



Texas START Tarrant
September 2020 - August 2021
Annual Report

Prepared for
Texas START Tarrant
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Prepared by
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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 mental 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 IDD and mental health needs in the community.

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Introduction

This report offers a comprehensive summary of services provided by the Texas START Tarrant program for Fiscal Year 2021 (September 1, 2020-August 31, 2021). The analysis includes assessment of outcomes as well as fidelity measures for implementation of the START model. The entirety of the fiscal year was marked by the COVID-19 pandemic, which impacted START service users, families, and START staff in Texas. This annual report includes outcomes associated with virtual supports offered by the START program in response to COVID-19. Recommendations included reflect the results of the analysis and service provision for FY21.

Findings from this report are separated into five sections:

- FY 2021 Program Enrollment
- 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.

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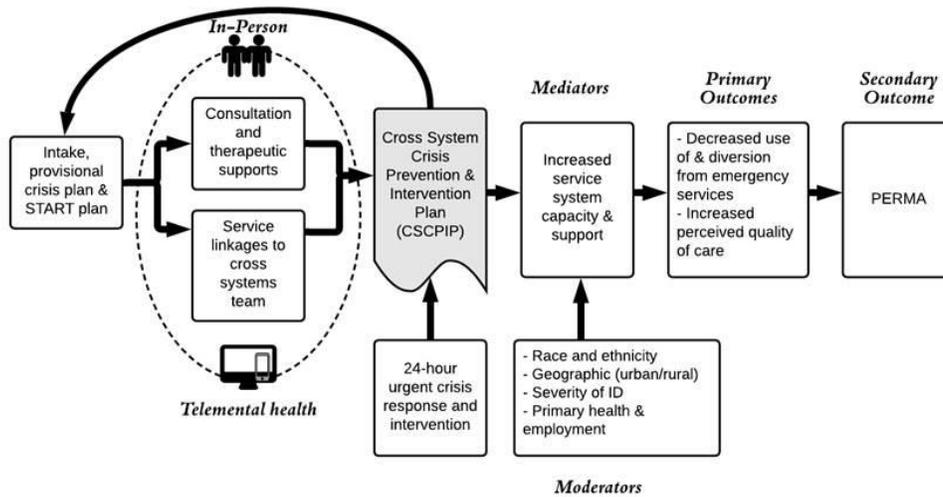
Hannah Bednar, LMSW, Director, Texas START

Texas START Tarrant Program

Section I. Background

First developed by Dr. Joan B. Beasley in 1988, START was cited as a best practice in the US Surgeon General’s Report (2002) and more recently presented to the National Academy of Sciences, Engineering and Medicine (2016). Studies spanning over 30 years of START services have found significant reduction in crisis service use, emergency department visits, and psychiatric hospitalizations.^{1,2}

As shown in the figure below, START programs provide mental health assessment and 24-hour crisis response, START coordination and coaching/support, along with training and systems linkages to address the mental health needs of people with IDD and their families. START crisis prevention and intervention services are patient-centered and engage service recipients with IDD-MH in treatment, including those with significant delays in cognitive, communication, and social functions. START services significantly reduce emergency mental health service use, and caregivers report high service satisfaction.



National START Program Certification

The Center for START Services (CSS) provides in-person and web-based training, technical assistance, planning, and case consultation to implement the START model. Ongoing technical assistance includes close collaboration with stakeholders, quality reviews of START methods, and evaluation through data entered into the START Information Reporting System (SIRS). Through this process, CSS aims to foster the successful development and implementation of the START model and to assess efficacy and goodness of fit in each location in which the model is implemented. The goal is for each START team to be fully certified and to maintain engagement with the National START Network. Texas START Tarrant has been certified since 2017.

Training, consultation, and quality assurance monitoring provided by CSS to the Texas START Tarrant program include:

¹ Kalb, LG, Beasley, J., Caoili, A., & Klein, A. (2019). Evaluation of the START crisis intervention and prevention program. *American Journal of Intellectual and Developmental Disabilities*, 124(1), 25-34.

² Beasley, J., Kalb, L., & Klein, A. (2018) Improving Mental Health Outcomes for Individuals with Intellectual Disability through the Iowa START (I-START) Program. *Journal of Mental Health Research in Intellectual Disabilities*, 11(4), 287-300.

- Triage participation to assist with proactive crisis response and intervention
- In-person consultation visits
- Leadership training and development
- Clinical team coaching, training, and team development
- Attendance and participation in Clinical Education Team Meetings, Advisory Council meetings, and other regionally specific outreach efforts
- Texas specific training workshops
- Program evaluation (monthly, quarterly, and annual reports)
- SIRS database training and technical assistance
- Clinical record reviews
- Coordinator training and certification
- START National On-Line Training Series
- START Practice Improvement Groups
- START National Training Institute

START Response to the COVID-19 Pandemic

Regardless of START enrollment status, people with IDD are at high risk of stress and mental health related distress associated with the COVID-19 pandemic. Without maintaining appropriate supports for this vulnerable group, they are at risk for increased mental health crises that affect their safety and the safety of their families and heightens the human and financial costs to the broader community. In collaboration with the Center for START Services and the national START Network, the Texas START Tarrant program is committed to supporting the IDD community through this public health crisis.

During the COVID-19 shutdown, CSS rapidly and strategically initiated the development of telehealth crisis support protocols across the START network. Telehealth is identified as an evidence-based method to delivering mental health services and supports on virtual or remote platforms³. A series of virtual meetings with START program directors, administrators, funders, and other stakeholders were held to review the telehealth protocols, and revisions to the SIRS database were made to accurately capture telehealth service delivery by START programs.

The START Network collaborated and provided accessible information and training about COVID-19, therapeutic supports, clinical services, and crisis response using telehealth methods.

In addition to the modification of protocols for START programs, CSS also initiated the development of a *COVID-19 Resources* page on the CSS Website, which was used by START programs and community stakeholders nationwide. The National START Emergency Management Committee was convened in response to the pandemic as well. The committee's initial objective was to address immediate gaps in emergency response to COVID-19, and three task forces were developed to address the needs of service users, families, and communities across the country present because of COVID. These task forces were: 1) mobile START crisis response; 2) therapeutic interventions and 3) transition planning.

³ Totten AM, Womack DM, Eden KB, et al. (June 2016). Telehealth: Mapping the Evidence for Patient Outcomes from Systematic Reviews (Technical Brief 26) [Internet]. Rockville (MD): Agency for Healthcare Research and Quality.

