



Oregon

Kate Brown, Governor

Psychiatric Security Review Board

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TO: PSRB Case Managers, Treatment Teams
FROM: Juliet Follansbee, PSRB Executive Director
SUBJECT: START Reminders

Dear Community Providers,

AMH and PSRB conducted various state-wide START trainings throughout the State in the summer and fall of 2014. Many providers have regularly begun using the START to develop treatment plans and guide PSRB requests for modifications and privileges. At the April 27th statewide conference, we will be offering a morning session that will be a START refresher to follow up with you in your effort to integrate the START into your operations. The Board has a few reminders below as you continue to implement:

I. General

- The date START expires as well as the date the START is conducted **must be included** on the form.
- Time Frames should "**forecast**" **three months into the future** and utilize data **only from the prior three months**.
- Both **strengths** and **vulnerabilities** need to be scored in **all** categories.
- The St. Joseph's Healthcare and BCMH logos **must be present** on the for.

II. START Items

- Please remember to score **every item** under START Items, **even if** the client does not have a history of every item.

III. Signature Risk Signs

- Signature Risk Signs must be kept as **specific as possible** rather than general on the START.
- Not every client will have a signature risk sign.

IV. Specific Risk Estimates

- All **risks** must be rated on the Specific Risk Estimates section on the START, even if the individual has had no prior history of engaging in the behavior.
- All **T.H.R.E.A.T.** (Threat of **H**arm that is **R**eal, **E**nactable, **A**cute and **T**argeted) items **must** be scored each time.

V. **START Participants**

- Team members that participated in the START should **all be listed** on the form. Diffusion of responsibility and accountability are **key**.

VI. **Risk Formulation**

- The risk formulation is the section where the critical factors that have been identified are organized into a statement about cause and effect. There is no need to explain the basis for choosing the specific critical risk factors in the risk formulation. The risk formulation connects the risk factors to an identified specific risk behavior. For example, "If Mr. Smith experiences the loss of a significant relationship or is unable to work, his symptoms of depression increase and he is more at risk for substance abuse which increases his suicidality." In other words, "if [this], then [that]."

VII. **Health Concerns/Medical Tests**

- Please include a list of all relevant health concerns and medical tests.

VIII. **Success Formulation**

- Please include all factors that will **increase** the likelihood of personal success, and **decrease** the likelihood of an adverse outcome.

IX. **Risk Management**

- Every item (Monitoring, Treatment, Supervision and Safety Planning) must be described under risk management. Please be as specific as possible.

X. **Brief Summary of Historical Risk Behaviors Identified on START**

- Historical Risk Behaviors/Critical Items **must** be included in every START. Critical items relate to the factors from the **past** that were highly correlated with the adverse events we are trying to track, and therefore, **prevent**.
- Any additional case specific items need to be risk factors not otherwise captured by any other item or items. The idea is **not** to add case specific risk factors unless they are **outside** the band-width of the twenty items, e.g. "deviant arousal". For example, "domestic violence" is already captured in the relationship item and "anger management" is about coping. So neither would need to be added. An example of a unique case specific item might be "sexual arousal" where the vulnerability would be the deviant arousal itself and the strength would reflect whether the individual has insight and good management of sexual thoughts and urges. The item label, in other words, needs to be the core issue that has both positive and negative manifestations.

XI. **Assessment of Long-Term Risk**

- Please remember to include all completed formal assessments of long-term risk (e.g. HCR-20, VRAG) on the START.

- The date(s) the assessment(s) were completed, as well as the type(s) of assessment(s) completed **must** be included on START.

If you have any questions, please contact Elaine Sweet: phone: (503) 947-5068, fax: (503) 378-8467, email: elaine.sweet@state.or.us, or Juliet Britton: phone (503)-229-5596, fax: 503-224-0215, email: juliet.britton@psrb.org.