

From “START” to Finish A Case Review

Laura Phillips, MSW; Mojgan Pourmand, PsyD; Liv Salvador, MA – VA REACH Northern Region

Abstract

The purpose of this data review is to identify the key services that are responsible for effective START coordination. Many individuals with intellectual and developmental disabilities face several challenges and gaps amongst their systems including a lack of trained providers, misunderstanding of diagnoses, and a general lack of clarity and accountability with identified recommendations. This review examined the efficacy of various START services using a case study of an individual from point of referral to discharge. The aim of this discussion is to identify the role of the START coordinator in helping to address many of these challenges and gaps through various START-specific services. Future implications will include recommendations for ensuring more effective and standardized approaches to START coordination.

START Services

- ◆ Systemic Consultation
- ◆ Outreach
- ◆ Comprehensive Services Evaluations
- ◆ Cross-Systems Crisis Prevention and Intervention Planning
- ◆ Training/Community Education
- ◆ Emergency Response and Crisis Support
- ◆ Linkage to Other Services and Resources as Needed

START Plans: What do they do?

- ◆ Project the level of involvement
- ◆ Outline necessary steps to provide clinical support for the individual
- ◆ Outline necessary steps to provide outreach and consultation to the system of support
- ◆ Track trends over time and to measure progress

Assessment Instruments

Data is gathered during START coordination in order to develop more effective strategies around needed services and interventions. Assessments include, but not limited to:

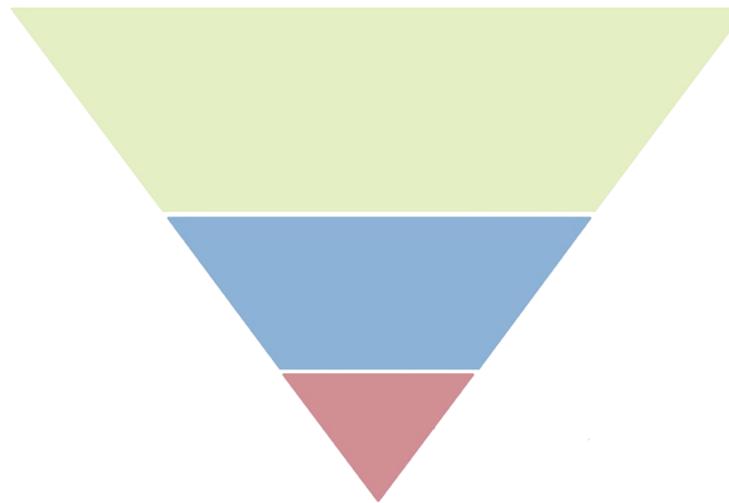
Aberrant Behavior Checklist (Aman & Singh, 1998)

- ◆ Checklist for assessing challenging behaviors of children and adults with intellectual disability
- ◆ Scores are used for tracking changes of symptoms
- ◆ Elevated scores in the following subscales may indicate a behavioral health condition: irritability, lethargy, and hyperactivity-noncompliance

Recent Stressors Questionnaire (Charlot)

- ◆ Developed by Laurie Charlot, Ph.D. as a tool to assess individuals with intellectual and developmental disabilities experiencing increased emotional or behavior stress (or suspected acute mental health concerns)

*“Coming together is a beginning.
Keeping together is progress.
Working together is success.”
- Henry Ford*



Future Implications

This case review demonstrated that effectiveness of the START Plan as a tool for the START Coordinator to organize an individual and system-specific strategy based on a wealth of standardized practices. The review also noted the importance of the Tertiary Model by reflecting the need for primary intervention and capacity building in larger community-based settings (e.g. schools, hospitals) in order to assess and support identified at risk individuals and systems. Next, the present review highlighted the need for frequent team meetings which include elements such as role clarification, identifying strengths and gaps in the system, and action planning and accountability. Lastly, this case demonstrated the efficacy of continuous system outreach and consultation for to help systems work proactively. START Coordinators’ frequent contacts with the system provide opportunities for coaching, education, and crisis plan development. Further recommendations include provider and caregiver training focused on positive psychology to identify internal system strengths which can be activated to better support individuals.

Case Review: “AJ”

- ◆ **Basic Demographics:** AJ is a 25-year-old male who was referred to START in December 2015 with a history of aggression, placement disruptions, and no system of support in place
- ◆ **Diagnoses:** Autism Spectrum Disorder and Mild Intellectual Disability
- ◆ **System Barriers:**
 - ◆ No family involvement
 - ◆ Limited records
 - ◆ No connection with natural or paid supports
 - ◆ No funding and barriers to access
 - ◆ Role confusion and lack of accountability

“AJ” START Services Breakdown

Prior to START, AJ had at least 2 visits to the emergency department as well as a prior psychiatric hospitalization. During his 14 months active in Northern VA, AJ received over 38 hours of planned services including:

- ◆ 4 hours of cross system crisis prevention and intervention planning
- ◆ Full implementation of a comprehensive cross-system crisis intervention/prevention plan
- ◆ 20 hours of outreach and specialized training to build and support his team
- ◆ 8 hours of planned in-home supports

He has also utilized START crisis services on two separate occasions, and was able to maintain his placement successfully on both occasions

