I-START Mission
Improving the lives of persons with intellectual and developmental disabilities, their families, and caregivers by providing crisis response, training, consultation, and outreach to teams and systems.

Individuals Served
Currently supporting 86
Individuals supported in FY 2018 83
Individuals supported to-date 152

Demographics
Gender
- 55% Male
- 45% Female

Age
- Age range: 17 - 63 years
- Average age: 32.5 years

Level of Intellectual Disability
- None noted
- Borderline/No ID
- Mild
- Moderate
- Severe/Profound

Funding Source
- I/DD Waiver 69%
- Medicaid 27%
- None 3%
- Private Insurance 1%

Living Situation
- Family home
- Group home
- Supported living
- Foster care home

Source of Referral to START
Case Manager 52%
Residential/Day Provider 36%
Hospital/ID Center 5%
Other (family, law enforcement, schools) 7%

Most Common Reasons for Enrollment
- Aggression
- Mental health symptoms
- Difficulty with daily functioning
- Risk of placement loss
- Self-injurious behavior
- Family needs assistance
- Diagnostic Assistance
- Leaving unexpectedly
- Suicidal ideation/behavior
- Sexualized behavior
- Transition from hospital

I-START Serves the Following Counties
Psychiatric Diagnosis
88% of individuals reported a psychiatric diagnosis

Most Common Mental Health Conditions (%)

- ADHD
- Depressive Disorders
- Disruptive Disorders
- Schizophrenia Spectrum
- Anxiety Disorders
- Bipolar Disorders
- ASD
- Trauma/Stressor Disorders
- Personality Disorders
- OCD

Medical Diagnosis
69% of individuals reported a medical diagnosis

Most Common Medical Conditions (%)

- Gastro/Intestinal
- Neurologic
- Endocrine
- Cardiovascular
- Immunology/Allergy
- Sleep Disorder
- Obesity
- Genitourinary
- Pulmonary disorders
- Musculoskeletal

Crisis Intervention Outcomes
One major goal of a START program is to reduce emergency service utilization for the individuals we support. The chart below shows the percentage of individuals currently active in I-START with a history of psychiatric hospital admissions or ED use pre- and post- START enrollment.

<table>
<thead>
<tr>
<th>Disposition/Outcome of Crisis Intervention</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Maintain Setting</td>
<td>85%</td>
</tr>
<tr>
<td>Crisis Stabilization</td>
<td>7%</td>
</tr>
<tr>
<td>Other (incarcerated, referral to other</td>
<td>4%</td>
</tr>
<tr>
<td>Psychiatric Hospital Admission</td>
<td>2%</td>
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<tr>
<td>Emergency Department</td>
<td>2%</td>
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</tbody>
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Behavioral Health Outcomes
Another major goal is to reduce the frequency and intensity of behavioral health issues that can lead to crisis. Research shows that hyperactivity, irritability and lethargy are closely correlated with mental health conditions and emergency service use. Over time, statistically significant improvements in these subscales can be seen in individuals enrolled in I-START.

The Aberrant Behavior Checklist (Aman, Burrow, Wolford, 1997) is a 58-item psychopathology rating tool that has been widely used in the assessment of people with intellectual disabilities.