Section II. Texas START Tarrant Highlights

Despite the effects of COVID-19 on their community, the Texas START Tarrant program provided services and supports to over 140 persons with IDD-MH in FY2021. The following are program highlights from throughout the year.

Transition to telehealth and virtual service delivery: When COVID-19 shelter in place orders were implemented, Texas START Tarrant program staff quickly pivoted to new methods of service delivery. To support those enrolled in Texas START Tarrant, staff shared plain language materials and provided resources and training about COVID-19. In addition, the Texas START Tarrant program began providing telehealth services, which continued throughout FY2021. Additional fields in SIRS were added to track telehealth outreach and crisis follow-up and nearly all Texas START Tarrant enrollees received at least some telehealth services throughout the year. Program staff also began a virtual support group offered daily to provide program participants and community members with peer support, social interaction, and a variety of health and wellness related activities. While preliminary findings show positive outcomes associated with telehealth, additional study is needed. CSS looks forward to continuing to collaborate with Texas START Tarrant in evaluating telehealth START services to inform ongoing best practices.

Sustainability: Program leadership worked throughout the year to strengthen and renew existing grant funding, diversify funding streams, and develop creative ways to generate additional funding. Texas START Tarrant also contributed to an analysis conducted by the University of New Hampshire Institute on Disability and funded by the Arc of Texas on training needs across the state of Texas for individuals with IDD-MH and the systems and organizations that support them. These efforts, along with ongoing community partnerships have resulted in the Texas START Tarrant team being active members of the community safety net of services for persons with IDD-MH.

Linkage and Community Partnership: Training and linkages continue to be a vital piece of Tarrant START's community capacity building. The program has numerous linkage agreements with partners in their region (see Appendix B) and plans for additional partnerships in the coming year. These linkages allow for collaboration and connection with a variety of partners including mental health and IDD providers as well as transportation, recreation, healthcare, and educational resources. Texas START Tarrant also conducts regular in-person police training in their county and surrounding counties. The Texas START Tarrant team is renowned across the state for first-responder training and has been called upon as experts for presentations on multiple occasions.

In addition, the Texas START Tarrant Resource Center played a vital role in the community by supporting 13 individuals in the Resource Center during the environmental emergency that was declared secondary to the ice storm last spring. Many of these community members were extremely dysregulated because of this crisis and the team acted quickly to offer safety, support, and alternatives.

Reduction in Emergency Service Use: Overall, there was a reduction in emergency service use for individuals enrolled in the Texas START Tarrant program with decreases in both ED and psychiatric hospitalization rates pre- to post-enrollment. Data also show a reduction in mental health symptoms as measured by the Aberrant Behavior Checklist.

Cultural Competency: The parent agency of Texas START Tarrant hired a Diversity, Equity, and Inclusion coordinator to assist with hiring, policy development and review, documentation, and training efforts around cultural and linguistic competency. The team also employs two bi-lingual coordinators to support Spanish speaking families.

Section III. Texas START Tarrant Enrollment Trends and Demographics

Texas START Tarrant Enrollment

Texas START has been operating in Tarrant County since 2014. Texas START Tarrant is a certified lifespan program offering the full array of START services including clinical team, resource center, and START therapeutic coaching.

Since program operations began, Texas START Tarrant has served a total of 914 individuals since 2014 (543 adults and 371 children). In FY21 (September 1, 2020-August 31, 2021), Texas START served 146 individuals. Figure III.A shows the number served by Texas START Tarrant by age category.

Figure III.A: Individuals Served by Texas START Tarrant by FY and Age Category*

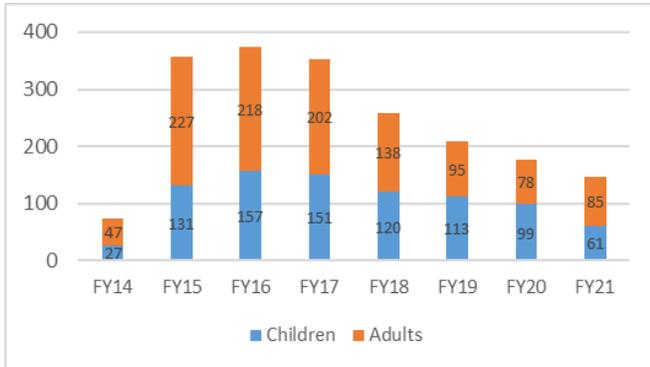
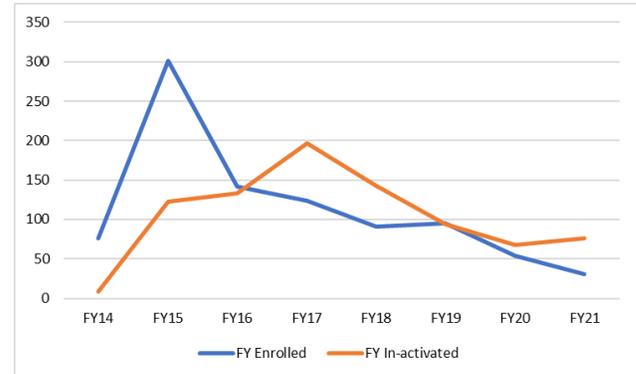


Figure III.B: New Enrollment/Inactivation Trends by FY



*Most Individuals received services in multiple FYs

Table III.A: Texas START Tarrant Census Summary FY21 (September 1, 2020-August 31, 2021)

Texas START Tarrant	FY21 (n=146)	
Variable	Children	Adults
Total Served during reporting period N (%)	61 (42%)	85 (58%)
FY21 New Enrollments	15	15
Individuals inactivated N	29	46
Stable functioning	13 (45%)	15 (41%)
Moved out of START region	2 (7%)	4 (9%)
No longer requesting services	7 (24%)	10 (22%)
Deceased	-	2 (4%)
No contact	7 (24%)	11 (24%)
Active Caseload at the end of reporting period N (%)	32 (45%)	39 (55%)
Average caseload size	16	

Summary

The overall Texas START Tarrant census decreased slightly in FY21 with in-activations outpacing new enrollments. While most in-activations were due to stable function, the team in-activated 25 individuals due to loss of engagement (no longer requesting services), and reasons for this should be reviewed particularly for children. The average caseload size for FY21 was 16 which is below START fidelity expectations. However, the Texas START Tarrant program experienced some staff turnover throughout the year and is in the process of building caseloads for newer coordinators. Once the program is fully staffed, Texas START Tarrant should increase their enrollment capacity to approximately 80-100 active individuals.

