Crisis Prevention & Intervention Model for Individuals with IDD and their Support Systems
IDD SERVICE
DELIVERY IN
TEXAS
IDD Services

**IDD Provider**

- ICF/IID
- HCS
- Texas Home Living
- Community-based services such as supported employment and respite

**IDD Authority**

- Entry point for people with IDD
- Aging and Disability Resource Center – MHMR, AAA, DADS
- Service coordination for HCS, Texas Home Living, General Revenue, Nursing Facility Residents
- Benefits assistance for Medicaid, food stamps, Medicare and other benefits
- Manages interest list for HCS
- Continuity of care for people in state hospitals, state supported living centers
IDD And Mental Health

• 1.5% to 2.5% of the population has an intellectual or developmental disability (IDD)

• IDD: a disability that involves impairments of general mental abilities that impact adaptive functioning in 3 domains

• Incidence/prevalence of mental health conditions is 2 to 3 times that of general population

• Often results in challenging behaviors
  • Aggression
  • Self-injurious behavior
Communication & Understanding Between Systems

- MH “language” vs. IDD “language”
- The person’s perspective vs. the provider’s perspective
- What are people and systems telling us with their behavior?
- What do families need, do we listen?
- The need to develop a common language begins with checking our assumptions
Barriers in IDD & BH Systems

- “Troublesome” behaviors considered unacceptable in many support and service venues
- The last and least served
- Stigma
- Much more likely to use ED services
- Lack of training (diagnostic overshadowing)
- Lack of expertise
- Medication issues
- Believed that challenging behavior was a result of developmental issues alone
- “Did not have IQ for depression”
- Primary vs. secondary diagnosis instead of presenting issue
Gap Analysis

Findings and Recommendations from the Gap Analysis addressed:

- Communication
- Behavioral Health Services
- Quality & Accountability
- Specialty Services
- Workforce Development
The Need For Crisis Prevention Services

- 20%-30% of people with IDD and Autism Spectrum Disorder (ASD) have co-occurring mental health diagnosis or behavioral issues
- People with IDD have difficulty accessing services
- Providers lack expertise in how to treat people with co-occurring disorders
- Professional consensus for need of effective MH services for people with IDD/ASD
- Reduce ER utilization
The Texas Healthcare Transformation and Quality Improvement Program is a 5-year federally approved waiver (also known as the 1115 Waiver) that allows providers to reshape healthcare in their communities and improve access for low-income individuals to affordable care.
WHAT IS START?
START

Systemic, Therapeutic, Assessment, Resources, & Treatment

- Developed in 1988 by Joan Beasley, Ph.D.
- Designed to serve individuals with co-occurring IDD & BH needs
- Strengthen communication & collaboration with existing systems
START Model

- KEY: Enrich the system (avoid strain)
- Resources allocated to:
  - Promote linkages (i.e. the use of a linkage "team")
  - Fill in service gaps
- Services provided across systems and needs (bio-psycho-social)
- Expertise, training, mentoring improves capacity
- Outreach is key
- Positive psychology/strength based approach
- Develop a common language
Public Health Model & START: Numbers Benefitting from Intervention

System gap analysis, workforce development and identification of risk factors

Primary Intervention:
Effective Strategies: ‘Changing the Odds’

Secondary Intervention:
Improved Supports: ‘Beating the Odds’

Tertiary Intervention:
Accurate Response: ‘Facing the Odds’

Potential impact of intervention
Required intensity of intervention
ELIGIBILITY

• Children (6 and older) and Adults with IDD/ASD who have a mental health diagnosis or behavioral issues

• Referrals from:
  • Service coordinators
  • Community Agencies
  • Providers
  • Hospitals
  • Doctors and Clinics
Services

- 24-hour, 7-day-a-week crisis response capability
- Therapeutic emergency respite facility to provide short-term planned and emergency respite services
- Psychological/behavioral support services
- In-Home Mobile Supports
- Intensive service coordination
Data Collection

START Information Reporting System (SIRS)

• Collect and report on various data to provide evidence-informed information to stakeholders & community members
• Web-based data collection system
• Provides services outcome feedback to PMs and administrators
• Captures de-identified information about START clients and can report by:
  • Case load
  • Region
  • State
• Supports a continuous quality improvement approach
START CERTIFICATION
START Coordinator Certification

