic-focused professional development training to providers that serve individuals with MHIDD.

FY19 Series Topics:

- INTELLIGENT LIVES Documentary Film Screening (Dan Habib, UNH Institute on Disability)
- Person Centered Thinking to a Person Centered System (Mary Lou Borne, NASDDDS)
- Borderline Personality Disorder in Adults with IDD (Lauren Charlot, PhD, CSS)
- Expressive Approaches to Well-Being (Jennifer Moore, PhD, University of Central Arkansas, Corey Fisk, MA, NY START Region 4 Richmond Kings, Maggie Robbins, MA, NC START Central)
- Evaluations of Adults with ID in Crisis (Angela Hassiotis, MD, PhD, FRCPsych, Professor Of Psychiatry Intellectual Disabilities, University College London Division Of Psychiatry)
- Transition from School to Life (Dan Baker, PhD, Minnesota Department of Human Services)
- Schizophrenia and Catatonia in Individuals with Autism (Jennifer McLaren, MD, Dartmouth Hitchcock)

UNH Social Work Graduate Courses in MHIDD

CSS developed and provides a graduate level social work course on the mental health aspects of IDD course, which is provided annually. It is provided as part of the MSW IDD certificate offering at the CHHS Department of Social Work. The course is co-taught by Research Associate Professor Joan B. Beasley, PhD, and Adjunct Professor and CSS Director of Research & Quality Assurance, Andrea Caoili, LCSW.
START program implementation follows a 4 phase development process over the course of 3-4 years. CSS provides ongoing, in-person and virtual support in the form of training, strategic planning, consultation, and technical assistance to START programs at all phases of implementation. The map below shows the locations and certification status of START programs and projects in the US at the end of FY19. The symbol on a state indicates it has one or more certified START programs

START Program Certification

START programs that consistently demonstrate START model fidelity with a clear understanding of principles, approaches and practices, apply for program certification.

By the conclusion of FY19, the following programs achieved Program Certification:

- NC START East - Certified Lifespan Program
- NC START Central - Certified Lifespan Program
- NC START West - Certified Lifespan Program
- NY START Region 3 - Certified Clinical Team
- TX START Tarrant County - Certified Lifespan Program
- TX START El Paso - Certified Clinical Team

Looking Ahead

California - New programs in development: California START San Diego and San Andreas
Maine - Coordinator Certification training
Maryland - New statewide program development

Above: NY START Region 3 staff with CSS Project Facilitators Bob Scholz & Jill Hinton, PhD, and OPWDD leadership Allyson Mead & Alan Galgana
Capacity Building Efforts of NC START

In FY19, NC START programs made a commitment to focus on capacity building efforts locally and statewide. They launched a series of initiatives to address the need for training and outreach in the MH aspects of IDD in their state.

NC START Statewide Conference

On June 5, 2019, NC START hosted its first annual, statewide conference, sponsored by CSS. Over 250 people attended the one-day event, themed, “Supporting the Whole Child through Community Partnerships in Treatment of Children with IDD and Behavioral Health.”

Keynote presenters, Tawara Goode and Wendy Jones, cultural and linguistic competency experts from the National Center for Cultural Competence at Georgetown University, discussed the impact culture plays in service delivery for those with MH/IDD and their families. There were also a series of breakout sessions that covered a range of topics: positive psychology, psychopharmacology, trauma informed care, and parent perspectives.

Systems Leadership Training for Trainers

Over 20 North Carolina START staff participated in a one-day, train-the-trainer workshop facilitated by Dr. Joan B. Beasley on the topic of leadership practices in MH/IDD.

Goal
Equip NC START staff with the knowledge, tools, and skills needed to conduct workshops in supportive leadership practices for a wide audience of child MH/IDD community leaders.

Aims
- Develop a network of stakeholders who partner with NC START to improve leadership practices across systems
- Improve overall outcomes by providing strength-based, culturally competent supports and services to children with MH/IDD and their families

Audience
- Residential and day program managers
- School personnel (principals, guidance counselors, school social workers)
- Other key stakeholders

Community Leaders
MH/IDD service agency leadership, residential & day program managers, school personnel (principals, guidance counselors, school social workers) and other key stakeholders.