Table III.B: Source of Referral: FY21 New Enrollments (n=30)

Texas START	(n=30)	
Variable (N)	Children (n=15)	Adults (n=15)
<i>Referral Source (%)</i>		
Case Manager	87%	80%
Family/guardian	13%	-
Community provider	-	-
Cross System Consultation team	-	-
Other (law enforcement, medical, etc.)	-	20%

Figure III.C: Source of Referral: Trends over Time (new enrolments by FY)



Table III.C: Reasons for enrollment (FY20 new enrollments only)-More than one option can be selected

Texas START	(n=30)	
Variable (N)	Children (n=15)	Adults (n=15)
<i>Most Common Reasons for Enrollment (%)</i>		
Aggression	93%	73%
At risk of losing placement	7%	13%
Decrease in daily functions	7%	13%
Dx and Tx plan assistance	-	-
Family needs assistance	13%	27%
Leaving unexpectedly	20%	20%
Mental health symptoms	7%	13%
Self-injurious	47%	7%
Sexualized behavior	7%	13%
Suicidal ideation	-	20%
Transition from hospital	-	13%

Table III.D: Reasons for Enrollment: Trends over Time (new enrollments by FY)

Texas START						
Variable	FY21	FY20	FY19	FY18	FY17	FY16
<i>Most Common Reasons for Enrollment (%)</i>						
Aggression	83%	83%	88%	84%	75%	68%
At risk of losing placement	10%	10%	13%	19%	6%	9%
Decrease in daily functions	10%	29%	18%	9%	9%	5%
Dx and tx plan assistance	0%	12%	11%	10%	6%	7%
Family needs assistance	20%	49%	54%	65%	54%	42%
Leaving unexpectedly	20%	30%	22%	23%	18%	18%
Mental health symptoms	10%	34%	34%	25%	15%	24%
Self-injurious	27%	34%	25%	27%	31%	25%
Sexualized behavior	10%	8%	8%	13%	10%	8%
Suicidal ideation	10%	15%	9%	14%	15%	18%
Transition from hospital	7%	4%	2%	3%	9%	10%

Summary

Externalizing symptoms such as aggression and self-injurious behavior are the most common reasons for referral to Texas START Tarrant. When compared to START teams nationally, the Texas START Tarrant team had lower frequencies of identified mental health symptoms (55%) and suicidality (20%) reported at enrollment. As teams mature and their local partners have been engaged in START services for longer, the reasons for referral and recognition of mental health symptoms by referents typically increases and can be considered a measure of the START program’s impact on their community’s capacity to understand and serve this population. This year’s data indicate that the team may need to examine this more closely (e.g., are referral sources new? Are there now new people in the field to train and orient in MH aspects of IDD?) to identify changes in the community’s perception of needs. Nationally, START programs have seen an increase in suicidal ideation and mental health symptoms that are in line with other findings suggesting that there has been an increase in depression and anxiety as a result of the COVID-19 pandemic and subsequent lockdowns and social distancing measures. ⁴

⁴ Czeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1external> icon

Demographics

This section provides demographic and diagnostic trend data for all persons served by Texas START Tarrant (n=146) during FY21.

Table III.E: Age, gender, race, level of ID, and living situation for Texas START Tarrant enrollees

Texas START FY21 (n=146)	Tarrant	
Variable	Children	Adults
N	61	85
<i>Mean Age (Range)</i>	13 (6-17)	29 (18-71)
<i>Gender (% male)</i>	82%	66%
<i>Race</i>		
White/Caucasian	59%	71%
African American	23%	19%
Asian	2%	4%
Other (American Indian, identify as Hispanic)	11%	7%
Unknown	5%	-
<i>Ethnicity (% Hispanic)</i>	33%	24%
<i>Level of Intellectual Disability (%)</i>		
No ID/Borderline	11%	5%
Mild	44%	46%
Moderate	26%	36%
Severe-Profound	10%	11%
Not specified in records	8%	2%
<i>Living Situation (%)</i>		
Family	89%	59%
Enhanced Family Care/Foster Family	3%	0%
Group Home and Community ICF/DD	8%	34%
Independent/Supervised	-	2%
Psych. Hospital/IDD Center	-	-
Other (Jail, Homeless, "Other")	-	5%

Mental Health and Chronic Health Conditions

Table III.F: Texas START Tarrant enrollees with mental health conditions reported at intake

Texas START (n=146)	Tarrant	
Variable	Children	Adults
N	61	85
<i>Mental Health Conditions (%)</i>		
At least 1 diagnosis	89%	87%
Mean Diagnoses (range)	2.3 (1-5)	2.3 (1-5)
<i>Most Common MH Conditions (%)</i>		
Anxiety Disorders	16%	18%
ADHD	52%	33%
ASD	75%	48%
Bipolar Disorders	7%	27%
Depressive Disorders	21%	19%
Disruptive Disorders	16%	16%
OCD	5%	4%
Personality Disorders	-	6%
Schizophrenia Spectrum Disorders	-	20%
Trauma/Stressor Disorders	7%	5%

Figure III.D: Frequency of common MH conditions for enrolled children (trends across START)

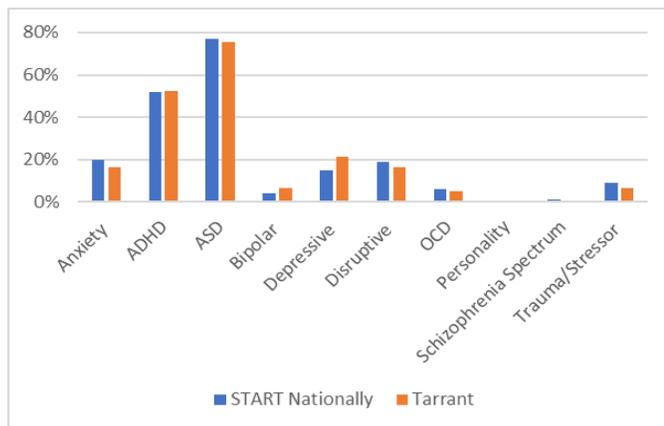


Figure III.E: Frequency of common MH conditions for enrolled adults (trends across START)

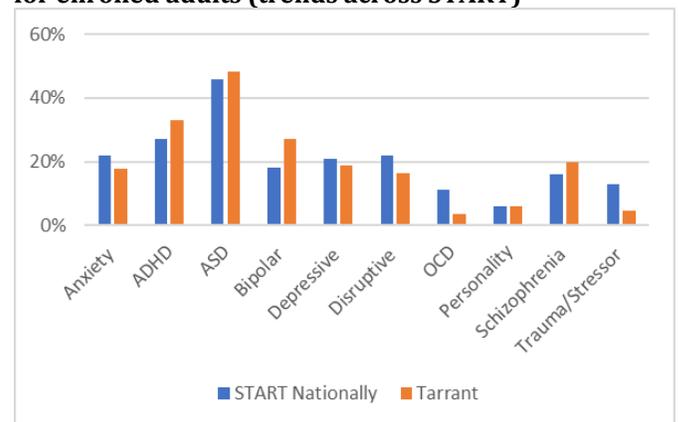


Table III.F: Texas START Tarrant enrollees with chronic medical conditions reported at intake

