**Individual Outcomes**

- Maintain stable community residence
- Access and engage resources
- Decrease crises
- Decrease behavioral challenges
- Decrease mental health symptoms
- Decrease state facility and hospital utilization
- Increase community involvement

**Community Outcomes**

- Increase crisis expertise in community
- Implement and maintain community collaborative
- Utilization of community resources
- Increased natural resources
- Decrease state facility and hospital utilization

START was originally funded by the Massachusetts Department of Mental Retardation and operated by GLMHRA under the direction of Dr. Joan Beasley. NC START, based on Massachusetts START model, represents a collaboration between Dr. Beasley, the North Carolina Division of MH/DD/SAS, LMEs and providers.

NC START East 888-962-3782
NC START Central 800-662-7119 ext. 8730
NC START West 888-974-2937

For people with developmental disabilities and co-occurring disorders
The **NC START** Model provides prevention and intervention services to individuals with developmental disabilities and complex behavioral needs through crisis response, training, consultation, and respite. The goal is to create a support network that is able to respond to crisis needs at the community level. Providing community based, person centered supports that enable an individual to remain in their home or community placement is the first priority.

**The NC START Philosophy**
Services are most effective when everyone involved in care and treatment actively participate in treatment planning and service decisions. (The whole is greater than the sum of its parts.)

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**Role of NC START Team**

Provide on-going consultation to providers and/or families

Provide support and technical assistance to Mobile Crisis Teams

Create and maintain linkages and relationships with community partners

Coordinate support meetings and cross systems crisis plans for individuals

Provide training and technical assistance to community partners

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**Why use NC START?**

NC START services work in conjunction with all other Services including community-based services (Community Support, Targeted Case Management, Mobile Crisis Management, CAP-MR/DD, traditional outpatient). Driven by a person’s needs, NC START offers proactive, clinically-based consultation and training for crisis prevention and intervention.
NC START receives referrals from multiple sources, including providers, families, and crisis services including Mobile Crisis Management (MCM Teams). In the case of a crisis referral, NC START will provide immediate technical assistance to the MCM, the family, and provider in order to stabilize the individual. Within 24 hours, the NC START team member will begin process of prevention and intervention planning for the individual. Routine referrals will be staffed for meeting admittance criteria with the team within 24 hours and disposition communicated to referral agent.

Who is eligible for NC START?
NC START services are available to people who are at least 18 years of age and who have a developmental disability and co-occurring mental illness or significantly challenging behaviors. Services are provided based on individual needs, situation and assessment. Types of services include:

Emergency – a situation where, because of a person’s challenging behavioral issues, there is a need for (1) immediate specialized clinical services or (2) crisis/respite service.

At Risk – A situation where a specific or time-limited problem resulting from behaviors or situational factors disrupts a person’s optimal functioning in his/her place of residence or habilitation program and causes the person to be at risk of losing his/her services.

Short-Term Assistance – A situation where 24-hour linkage and referral services are needed for ongoing services by the family/primary caregiver to address a person’s behavior or situation.

Crisis Support Continuum
Psychological, behavioral support and crisis consultation to the treatment team and primary service providers.

Psychiatric consultation to the treatment team and primary service providers.

Facilitate communication across developmental disability, mental health, community and family networks.

Clinical Support – Assessment & Treatment Planning
Conduct functional behavioral assessment to gather information for plan.

Develop prevention and intervention plan involving parents, caregivers, and/or providers.

Facilitate emergency meetings among service providers, treatment and crisis teams, and families.

Training and Consultation
Provide training to providers, families and other community partners.

Provide on-going consultation as needed to maintain community placement.

Collaboration
Access and link families and providers to community services and supports.

Work with case manager on planning for future needs.

Maintain relationships with community partners to enhance ability of community to respond to crisis.

Short Term Respite
Planned respite is available to NC START consumers who live at home with their family and are unable to access traditional respite due to behavioral needs.

Emergency respite is available in crisis situations that cannot be addressed in the current placement. The team member will begin transition planning upon admission.
Training can be at home, residence, or in a day program. Services are based on individual needs, situation and assessment.

NC START does not replace any element of the current service continuum but works in conjunction with all other services including community based services (community support, targeted case management, mobile crisis management, CAP MR/DD, traditional outpatient) through consultation and training.