- Required for all START Coordinators and START Leadership
- Target timeframe is 12-18 months

**GOALS:**
- Consistently operate from biopsychosocial framework
- Incorporate the entire system
- Crisis Prevention
The Process

• Requirements for leadership are condensed and altered based on position

• For coordinators:
  • Training in the community
  • Two cross systems crisis prevention & intervention plans
  • Community education team
  • Comprehensive service evaluation
  • Presentation to START National
START Program Certification

- 4-5 year process
- Work with assigned consultants from the National team
- Both formal and informal visits
- Primary areas of focus
  - Chart audits with emphasis on START required documents
  - Walk-through of START Resource Center
  - Interviews with all staff
  - Fidelity to the model
EL PASO
Cultural Factors Unique To El Paso START Program
Challenges

• Stigma
• Language barrier—Spanish
• Education level
• Socioeconomic background of families
• Behavioral health issues are viewed as a developmental stage
• Religious beliefs and alternative methods to treatment
• Village mentality that can be closed and enmeshed, resistant to outside assistance
Strengths

• Village mentality
• Families promote the importance of traditions
• Engrained resilience: very solution-focused, positive thinking
• Socioeconomic
• Religious beliefs provide faith and hope in positive outcomes
IMPLEMENTATION
Three A’s of El Paso

START

- Appropriateness of Care
- Accessibility to Care and Supports
- Accountability

• Meeting our clients where they are at
• Assigning bilingual START Coordinators
• Translating all documents
• Providing psychoeducation without debunking or dismissing
• Allowing for flexibility

• Reliability and dedication to promote trust
• Creating a culture of collaboration
• Utilizing QA Reports as a tool
• Establishing and maintaining linkage agreements with community organizations
Services Provided

- Clinical consultations
- Bridge service gaps
- Important linkages for support services
- Treatment meetings
- Crisis response service along with 24/7 Crisis unit team
- Placements (planned and unplanned)
- Provide expertise to Emergence staff

- Provide community provider support
  - Including training
  - Community outreach/mental health fairs
- Seek community linkages
- Participate in on-going trainings
- Implement culturally-sensitive practices
- Reframe behavioral health need challenges through a person-centered approach
Program Participants

508 Served Since 2013

41 Actively Served
TARRANT
Need In Tarrant County

1. Lack of access to Mental Health Services
2. Overuse of Emergency Department services
3. Need for more care coordination
Services Provided

- Clinical Education Teams (CETs)
- Assessment
  - Aberrant Behavior Checklist (ABC)
  - Recent Stressors Questionnaire
  - Family Experiences with Mental Health Services for Persons with Intellectual and Developmental Disabilities
  - Matson Evaluation of Drug Side Effects
- Comprehensive Service Evaluations (CSEs)
- Systemic Consultation
- 24-Hour Crisis Response
- Therapeutic Resource Center
- In Home Support Services
Individuals Served

- Goal: 350
- DY 4: 382
- DY 5: 362
Our Clients

- **84%** of START referrals come from Service Coordination, almost half of those are from the HCS Waiver.
- **77%** of individuals are referred to START because of aggression.
- **36%** are diagnosed with an ASD.
- **57%** have a speech/communication disability.
- **77%** have a psychiatric diagnosis.
- **65%** of callers who used the on call crisis line were able to be maintained in their current setting.
- Three individuals went to the hospital in June and July, two times each. After START, **NONE** of them have been back to the hospital.
Gap Analysis

• Individuals had to choose either IDD OR BH services
• Community providers and families accustomed to seeking services through EDs and law enforcement
• Lack of continuity of care
• Increased community referrals
  • Austin State Support Living Center
  • CLOIP process
• 3,300 individuals living in community with IDD and co-occurring BH diagnosis
• Lack of clinical expertise in BH services for IDD population
  • Conversely, lack of clinical expertise in IDD services for individuals with BH needs
Implementation

- Referrals began in Winter 2013
- Establishing relationship
- Initial Referrals:
  - IDD Services
  - Mobile Crisis Outreach Team
- Established clinical Team
- Community wanted specialized respite:
  - Resource Center Team established with therapeutic groups in Summer 2015
  - Resource center reopened March 2016
Services Provided