Texas START (n=146)	Tarrant	
Variable	Children	Adults
N	61	85
<i>Medical Diagnosis (%)</i>		
At least 1 diagnosis	38%	61%
Mean Diagnoses	1.8 (1-6)	1.8 (1-5)
<i>Most Common Medical Conditions (%)</i>		
Cardiovascular	3%	12%
Endocrine	2%	16%
Gastro/Intestinal	7%	13%
Immunology/Allergy	3%	4%
Musculoskeletal	-	7%
Neurologic	25%	21%
Obesity	2%	8%
Pulmonary disorders	10%	6%
Sleep Disorder	3%	5%

Figure III.F: Frequency of common medical conditions for enrolled children

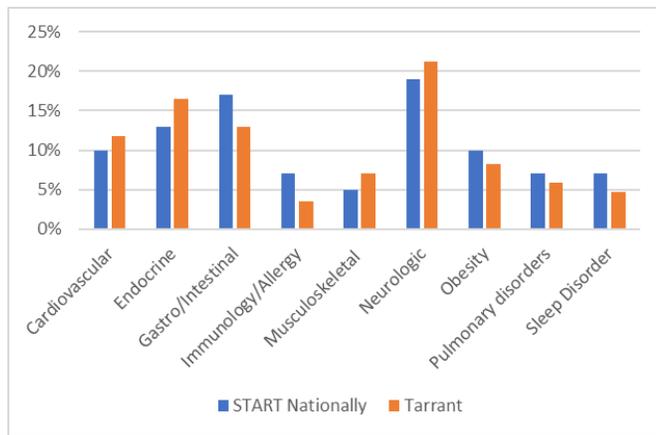
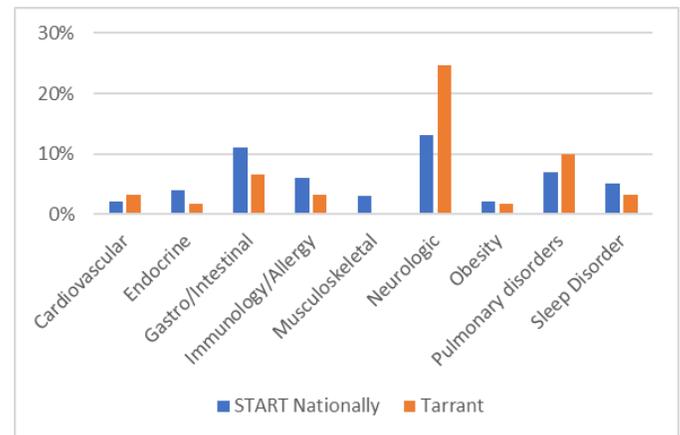


Figure III.G: Frequency of common medical conditions for enrolled adults



Summary

Trends in identified psychiatric conditions are quite like START programs overall, with ASD and ADHD as the most frequently occurring. Children enrolled in Texas START Tarrant are twice as likely to be diagnosed with neurological conditions than children in START elsewhere. This should be monitored to determine if this is a continuing trend and what it may mean. Adults enrolled in Texas START are less likely to be diagnosed with trauma and stressor related disorders than adults in other START programs. For both adults and children, the frequency of trauma-related disorders is likely under-recognized and reported. The same is likely for gastrointestinal and sleep disorders given the overall incidence of these conditions for START enrollees at intake. The reasons for these differences is not clear from the data but should be explored and possibly included in future training and capacity-building efforts. The program remains committed to an integrated and holistic approach to services that includes recognition of and appropriate intervention for medical conditions.

Section IV. Texas START Tarrant Program Outcomes

Key outcomes of the START model are decreases in emergency service use and challenging mental health presentations, which subsequently improve quality of life and PERMA for enrollees, their families, and the system of support. START cross systems crisis prevention and intervention planning along with 24-hour crisis response are designed to directly affect these outcomes.

Emergency Service Trends

A number of Texas START Tarrant service recipients have a history of emergency service use prior to enrollment in START services. Figure IV.A shows emergency service trends for individuals one year prior to enrollment in START and emergency service utilization for individuals post START enrollment. A target goal of the START program is to avoid unnecessary emergency service use and reduce recidivism when possible. Results reflect consistent overall trends in the reduction of emergency service use post enrollment. The reduction in emergency service use suggests that commitment to principles of positive psychology and wellness in addition to maintaining fidelity to START service elements such as comprehensive assessment and evaluation, cross-systems crisis planning, outreach, and emergency response can be effective in improving the outcomes for individuals enrolled in services.

In addition to planned START clinical services, the Texas START Tarrant team provides 24-hour crisis support to enrolled individuals and their families/caregivers. Texas START Tarrant responded to over 75 crisis calls in FY21. Since nearly all crisis contacts occurred during COVID-19 restrictions, the majority (96%) were conducted using phone and telehealth technology. About 94% of those contacts resulted in individuals remaining in their current setting.

Table IV.A: Change in frequency of pre- and post-START emergency service utilization

Texas START (n=146)		
Variable	Children	Adults
N	61	85
<i>Psychiatric Hospitalization</i>		
Prior to enrollment, N (%)	18 (30%)	32 (38%)
Mean Admissions (range)	1.3 (1-2)	2.6 (1-8)
During START, N (%)	9 (15%)	10 (12%)
Mean Admissions (range)	1.8 (1-3)	3.3 (1-16)
Average length of stay (days)	5 days	6 days
<i>Emergency Department Visits</i>		
Prior to enrollment, N (%)	23 (38%)	28 (33%)
Mean Visits (range)	1.5 (1-4)	2.8 (1-15)
During START, N (%)	3 (5%)	9 (11%)
Mean Visits (range)	1.0 (1)	1.5 (1-4)

Figure IV.A: Change in frequency of pre- and post- START enrollment emergency service utilization