Next Steps
- Lead trainer(s) were identified and continue to meet regularly.
- NC START programs to offer leadership workshops to network partners in FY20

NC Community of Practice Launch

What is a Community of Practice (CoP)?
A community of practice (CoP) is defined as a group of professionals within a common discipline who share an interest or passion for something and a desire to interact and learn with one another (Wenger, 2002).

How is it relevant to START?
A CoP operates within the same overarching mission as other START capacity-building efforts: to improve the lives of individuals with IDD and mental health needs through the sharing of information and collective learning. Each CoP is co-facilitated by a START team member and a community partner.

In FY 2019, NC START launched six new CoPs involving professionals from across the state. The one-day event held in Raleigh was facilitated by Dr. Joan B. Beasley and consisted of training, networking, group discussions and goal setting. Group membership continues to grow and meet regularly to collectively work toward established goals.

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RESEARCH & EVALUATION

Stakeholder Analysis of the State of Georgia MH/IDD Services System

The Center for START Services released a service system stakeholder analysis of the State of Georgia in February 2018. The goal of this evaluation was to learn about the experiences of stakeholders in Georgia with regard to effective services and supports of individuals with IDD and mental health needs. Approximately 650 respondents participated in this process to examine the current MH/IDD system for adults and children. Primary constituency participant groups were families, MH providers and IDD providers.

Training Planning & Development

As of June 2019, in collaboration with a steering committee from Georgia’s Department of Behavioral Health and Developmental Disabilities (DBHDD), CSS planned a series of training offerings to build capacity amongst MH/IDD professionals in Georgia. Trainings developed include:

- Six regional full day on-site MH/IDD trainings
- Two full day on-site MH/IDD trainings for medical providers
- Four 8-session PLCs focused on the needs of child and adolescents with MH/IDD
- One 8-session PLC on Positive Behavior Intervention Support
- One 14-session training and consultation forum for mobile crisis responders

Looking Ahead

Rhode Island

CSS is working with the State of Rhode Island's Department of Behavioral Health Care, Developmental Disabilities and Hospitals (BHDDH) to conduct an analysis on mental health and crisis services for people who have ID/DD in the state. This comprehensive study combines data from an online community survey, targeted focus groups and telephone interviews with service users. The goal of the study is to determine where the service system is working well for individuals with IDD and mental health needs, what services could be improved, and where there are gaps in existing services. Data collection for this analysis wrapped up in December 2019. A report will be presented to RI stakeholders in March, 2020.

A Rhode Island stakeholder PLC took place from September to December. The purpose of the PLC was to educate stakeholders about the START model, facilitate discussion about how the START model may fit into the existing systems of care, and determine whether the START model is a good fit for the state.

Systems Linkage Professional Learning Community (PLC)

The PLC will consist of 8 members of NY START (4 from each NYC team), 8 members of Kings County Inpatient Unit, and 8 members of NY Office of Mental Health Extended Treatment Unit.

At the conclusion of this PLC, participants will create:

- Video overview of their organization
- Handout/brochure of organization
- Enhanced information about how their organization interacts with and complements the services of other community organizations

Mobile Crisis Response Webinar Training Course

In FY20, CSS developed a 6-session online training course for mobile crisis responders who support individuals with IDD and mental health needs. The course, which launched in January 2020, teaches best practices in crisis assessment, response, and disposition recommendations. CSS plans to offer the 6-week course up to four times annually.

START Therapeutic Coaching (STC) Training Groups

Many programs have started or expanded their therapeutic coaching services in FY19. More service users have received STC supports in 2019 than any other year. With the expansion of this service projected to continue, STC resources have expanded, a STC practice group was formed and a training curriculum specifically designed for coaching will be launched in FY20.
RESEARCH & EVALUATION

START Research and Evaluation Committee

The committee’s mission is to advance research efforts that seek to improve the lives of individuals with IDD and behavioral health needs and their families. The committee meets monthly and hosts a quarterly forum involving experts affiliated with the START network who review, consult and assist with publication efforts on START related research projects.

Projects, Pilots and Evaluations

Over the past year, the committee has supported a wide array of projects on topics ranging from outcomes of START model implementation, psychiatric prescribing practices and clinical assessment. Many projects have or will be presented at the annual START National Training Institute and are published in peer reviewed journals.