**START Coordination:** provides assessments, extensive records review, outreach/observation & recommendations for crisis prevention, and intervention planning with individuals & systems of support

- Systemic consultation
- Individual meetings with individual referred and system of support
- Comprehensive service evaluation
- Cross-systems crisis prevention & intervention planning
- Outreach
- Training
- Clinical Education Team
- Emergency & Crisis Support
START Resource Center

Therapeutic Services

- Planned admissions
- Summer 2016—unplanned (emergency/crisis) admission
Individuals Served

236 Total Referrals

- 35% Female
- 65% Male

102 Individuals Served through Emergency Crisis Response

- 26% Family Home
- 46% Group Home

- 34%
Individuals Served
Continued

Behavioral Health Diagnosis

- Mood Disorder: 66.67%
- Psychotic Disorder: 40%
- Anxiety Disorder: 23.33%
Aberrant Behavior Checklist (ABC)

- A tool designed to assess intervention outcomes on challenging behaviors in the IDD population
- 58 items, 5 factors

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
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<tbody>
<tr>
<td>• Normed on the IDD population</td>
<td>• Low interrater reliability</td>
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<tr>
<td>• Reliable and valid across age groups</td>
<td>• May not accurately reflect abilities of very</td>
</tr>
<tr>
<td>• Validated for individuals with ASD</td>
<td>young children</td>
</tr>
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<td></td>
<td>• Inappropriate to use total score</td>
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Sample Size, By Site

Total START Clients

Total: 606

- El Paso: 88
- Tarrant: 74
- Travis: 444

Clients with Both Intake and Reassessment

Total: 277

- El Paso: 25
- Tarrant: 58
- Travis: 194
## ABC Results

<table>
<thead>
<tr>
<th>Scale</th>
<th>Admission Average</th>
<th>Follow-up Average</th>
<th>Percent Improvement</th>
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</thead>
<tbody>
<tr>
<td>Hyperactivity/Noncompliance</td>
<td>19.74</td>
<td>14.72</td>
<td>25.4%</td>
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<tr>
<td>Inappropriate Speech</td>
<td>4.04</td>
<td>3.11</td>
<td>23.0%</td>
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<tr>
<td>Irritability, Agitation, Crying</td>
<td>19.18</td>
<td>14.42</td>
<td>24.8%</td>
</tr>
<tr>
<td>Lethargy/Social Withdrawal</td>
<td>12.10</td>
<td>9.21</td>
<td>24.0%</td>
</tr>
<tr>
<td>Stereotypic Behavior</td>
<td>4.85</td>
<td>3.81</td>
<td>21.4%</td>
</tr>
<tr>
<td><strong>Total Score</strong></td>
<td><strong>59.57</strong></td>
<td><strong>43.61</strong></td>
<td><strong>24.4%</strong></td>
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</tbody>
</table>
SUCCESS STORIES
START—El Paso

El Paso START Creates “light-bulb” moments

- Sheriff’s Deputy
- Client’s sister/caregiver

Video
START—TARRANT
START—Travis

Female, mid-20s

- Referral from crisis team
  - Provider seeking State Supported Living Center
  - LAR requested consultation from START team
- Engagement with START Team
  - Assessment of individual
  - Engaged in In-Home Supports
  - CET, Cross-system Crisis Plan, CSE, and planned admission to Resource Center
- Current Status
  - Plan to remove 1:1
  - Looking at community transit services independently
START—Travis

Female, late teens

- Referral from Crisis Team
  - Family seeking support for daughter discharging from psychiatric hospital
- Engagement with START team
  - Case consult-under 18 at time of referral
  - Assessment, Connection to IDD Services, Crisis Prevention & Intervention planning
Q&A SESSION
THANK YOU

Austin Travis County Integral Care
- **Kimberly May**, MA, LPC, LMFT, START Clinical Supervisor
- **Megan Sissom**, QMHP, QIDP, START Team Lead

Emergence Health Network—El Paso
- **Kristal Garcia**, QMHP-CS, 1115 Waiver Team Leader/START Coordinator
- **Erica G. Thomas**, LCSW, MSSW, START Clinical Director

MHMR of Tarrant County
- **David Gunter**, Senior Director of START
- **Camille Patterson**, PhD, Director of Research
- **Luke Reynard**, Senior Director of Disability Authority Services