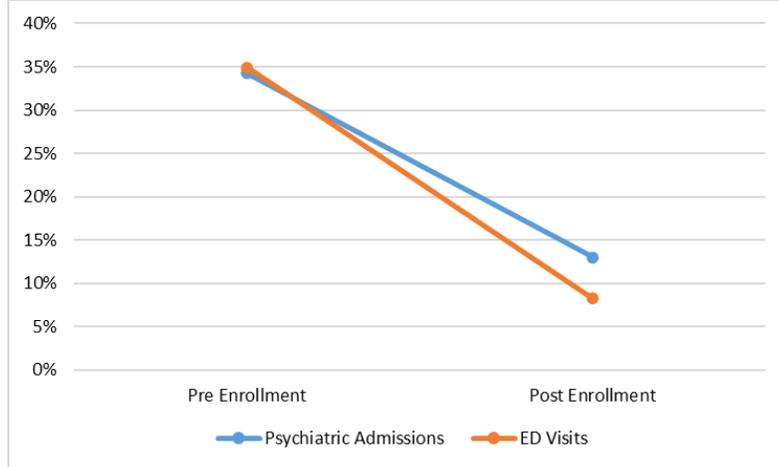
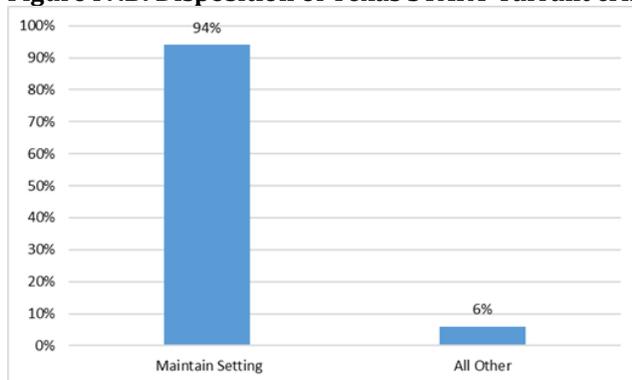


Table IV.B: Texas START Tarrant crisis response FY21

Texas START Variable	Tarrant	
	Children	Adults
<i>Crisis Contacts</i>		
Number of Individuals	6	19
Number of Crisis Contacts	28	51
Range of Contacts	1-19	1-9
Type of Intervention		
In-Person	1 (4%)	2 (4%)
Telehealth response	12 (43%)	12 (24%)
Phone Consultation	15 (54%)	35 (69%)
Average Response Time (in-person)	N/A	75 minutes
<i>Crisis Disposition</i>		
Maintain Setting	28 (100%)	46 (90%)
Psychiatric Hospital Admission	-	1 (2%)
ED (held over 24 hours)	-	-
ED (released)	-	-
Medical Hospital Admission	-	-
START Therapeutic Services	-	1 (2%)
Crisis Stabilization	-	-
Other (Incarcerated, Referral to other services)	-	3 (6%)

Figure IV.B: Disposition of Texas START Tarrant crisis contacts



Aberrant Behavior Checklist (ABC)

The Aberrant Behavior Checklist (ABC) is a 58-item informant reported psychopathology rating tool designed specifically for use with individuals with IDD (Aman, Burrow, & Wolford, 1997). It is administered to enrollees at intake and 6-month intervals. The ABC has been reported in literature as an *outcome measure*, demonstrating sensitivity to changes in psychopathology ratings over time. The ABC is used by START teams to determine if services provided are associated with reduced psychopathology ratings over 6-month periods. The authors suggest the use of ABC subscales, not a total scale score. Through factor analysis, three of these subscales have been found to be sensitive to START treatment effects: *Irritability*, *Hyperactivity* and *Lethargy*. These subscales are reported below for people enrolled in Texas START Tarrant in FY21.

For this analysis, adults and children enrolled in Texas START Tarrant for at least 6 months with at least two ABCs were included. Table IV.C shows the percentage of adults in Texas START Tarrant who had a decrease in scores (improvement in symptoms) between initial assessment at intake and the most recent ABC assessment completed (avg. of 33 months later). Table IV.D shows the same information for children (26 months). T-test analyses demonstrated a statistically significant decrease for all three subscales. The national average scores on the ABC for children are higher than adults but there is very little difference between children and adults in the percentage showing improvement between the initial and most recent

Table IV.C: ABC Analysis (Adults)

(n=73) Average elapsed time: 33 months	Percent with Improvement	Mean Score		t Stat	P(T<=t) one-tail
		Initial	Most Recent		
Hyperactivity/Noncompliance	67%	21.36	14.88	4.91	0.00
Irritability/Agitation	73%	21.53	14.90	5.27	0.00
Lethargy/Social Withdrawal	68%	13.25	9.12	3.73	0.00

Alpha=0.05

Table IV.C: ABC Change (Children)

(n=48) Average elapsed time: 26 months	Percent with Improvement	Initial	Most Recent	t Stat	P(T<=t) one-tail
Irritability/Agitation	73%	28.50	19.77	6.25	0.00
Lethargy/Social Withdrawal	67%	15.23	10.04	3.86	0.00

Alpha=0.05

Figure IV.C: Change in mean ABC scores between first and most recent administrations (adults)

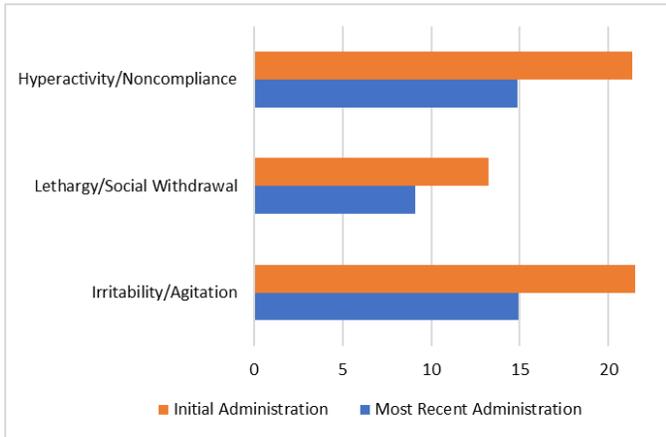
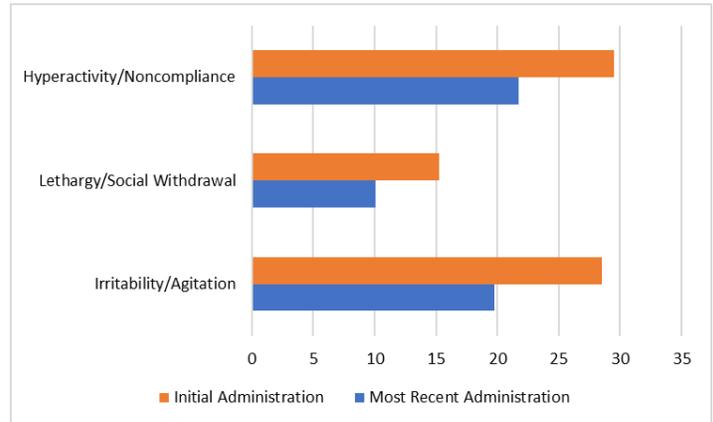


Figure IV.C: Change in mean ABC scores between first and most recent administrations (children)



Summary

Research on ABC scores for individuals receiving START services indicates that the hyperactivity and irritability subscales are strong predictors of emergency service use⁵. Texas START Tarrant data for the three main subscales used to assess START intervention effectiveness show a significant decrease in the psychopathology ratings following initiation of START services. This is consistent with results in previous years and is another indication that Texas START Tarrant continues to work effectively with START enrollees during COVID.

