

START PROGRAMS

SHORT TERM ACUTE RESIDENTIAL TREATMENT

COMMUNITY RESEARCH FOUNDATION,
SAN DIEGO COUNTY



VISTA BALBOA CRISIS CENTER



HISTORY

- First START Program developed and implemented by Dr. William Hawthorne in 1980
- Began with client focus groups in large Board and Care
- Developed with a psychosocial rehabilitation philosophy
- Currently seven fully integrated treatment programs for individuals experiencing symptoms related to an acute psychiatric crisis offering 95 beds located in all regions of San Diego County

FUNDING

- County of San Diego (General Fund and MHSA)
 - Medi-Cal (Medicaid)
 - Medi-Cal/Medicare
 - Unfunded
- Private Contracts
 - Kaiser
 - VA
 - Anthem
 - Aetna
 - MHN Healthnet

CRITERIA FOR ADMISSION

- Acute psychiatric diagnosis that warrants inpatient admission
 - Acute exacerbation of a severe/persistent mental illness
 - Suicidal Ideation or recent suicide attempt
 - Homicidal Ideation
 - Threatening ideation
 - Recent psychosocial stressor which negatively impacts client's ability to avoid hospitalization
- Must have non-substance related primary diagnosis
- Age 18 and older

EXCLUSION CRITERIA

- Symptoms too acute to remain safe in unlocked semi-structured milieu environment
 - Actively or imminently suicidal/homicidal
 - Unwilling or unable to cooperate for safety
 - Severe impairment of reality testing (can't follow direction)
- Actively violent and unable to manage their distress in other ways
- Acute intoxication with inability to control behavior
- Primary need is housing
- Symptoms can be treated on outpatient basis
- Certain unstable medical conditions

THE MODEL

- Average length of stay is 9 days
- Individual and group therapy twice daily (CBT, DBT, MI)
- Client-centered focus with shared decision making
- Integrated mental health and co-occurring substance-related treatment
- 24 hour staffing by trained Master's Degree clinicians, interns, peers

THE MODEL

- On-site Psychiatry 3 days weekly and always available for phone consultation
- Nursing staff 24 hours daily
- Discharge planning central focus throughout stay
- Aftercare Case Manager
- 11 to 16 beds
- Less than half the cost of hospitalization
- CARF Accredited since 2000

CLIENTS SERVED

- Hospital diversions and step-downs from locked hospital behavioral health units
- Approximately 3,000 admissions annually and over 29,000 bed days
- 60 to 70% homeless population at admission

CLIENTS SERVED

- Primary Diagnosis Breakdown from 17/18 Fiscal Year
 - 58% Schizophrenia and other Psychotic Disorders
 - 22% Bipolar Disorders
 - 19% Depressive Disorders
 - 60% of all admissions have a co-occurring serious mental health and substance related diagnosis (conservative estimate)

OUTCOMES

- Re-admission within 30 days of discharge to hospitals or START
 - Goal: 75% will not be readmitted to START or hospital
- Stability and functioning improvement at DC
 - Goal: 75% will self-report improvement on outcomes domain questions of Mental Health Statistics Improvement Program (MHSIP survey)

OUTCOMES

- Connection with continuing care and number of days between discharge and community follow-up services
 - Goal: 60% will have connected with an outpatient provider after discharge and have a first service within 10 days of DC
- Client satisfaction as reported on MHSIP satisfaction domain
 - Goal: 80 % will report satisfaction with services

RESEARCH

An integrated system of research-vetted crisis residential programs

- Two studies based on randomized clinical trials
Hawthorne, et al. (November 2005) A randomized trial of Short-Term Acute Residential Treatment for Veterans. Psychiatric Services, 56(11), 1380-1386.
Hawthorne, et al. (September 2009) A randomized study comparing the treatment environment in alternative and hospital-based acute psychiatric care. Psychiatric Services, 69(5), 1239-1247.
- One quasi-experimental study
Hawthorne, et al. (March 1999) Comparisons of outcomes of acute care in short-term residential treatment and psychiatric hospital settings. Psychiatric Services, 50(3), 401-406.

ACCOLADES

- American Psychiatric Association Gold Achievement Award for Excellence in providing a comprehensive and cost-effective treatment alternative to hospitalization (Psychiatric Services, Oct. 2001)
- NAMI San Diego 2007 Inspiration Award for Recovery Program
- 2016 SAMHSA Recognition and Listing on National Registry of Evidence-based Programs and Practices (NREPP)

START IMMERSION TRAINING

- 5 days immersed in the evidence-based START model
- Hands-on experience working with seasoned leadership, clinical, and medical staff utilizing evidence-based practices
- Consult with CRF Executive Management and Quality Improvement professionals
- Obtain on-going access to CARF-reviewed and accredited policies and procedures, training materials, program operation materials, and consultation

QUESTIONS OR IDEAS???

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