- Comprehensive Assessment and Treatment Planning Tool for People with IDD and Behavioral Health Needs: The New START Plan. Caoili, Weigle, Kalb, Klein & Grosso
- Mental and Physical Health Conditions of Individuals with Intellectual and Developmental Disabilities (IDD) with and without Down Syndrome (DS). Weigle, Charlot & Holingue
- Trauma Experiences and Symptoms of PTSD among Individuals with IDD Receiving START Services. Anneling, Scura, Bronzino, Hinton & Charlot
- Medication Side-Effects Of Individuals with IDD and Significant Behavioral Health Challenges. Charlot & Doerfler
- Recent Stressors and Behavioral Health Crises of People with IDD. Hinton, Kalb, Caoili, Klein & Charlot
- Patterns and Characteristics of Psychoactive Medication Use in Children Served in START Programs. Charlot, McLaren, Doerfler, Holingue, & Caoili
- Comprehensive Training Program for Direct Support Staff Serving Individuals with IDD and Co-occurring Behavioural Health Needs in Community Based Settings. Caoili, Grosso, Hinton & LaForce
- Screening for Dementia in Older Adults with Intellectual Developmental Disabilities. Holingue, Wise, Beasley &

Development of the START Plan 2

The START Action Plan Version 1, known as the START Plan, was initially developed in 2011 by New Hampshire START as a service utilization and billing tool. In 2014, modifications were made to the START Plan for national use and all START programs use it for caseload planning.

In November 2017, a workgroup was formed to review the START Plan and recommend revisions to improve the validity and reliability of the tool. Best practices in mental health assessment, quantitative measurement development, and START interventions were utilized during this process. The START Plan was revised and piloted in the state of North Carolina, where three nationally certified START programs operate services. Intakes and outreach visits were completed by START coordinators and a member of the national workgroup to test clinical utility, inter-rater reliability and validity. Data from this pilot was analyzed and preliminary findings support the reliability and validity of the revised START Plan Version 2 (START Plan 2).

The START Plan 2 is a semi-structured assessment tool. It is designed to: 1) evaluate the stability of an individual with IDD and co-occurring behavioral health concerns, and 2) measure the capacity of the formal and natural support systems available to meet their needs. The purpose of the assessment is to guide the selection of START services, promote optimal outcomes for the individual and their system, and track changes in clinical needs and service outcomes over time. Efforts to build the START Plan 2 into the SIRS database began at the end of FY19 and all START programs will transition to the revised tool during FY20.
Improving Mental Health Outcomes for Individuals With Intellectual Disability Through the Iowa START (I-START) Program

Joan B Beasley, Luther Kalb & Ann Klein
August 2018

Individuals with intellectual disability (ID) experience high rates of psychiatric disorders, and coinciding high rates of emergency service use. The current study seeks to explore strategies to improve outcomes by reporting a one-year prospective investigation among 41 individuals (Mean age = 32 years, SD = 12) with ID and mental health needs who received specialized supports from the I-START program (Iowa Systemic, Therapeutic, Assessment, Resources and Treatment) operating in a rural region of Iowa. To supplement these data, a qualitative case study details the application of the START model. Results indicate that individuals supported by the I-START program experienced significant reductions in informant-reported problem behaviors and fewer psychiatric emergency department visits and hospitalizations over time. Findings illustrate the benefits of START in improving outcomes for individuals with ID and mental needs as well as their systems of support.

Direct Support Professional (DSP) Pilot Project

Due to the identified need in many communities nationwide, CSS developed and piloted a 12-week course for DSPs focused on promoting mental wellness for individuals with MHIDD. Project partners were a non-profit provider agency in central North Carolina and Quillo, an App designed specifically for DSPs. Thirteen DSPs across various age groups, genders, and educational backgrounds participated in the pilot.

Project Aims: Improve 1) knowledge 2) attitudes and 3) confidence of participants in serving those with IDD.

Multiple training methods used:
- Recorded trainings
- Web-based sessions
- Access to Quillo mobile app
- In field coaching
- Tools for direct application

"DSPs are the backbone that hold individuals & families up in hard times and promote success every step of the way. Well trained DSPs provide higher quality, individualized services that support individuals to live their best possible lives."