Texas START Tarrant teams consistently demonstrate success in the three outcome measures shown in this section (decreased emergency service utilization, maintaining environment following a crisis, and decreased ABC scores). The team will continue to work with individuals not just to decrease crisis events, but also to improve PERMA and well-being. Next year’s report will include data on identified strengths for individuals enrolled in START as well as caregiver stress as measured by the START plan.

⁵ Kalb, L. G., Beasley, J., Klein, A., Hinton, J., & Charlot, L. (2016). Psychiatric hospitalization among individuals with intellectual disability referred to the START crisis intervention and prevention program. *Journal of Intellectual Disability Research*, 60(12), 1153-1164.

Section V. Planned START Services

This section provides a descriptive analysis of Texas START Tarrant planned services for FY21, including Clinical Education Team Meetings (CETs) held, community outreach and training, and clinical services.

Texas START Tarrant Clinical Education Teams and Community Trainings

The Texas START Tarrant program continued to conduct virtual CETs and community trainings throughout the fiscal year. Texas START Tarrant CETs reached more than 160 professionals statewide. The attendance rates ranged from 7 to 36 participants and the average attendance was 18. The following list of topics were presented at CETs throughout the year:

- Abuse Risk of Benzodiazepines
- Angst & Paranoid Ideation
- Social Isolation in Persons with IDD
- Sexuality & IDD
- Down Syndrome & Biopsychosocial Factors
- Autism: Etiology and Intervention
- Parent/Caregiver Stress & Burnout
- Trauma and PTSD
- Reactive Attachment Disorder and IDD

In addition to CETs, Texas START Tarrant provided regular training to over 700 individuals in their region, including first responders, residential and day providers, mental health providers, and educators. The team conducted over 36 training and outreach events and provided nearly 70 hours of structured, community training. More details about the type of training offered to community partners, as well as linkage agreements, can be found in the Appendix B.

Texas START Tarrant Clinical Services

START model service interventions aim to ensure that individuals are getting the supports they need and are designed to intervene effectively in times of stress and crisis, avoiding costly and restrictive emergency services. All START programs offer the following planned services. Time spent on these activities is tracked in SIRS.

- *Intake/Assessment:* Work done to determine the needs of the individual, the team, and the services to be provided. This includes: Information/record gathering; intake meetings; completion of assessment tools; and START Action Plan development.
- *Outreach:* Any time a START Coordinator provides education or outreach to the system of support (families/natural supports, residential programs, day programs, schools, mental health facilities), or any entity that may seek or need additional outreach and education.
- *Clinical Consultation:* Consultations provided by the Clinical Director with community team members who support individuals. Recommendations are given and facilitation of goal and action plan development is done by the START Coordinator.
- *Medical Consultation:* Consultation provided by the Medical Director about diagnostic, medical, or polypharmacy issues. Services can include collaboration with the individual's team prior to a psychiatric appointment, accompanying the team to the appointment, medication history review by the START team, and outreach provided by the Medical Director to the treating provider.
- *Cross System Crisis Prevention and Intervention Planning (CSCPIP):* Collecting and reviewing relevant information; brainstorming with the system of support; developing/writing, distributing, reviewing/revising the CSCPIP; training and implementation.

- *Crisis Follow-Up*: Time spent following up to coordinate services and supports after a crisis.
- *Facilitation of Planned Therapeutic Supports (Resource Center, Therapeutic Coaching)*: Coordination, preparation for, and/or facilitation of planned center admission or therapeutic coaching.
- *Comprehensive Service Evaluation (CSE)*: Receiving and reviewing records; interviewing the individual and system of support; writing the CSE; collaborating with START Clinical and Medical Directors on development of evaluation and recommendations; reviewing recommendations with person's system of support and developing an action plan.

The Texas START Tarrant program began providing telehealth services in response to COVID-19 and statewide social distancing requirements. Telehealth services began in March 2020 and continued throughout the calendar year. Additional fields in SIRS were added to track telehealth outreach, therapeutic coaching visits, and crisis follow-up. The percent of individuals who received telehealth services is in the table below. Table V.C shows the percent of enrollees who received planned START services during the report period. Since individuals are enrolled at different points in time and have unique strengths and needs, not all enrollees received each planned service in the reporting period. However, there are certain expected benchmarks that all START programs should be meeting to assure fidelity.

Table V.C: Provision of Planned START Clinical Services: In-person and Telehealth

Texas START – Tarrant	FY21	Telehealth Supports
N	146	
<i>Utilization of Planned Services (% of Individuals)</i>		
Outreach	88%	71%
Intake/Assessment	82%	58%
CSCPIP	29%	
Clinical Consultation	34%	
Medical Consultation	13%	
Therapeutic Supports	22%	3%
Crisis Follow-Up	16%	11%

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 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 while the individual is enrolled and actively receiving START services.

Table V.D: Percentage of active individuals who received assessments/tools:

START Tools	Tool was completed	Tool is up-to-date
<i>START Action Plan</i>	97%	82%
<i>Aberrant Behavior Checklist (ABC)</i>	99%	83%
<i>Recent Stressors Questionnaire (RSQ)</i>	99%	N/A
<i>Cross Systems Crisis Prevention and Intervention Plans (CSCPIPs)</i>	94%	83%
<i>Comprehensive Service Evaluations (CSEs) Completed</i>	1%	N/A

Section VI. START Therapeutic Supports

START Resource Center Services

The Texas START Tarrant program’s Resource Center has a total of six beds and is funded through diverse streams. Four of the beds are specifically designated for START service users, 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 Center admissions varies but average about 3 days per admission. The other beds are designated for emergency admissions, which serve adult enrollees experiencing acute crises. Emergency admissions are longer and average about 15 days, during which time guests receive assessment and individualized intervention and discharge planning.

