

# NC-START

North Carolina-Systemic, Therapeutic, Assessment, Respite and Treatment

Christina Carter  
Implementation Manager

**Division of Mental Health/Developmental Disabilities/Substance Abuse Services**  
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# NC START-Description

- In 2006, the Developmental Disabilities-Practice Improvement Collaborative recommended that NC adopt the START model
- An evidenced based model of community based crisis prevention and intervention services for people with Intellectual/Developmental Disabilities (I/DD)
- Individuals are 18 years or older and experience crises due to mental health and/or complex behavioral health issues.
- The model was co-authored by Dr. Joan Beasley, and Dr. Robert Sovner, in 1988 in Lynn, Mass.
- The priority is to enable individuals to remain in their home or community residential setting.

\*NC is the only state to implement the model statewide.

# NC START-Description

**Services available within the model include:**

**Crisis support:**

- Psychiatric Services
- Psychological Services
- Behavioral Support
- Crisis Intervention
- Crisis consultation to:
  - the family
  - treatment team
  - primary service providers.

# NC START-Description

- Services available within the model include (continued):

## **Clinical Support:**

- Functional behavioral assessment
- Prevention and intervention planning
- Crisis meetings with:
  - Families
  - Service providers
  - Treatment teams
  - Mobile Crisis teams

# NC START-Description

- Services available within the model include (continued):

## **Planned short term respite provided in respite home:**

- Planned respite for NC START consumers who live with their family and are unable to access traditional respite.
- Planned respite service elements include:
  - opportunities for NC START consumers to go to the respite home for a day or for a meal,
  - structured day activities,
  - education to families regarding behaviors.

# NC START-Description

- Services available within the model include (continued):

## **Crisis respite provided in the respite home:**

- Emergency respite for stabilization and diversion for individuals who live with their family and are unable to access traditional respite
- For individuals who live in group settings in order to maintain their current residential setting.

# NC START-Description

- Services available within the model include (continued):

## **Collaboration:**

- linkage of families and providers to community services & supports,
- working with case managers on planning for future needs,
- crisis planning in collaboration with community and institutional partners such as community psychiatrists, case managers, provider staff, and developmental center staff,
- developing & maintaining relationships with community partners through affiliation agreements with community hospitals, LMEs, etc.
- developmental center transition support

# NC START-Development

- State appropriated funds were distributed to three host Local Management Entities (LME) to support:
  - six crisis/clinical teams
  - two teams per region
  - twelve respite beds (four per region)
- **Host LMEs:**
  - Western Highlands Network
  - The Durham Center
  - East Carolina Behavioral Health
- Host LMEs contract with selected providers for NC START services.
- **Selected providers are:**
  - RHA for the West and East regions
  - Easter Seals/UCP in the Central region



# NC START-Development

## **Clinical Teams:**

Each region has:

- A director who provides administrative oversight
- A part-time PhD psychologist (.5FTE) who serves as clinical director
- A part-time psychiatrist (.10FTE) who serves as the medical director
- Four qualified professionals, two per team.

# NC START

- **Regional Respite Homes:**

- \*Composed of:

- two **crisis respite** beds (up to 30 days per admission)

- two **planned respite** beds (up to 72 hours per admission)

- \*Each respite home has one respite director and 13 respite staff.

- \*Respite service elements include:

- symptom and behavior monitoring,

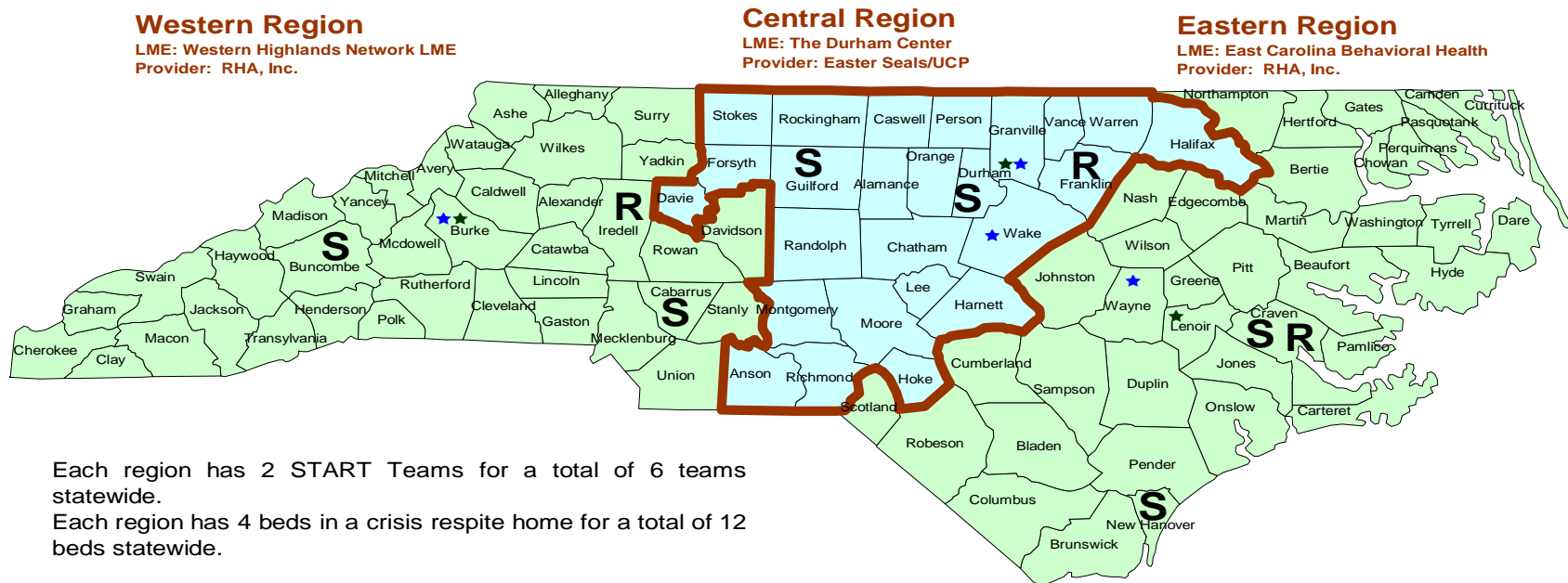
- structured day activities,

- collaboration with the family, providers, LMEs, etc.

- support/education to families, providers, and other community partners

# NC START

## START and Crisis Respite Teams Locations and Coverage Areas In North Carolina



Each region has 2 START Teams for a total of 6 teams statewide.  
Each region has 4 beds in a crisis respite home for a total of 12 beds statewide.

### Offices for the Clinical Teams

**WEST:** Concord and Asheville  
**CENTRAL:** Durham and Greensboro  
**EAST:** Wilmington and New Bern

★ State Psychiatric Hospital  
★ State Developmental Center

**S** START TEAM  
**R** CRISIS RESPITE TEAM

**Respite Homes:** Statesville, Franklinton, and New Bern.

# NC START-Reporting

## Individuals Served:

Total number of individuals served: **439**

## Level of Intellectual Disability:

Mild: **48%**

Moderate: **33%**

Severe to profound: **13%**

# NC START-Reporting

## **Funding Source:**

CAP-MR/DD Waiver: **36%**

Medicaid (non-CAP): **58%**

State funds only: **5%**

## **Prior Psychiatric Hospitalizations:**

In past year: **44%**

## **Psychiatric Diagnosis:**

Many individuals present with one or more psychiatric diagnosis

## **Medical Diagnosis:**

Many individuals also present with multiple medical diagnosis

# NC START-Reporting

## Referral and Crisis Intervention Services Provided (cont):

### Disposition of Cases:

Intervention in **350 crisis events** resulted in the following:

Maintained in current setting: **227**

Crisis respite provided: **55**

Community psychiatric unit: **29**

State psychiatric hospital admission: **14 FY09-quarter 4;  
9 FY10-quarter 1**

Referral/linkage to other services: **16**

\*only for those who were not appropriate for NC START; i.e. no I/DD

**It is critical to note that although the goal is to maintain individuals in their residence there are times when a psychiatric hospital admission may be determined to be necessary.**

# NC START-Reporting

## Respite Home Utilization:

**Total admissions: 130**

Planned: **61**

Crisis: **69**

## **Residential Setting Prior to Admission:**

Most individuals were admitted from their family home or a group home setting.

# NC START-Update

- National Institute of Mental Health (NIMH) Grant Proposal:

-Dr. Joan Beasley, in collaboration with The Heller School for Social Policy and Management, Brandeis University, has submitted a grant proposal to NIMH.

-The purpose of the proposal is to examine the START model in North Carolina to measure:

- \*the statewide implementation of START essential elements,
- \*establishment of START linkages for each region
- \*services received and associated outcomes for individuals served