- Program Director, Supervisor, Former DSP; Pilot Participant

Peer-Reviewed Articles Published

Improving Mental Health Outcomes for Individuals With Intellectual Disability Through the Iowa START (I-START) Program
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August 2018

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National Research Consortium on MHIDD

During FY19, the Center for START Services laid the groundwork for a new initiative: the National Research Consortium (NRC) on Mental Health in IDD. The goal of this collaboration is to improve the mental health and wellbeing of individuals with IDD, their families and communities. Partnering with stakeholders in the prioritization, development and dissemination of best-practice research will uniquely allow us to improve the quality of care delivered to those with IDD across the country. Membership partners were identified and committed to contributing resources to further advance the NRC’s goals and priorities. NRC board members include YAI, the Hogg Foundation at the University of Texas Austin, the Center for Persons with Disabilities at Utah State University, Georgetown University Center for Child and Human Development, and Quillo. Research partners include UNC School of Medicine, Dartmouth Hitchcock, Johns Hopkins, and the Ohio State Nisonger Center.

Looking Ahead

NRC Annual Meeting

In the fall of 2019, CSS convened the first annual meeting of the National Research Consortium on MHIDD. The meeting featured a keynote presentation from Dr. Yona Lunsky and Dr. Angela Hassiotis joined remotely to comment and provide a brief presentation on her research efforts. There were also presentations by membership partners, roundtable discussions on research priorities, and strategic planning for 2020 activities.

WITH Foundation Research Study

CSS was awarded a grant from the WITH Foundation to work with prescribers, family members and service users to develop Holistic Best Practice Prescribing Guidelines in MH/IDD for Healthcare Providers. Once completed, these guidelines will be made widely available. The Holistic Best Practice Prescribing Guidelines in MH/IDD for Healthcare Providers includes comprehensive reference list of resources for best practices, and provides key information aimed toward holistic, inter-disciplinary, integrated approaches for effective mental healthcare for people with IDD.

PCORI Funded Research Initiative

CSS will collaborate with the University of Florida and the Georgetown University National Center for Cultural Competence on a PCORI funded research project. The project will use Truth & Reconciliation Forums and Transforming Research Forums to provide a structured context that begins the process of: 1) reconciling past and current harms and exclusion; and 2) learning new approaches that support attitudinal and behavior change among all stakeholders which is the catalyst for meaningful partnerships for comparative effectiveness research (CER).

Improvement in Mental Health Outcomes and Caregiver Service Experiences Associated With the START Program

Joan B Beasley, Luther Kalb, Andrea Caoili & Ann Klein

January 2019

This study examined outcomes from the Systemic, Therapeutic, Assessment, Resources, and Treatment (START) program, a community-based tertiary care model for individuals with intellectual and developmental disabilities and mental health needs. The sample included 111 START service users and their family caregivers, who were receiving START Clinical Team services, located in the Northeast and Southwest regions of the United States. Results from the analyses found a significant 1-year pre-post improvement in caregiver service experiences and mental health symptoms of the service user. A significant decrease in psychiatric hospitalizations and emergency department visits was also found (all p < .01). These data suggest that START holds promise in improving outcomes, for both the caregiver and service user, while reducing dependence on costly and restrictive hospital-based services.
Positive Outcomes

High rates of stabilization following crisis

73% of the 3,000 crisis contacts in FY19 resulted in individuals remaining in their current community-based setting, avoiding potential ED visits and/or psychiatric inpatient admissions.

Reduced psychiatric hospitalization and ED use

Children and adults enrolled in START programs visit the emergency department less and have fewer psychiatric hospitalizations than they did in the 12 months prior to receiving START services.

Improved Psychiatric Symptoms

A major aim of START is to reduce the frequency and intensity of behavioral health issues that lead to crisis for individuals enrolled in the program. Research shows that hyperactivity, irritability, and lethargy are closely correlated with mental health conditions and emergency service use. The Aberrant Behavior Checklist (ABC) is a psychopathy rating tool designed specifically for use with individuals with IDD that can be used to measure changes in hyperactivity, irritability, and lethargy over time (Aman, Burrow & Wolford, 1997).