The data below reflect Resource Center admissions for individuals enrolled in Texas START Tarrant. As mentioned, the Resource Center also supports numerous other individuals not enrolled in START as part of their regional mental health safety net. For example, the Resource Center also supported several individuals during the ice storm in February when power was out in many group homes and residences. The data presented in table VI.B. below demonstrate utilization of the four beds designated for START enrollees.

Table VI.A: Center-Based Supports

Tarrant START Variable	FY21	
	Planned Admissions	Emergency Admissions
Number of individuals admitted	15	25
Total number of admissions	45	33
Range of days	1 to 103*	3 to 50
Avg LOS (days)	3**	15
Mode (days)	3	6
Total time spent in Resource Center (days)	268	516
Number of individuals with more than 1 admission	11	7
Percent of individuals with more than 1 admission	73%	28%
Occupancy Rate (2 beds)*	37%	71%

*Range is 1-5 except for one outlier.

** Excludes outlier

Summary

The Texas START Tarrant resource center operated throughout the pandemic as restrictions and safety considerations allowed. The team is to be commended on their flexibility in responding to local needs while supporting START enrollees.

Section VII: Conclusion and Recommendations

The Texas START Tarrant program continues to meet clinical team fidelity requirements and operates as a certified START program. Congratulations on your extensive outreach and training efforts during this pandemic to continue to build community capacity and wellbeing! Thank you for all the effective support your team has continued to provide during this very trying time and for supporting these people and their families in need. The work you do every day is important and valuable!

The following are START model recommendations for the Texas START Tarrant program for fiscal year 2022. The team will work directly with Center for START Services project managers to develop plans to address these recommendations.

Recommendations

- Texas START Tarrant leadership should develop a plan for maximizing new enrollments in the coming fiscal year. They should target active caseloads of 20-25 individuals per full-time START coordinator.
- It is also important to monitor length of stay and assure that services provided are comprehensive, effective, and timely. It is recommended that that all cases that are active for 2 or more years be assessed and staffed with Center for START Services and program staff.
- Texas START Tarrant programs should document all residential transitions in SIRS to help determine if enrollment in START can impact placement loss over time.
- Texas START Tarrant teams need to continue to monitor individuals for potential pandemic-related loneliness and isolation. Their online therapeutic groups have been successful and well-attended and have continued post-restrictions in Texas. In the event of increased restrictions due to the Delta variant, Texas START Tarrant coordinators may want to develop other tools for addressing the loneliness and isolation symptoms which will likely result. Regular outreach contacts by the Texas START Tarrant team can be used to check-in with enrolled individuals and their families to monitor for pandemic-related emotional stress/dysregulation. *Frontiers on Psychology* suggests combating pandemic-related depression by emphasizing positive aspects of the pandemic such as the number of people who have recovered in hospitals⁶.
- Texas START Tarrant team may want to provide more community training and outreach activities related to mental health symptom presentation, suicidality, GI disorders, and sleep disorders in I/DD, as it appears that at enrollment, these relatively common challenges are not identified or addressed by existing systems of support. Resources for conducting these activities can be found in Moodlerooms, as well as in posters compiled by START Teams during the START National Training Institute.
- Closely monitor all occurrences of individuals enrolled in START who are made inactive due to lack of contact to inform our approaches to keeping engagement during predominant use of telehealth should another environmental crisis occur. This is a topic that may best be addressed by the START network Emergency Management Committee.
- Closely all monitor all instances of individuals utilizing the Resource Center who are no longer active in planned, clinical services. Whenever possible, these individuals should be reactivated in clinical services.
- Primary outreach and educational efforts should continue to concentrate on the importance of identifying the bio/psycho/social needs of all individuals supported by Tarrant START. The Texas START Tarrant program should continue to offer training on accurate diagnostic case formulations and the recognition of anxiety, trauma related issues, and medical comorbidities in individuals with IDD to a broader audience of community partners.

⁶ Pietrabissa, G., & Simpson, S. G. (2020). Psychological consequences of social isolation during covid-19 outbreak. *Frontiers in Psychology*, 11. <https://doi.org/10.3389/fpsyg.2020.02201>

Appendix A: Center for START Services Training, Technical Assistance, and Consultation

Center for START Services Training Groups

Many START methods are unique to the model and incorporate best practices, START tools, and strategies to implement them. To develop proficiency, program staff participate in comprehensive training on these methods along with didactic training on the mental health aspects of intellectual and developmental disabilities. Training provided by the Center for START Services is targeted to the NC START programs along with the community as a whole.

START Coordinator Training

START Coordinators and leadership staff complete a training course through CSS's online learning platform, Moodlerooms, with the goal of achieving START Coordinator Certification. Participation in the course requires enrollment in a 19-week Coordinator Training Group facilitated by CSS instructors. A combination of asynchronous training and web-based group dialogue is used. For office hours connected to the course, the participant identifies topics based on areas for their own professional growth. Frequent topics for office hour sessions include crisis planning, emergency response and evaluation, outreach, case conceptualization, and systemic consultation strategies.

Therapeutic Coaching Training

Therapeutic coaches complete an 8-week Therapeutic Coaching Training Group facilitated by CSS. Using the same training methodology as the START Coordinator Certification Curriculum, the START Therapeutic Coaching Course is accessed concurrently along with participation in a training group that serves as an opportunity for the coaches to process and discuss information learned within the course and demonstrate their ability to generalize information learned across settings.

Additional Center for START Services Training and Consultation

In addition to technical assistance and training provided directly to NY START program staff, there are other ongoing training offerings sponsored by the Center for START Services that are available to NY START and their partners.

START National Online Training Series

The START National Online Training Series (NOTS) on Mental Health and IDD is designed to provide innovative and topic-focused training to professionals that serve individuals who experience IDD and mental health needs. Pre-recorded trainings from this series are released once a month to the START Network (on the 3rd Friday of each month) from September through April. The 2020-2021 series also featured a live, virtual 1-hour Q&A session with that month's presenter facilitated by CSS instructors. The series is free for the NC START programs and their partners. A comprehensive Review Guide is also provided for each presentation that can be utilized to independently facilitate small-group discussions between community partners about the material and its application to daily practice. Attendees can receive one contact hour/0.1 UNH CEU for viewing the pre-recorded presentation and completing the online evaluation. Topics offered between 7/1/2020-6/30/2021 were:

- **September 2020:** *START Therapeutic Coaching Strategies for Supporting Individuals with IDD and Suicidal Ideation*, NC START Central: Maggie Robbins, MA, LCAT, RDT, Clinical Director, Meredith Dangel, MA, CRC, Intern & Remy Jodrey, MS, LCMHCA, Therapeutic Coaching Team Leader
- **October 2020:** *Skills System: Strategies for Self- and Co-Regulation*, Julie Brown, Ph.D., President of the Skills System, LLC
- **November 2020:** *Collaborative Research in IDD and MH with a PCORI Project Update: Reconciling the Past and Changing the Future*, Jessica Kramer, Destiny Watkins, and Micah Peace (Part 1), and Jessica Kramer, Destiny Watkins, Micah Peace, Dr. Joan Beasley, Tawara Goode, Beth Grosso, and Fiorella Calle Guerrero (Part 2)

- **January 2021:** *Sexuality & IDD-MH*, Dave Hingsburger, M.Ed., Director of Clinical and Educational Supports for Vita Community Living Services
- **February 2021:** *Lost in Translation: Lessons about moving research in developmental disabilities into practice and policy*
Yona Lunsky, PhD, Director of the Azrieli Adult Neurodevelopmental Centre and Professor in the Department of Psychiatry at the University of Toronto
- **March 2021:** *“Something’s Different” –Concepts of Change in Adults with I/DD*, Julie A Moran, DO, Geriatrician/Internist, Clinical lecturer of Medicine, Harvard Medical School
- **April 2021:** *Aligning our Practices with our Beliefs: (Re) Engaging with Families in the Context of Trauma*, Kelly Smith, LCSW

2020 Virtual START National Training Institute

In light of the COVID-19 pandemic, the Center for START Services hosted a Virtual START National Training Institute (SNTI) from May 4-May 6, 2020, at no cost to participants, as an alternative to its typical in-person annual event. This three-day event featured two keynote presentations with accompanying Q&A sessions, a research panel presentation, the premiere of the new START documentary film (“*Now We Have Hope: The Strength of the START Community*”) with a panel discussion, research poster sessions, and an awards ceremony. The virtual SNTI was an enormous success with over 400 participants.

START Practice Groups

Practice groups are national communities within the START Network organized around START team roles, professional disciplines, and specific topics of interest. They are designed to facilitate active learning communities where members connect with others from across the country in similar roles and remain informed about best practices regarding both START implementation and MH/IDD topics. Each group is facilitated by CSS clinical staff and occasionally features invited speakers and special guests.

As part of the National START Network and learning community, Texas START Tarrant personnel participates in these forums to gain the 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. Practice groups meet once monthly (or bi-monthly in the case of Medical Directors). The practice groups include:

- Children’s Practice Group, facilitated by Karen Weigle, Ph.D.
- Clinical Directors Practice Group, facilitated by Jill Hinton, Ph.D.
- Clinical Topics Practice Group facilitated by Karen Weigle, Ph.D.
- Resource Center Directors Practice Group, facilitated by Bob Scholz, M.S., LMHC
- Therapeutic Coaching Practice Group, facilitated by Anne Laforce, MA
- Medical Directors Practice Group, facilitated by Karen Weigle, Ph.D. and Jennifer McLaren, M.D.
- Team Leaders Practice Group, facilitated by David O’Neal, MS, and Alyce Benson, LCSW
- Program Director Practice Group, facilitated by Andrea Caoili, LCSW, Alyce Benson, LCSW, and Jillaine Baker, LCSW
- Certified START Program Director Practice Group, facilitated by Jillaine Baker, LCSW

Appendix B: Texas START Tarrant Training Topics and Linkage Agreements

Table 1: Texas START Tarrant Training

Training Provided	# of Attendees
Tarrant County College	13
Arlington Police Department	42
Tarrant County College	9
Grand Prairie Police Department	6
Fort Worth Police Department	59
Arlington Police Department	28
Tarrant County College	24
Arlington Police Department	32
California Master Workshop	48
Tarrant County College PD	22
Fort Worth Police Department	52
Grand Prairie Police Department	25
Arlington Police Department	42
Tarrant County College PD	13
New Recruit Training	22
New Recruit Training	17
Arlington Police Department	23
Law Enforcement Officer Training (multiple	40
New Recruit Training	12
Fire Department	15
Police Training	29
MHMR Jail Liaison	8
New Recruit Training	11
AAIDD	25
Cook Children's	5
PD training	42
Cook Children's	11
EMT, MHPO, BHRO	26

Table 2: Texas START Tarrant Linkage Agreements

1200 Clinic	Keller ISD
1300 Clinic	Lifepath Systems
A & D Quality Choices	Lisa Queenstar Mahoney Services
A Place of Grace	Local Commitment Alternative (JPS)
ABG Solutions	LOSS Program
ABH Clinic	MCOT
Able With Compassion	Meals on Wheels
Adolescent Crisis Respite Unit	Men's Crisis Respite Unit
Aging and Disability Resource Center	Mental Health Connection
Alamo Area Council of Government (AACOG)	Merakey Autism and Education Center
Arlington Community Services	Metrocare Crisis Intervention Specialist
Arlington Police Department (BH)	MHMR CLASS Program
Be Safe the Movie	MHMR Intermedicate Care Facilities
Betty Hardwick Center	MHMR Tarrant Home Community Service
Boulevard Heights School	MHMR Transition Support Team
Champion Services	MHMRTC ICF Provider
Child and Adolescent MHS	Midlothian Rotary Club
Community First Choice	Millwood
Community Outreach	NADSP
Continuity of Care	Parent and Family Advocate
Continuity of Care - Behavioral Health	PASSAR Services
Continuity of Care - Disability Services	People Feeding People
Cook Children's Hospital	Probate Court
D & S Community Services	Quillo
D. Cunningham Enterprises	ResCare
Daybreak Community	RN Case Management
Dental Center Duncanville	Scott Modell
Department of Children and Family Services	Southern Concepts
Dr. Sefikar, DDS	Stellar Healthcare
Eagle Mountain Saginaw ISD	Tarrant Area Food Bank
Educare	Tarrant County Clubhouse
Expanco	Tarrant County Community College
Phases Services	Tarrant County Diversion Center
Fort Worth Fire Department	TCU Department of Criminal Justice and Criminology
Fort Worth ISD	TCU department of Social Work
FW Police Department	Texas Council
General Revenue	The ARC of Texas
Grand Prairie PD	The Parenting Center
Green Oaks School	Total Transition Services
ICARE	Transition Support Team
IDD Council	Transportation Department
Intake and Access	TX Home Living and Community Services
John Peter Smith-Court and Aftercare	Union Gospel Mission of TC
JPS	UTA department of Social Work
JPS SANE Unit	Women's Crisis Respite Unit