Improved Caregiver Experiences with the Mental Health System

To gain insight into caregiver experiences and challenges with the mental health system, the Family Experiences Interview Schedule (FEIS) (Tessler & Gamache, 1995) is conducted at the time of enrollment. Information from the FEIS is used to develop a cross systems crisis plan and other mental health services to assist the caregiver and the START enrollee.
Nationwide START Population

Demographics

<table>
<thead>
<tr>
<th></th>
<th>Children (n=1305)</th>
<th>Adults (n=2295)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Range</td>
<td>5-17</td>
<td>18-75</td>
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<tr>
<td>Average Age</td>
<td>13</td>
<td>30</td>
</tr>
<tr>
<td>Male</td>
<td>78%</td>
<td>63%</td>
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<tr>
<td>Female</td>
<td>22%</td>
<td>37%</td>
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</table>

Psychiatric & Medical Conditions

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<tr>
<th></th>
<th>Children (n=1305)</th>
<th>Adults (n=2295)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting at least one:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric condition</td>
<td>91%</td>
<td>90%</td>
</tr>
<tr>
<td>Medical condition</td>
<td>48%</td>
<td>67%</td>
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</tbody>
</table>

Primary Reasons for Referral

Multiple reasons can be reported

- Aggression
- Mental health Symptoms
- Family Needs Assistance
- Self-Injurious behavior
- Decrease in functioning
- Diagnostic assistance

Level of ID

By informant report at enrollment

<table>
<thead>
<tr>
<th></th>
<th>Children (n=1305)</th>
<th>Adults (n=2295)</th>
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</thead>
<tbody>
<tr>
<td>Borderline</td>
<td>16%</td>
<td>7%</td>
</tr>
<tr>
<td>Mild</td>
<td>34%</td>
<td>49%</td>
</tr>
<tr>
<td>Moderate</td>
<td>29%</td>
<td>31%</td>
</tr>
<tr>
<td>Severe</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>None noted</td>
<td>12%</td>
<td>4%</td>
</tr>
</tbody>
</table>

START Therapeutic Supports Utilization

START Therapeutic Service Utilization FY16-F19

Number of START enrollees who utilized therapeutic supports

<table>
<thead>
<tr>
<th></th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
<th>FY19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic Coaching Hrs Provided</td>
<td>100</td>
<td>200</td>
<td>300</td>
<td>400</td>
</tr>
<tr>
<td>Therapeutic Coaching</td>
<td>10</td>
<td>20</td>
<td>30</td>
<td>40</td>
</tr>
<tr>
<td>Resource Center</td>
<td>10</td>
<td>20</td>
<td>30</td>
<td>40</td>
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Resource Center Admissions FY19

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<thead>
<tr>
<th></th>
<th>Planned</th>
<th>Emergency</th>
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<tr>
<td>Number of Guests</td>
<td>356</td>
<td>172</td>
</tr>
<tr>
<td>Total Admissions</td>
<td>880</td>
<td>231</td>
</tr>
</tbody>
</table>

“Just knowing that a service which understands our daughter’s complex and overlapping diagnoses will be available when we need that little extra help and structure or when she can’t remain safe at our house, is a huge relief of our minds. START allows us to be more resilient and persevere without being as stressed thinking about all the what ifs.”

- Parent

In comparing the last 4 fiscal years, there has been an upward trend in therapeutic coaching hours provided across all START programs. More people, especially children, are being served through this START service by highly trained coaches, who work collaboratively with the clinical team, community providers and family caregivers.
Recent Peer-Reviewed Publications


Invited & Peer Reviewed Presentations


Beasley, J.B., & Griffin, S. (June, 2019). Culturally Aware Direct Support for People with MHIDD. Presented at the New Hampshire Statewide DSP Conference, Nashua, NH.

START National Training Institute, Washington, DC. (May, 2019).

- Weigle, K.L., Habib, D., Cyrus-Savary, S., Brent, D., Kurland, L., & Gunter, D. Using film in systems change: Creating the START documentary
- Weigle, K.L., Emerson, W., & Bates, F. START demonstration projects: From grass roots to full bloom.
- Kalb, L., Weigle, K.L., Hinton, J., Bronzino, D., Anneling, A., & Scura, A. The START Research Committee: Who we are, what we are doing, and how to get involved
- Klein, A., Francis, A., & Reynard, L. The Use of START Data to Inform Policy and Practices
- Scholz, R., Hector-Williams, M., Liles, E., & Williams, S. START Resource Centers- Highlighting Best Practices
- O’Neal, D. (May 2019). START and CIT: Creating Connections and Solutions


Beasley, J.B. (May, 2019). Who is in Crisis the Person or the System? Working toward reducing Police interventions with persons with MHIDD. Presented at the California Statewide Forensic Forum, San Gabriel Pomona Regional Center, Pomona, CA.


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