

GENERAL

- Always complete a START with multiple members of the treatment team.
- The timeframe of a START
 - Using information from the prior 3 months
 - To predict risk for the next 3 months
- STARTs can be used to inform treatment decisions, as rational/support for requests for increased independence or step downs in level of care, or as rational/support for increased monitoring/supervision or level of care.
- If you use a START as evidence in support of a request to the PSRB, reference your START in your request!

START ITEMS

- Use the START manual EVERY! SINGLE! TIME! when rating the START items.
- When completing the START items you're comparing the client to the average, well-adjusted person on the street- not the client's historical presentation, baseline presentation, to their peers, etc.
- If you include "Case Specific Risk" (found in the Specific Risk Estimates section), list them also as the "Case Specific Items" in the START items scoring area, and indicate with the 0-2 scores to what degree they have been present within the last 3 months.
- Between 3-5 Key and Critical Items is most helpful when possible

SIGNATURE RISK SIGNS

- Signature risk signs should be UNIQUE & SPECIFIC- most clients don't have one! These are things that are meaningful and idiosyncratic, meaning that they are directly indicative of an increase in risk and are unique to the client. Write "n/a" or "none known" if none exist.

SPECIFIC RISK ESTIMATES

- In the lefthand column under history, indicate any lifetime instances of the given behavior.
- Violence includes threats, attempts, acts of violence.
- T.H.R.E.A.T. stands for Threat of Harm that is Real, Enactable, Acute, and Targeted. If the answer to any of these is "yes", the treatment provider must immediately intervene to avert risk behavior. Document all actions taken. Potentially a Tarasoff Duty to Warn situation.
- When rating Specific Risk Estimates, remember that you are considering a client's risk within the next three months and "if given the opportunity". For example, you are not considering the client's risk of substance use while in their SRTF with all of their current restrictions/monitoring/supervision for the next 3 months, but rather what the level of risk would be if they were presented with an opportunity to use. What would the client do if they thought they could "get away with it". It's a rating that should reflect the client's internal coping skills and intrinsic motivation.
- A Case Specific Risk should be included if the client has any history (regardless of whether or not it is the instant offense) of fire setting/arson, sexual offending, or other specific risk not otherwise listed.

START PARTICIPANTS

- List all treatment team members who participated in the START well as their role on the treatment team.

HEALTH CONCERNS/MEDICAL TESTS

- You don't have to write a novel about health concerns but it's helpful to include pertinent information such as if the condition is new, if/how it's adequately managed, how/if it impacts their mental health or ability to engage in treatment, if they decline medical treatment, etc.
- This can include historical conditions (ex: client had a heart attack 3 years ago), does not have to be just the last 3 months

RISK FORMULATION

- Be specific!
- Risk formulation should take into account all information about a client- not just the last 3 months
- There should be a risk formulation for every specific risk estimate the client has a history of (violence, self-harm, suicide, unauthorized leave, substance abuse, self-neglect, being victimized, case specific risks)
- Should follow a basic "if this and this, then this, risk of this" type formula- what factors (substance use, stressors, lack of treatment, etc) leads to what mental state (specific symptoms) leads to what specific risks (historically, what has occurred when those factors are present, what is worst case scenario from past events). The critical items you identified in the START should be reflected in the factors that lead to risk scenarios.

SUCCESS FORMULATION

- Similar to risk formulation, be as specific as possible. Key items from the START items should be reflected in the success formulation.

RISK MANAGEMENT

- Include details that are current and specific to client's conditional release and other guidelines, level system, rules, services
- Include any specific measures to be taken in safety planning for client, including supports that could be contacted (include PSRB, treatment team supports, other professionals involved with/relevant to client's care, and support system where appropriate)

HISTORICAL RISK BEHAVIORS

- This information does not need to be redone every time the START is completed, but must be updated to include new events as applicable
- Be specific but brief! You don't need to include all of the details, but enough to give a snapshot. For example, in the history of violence section you might include something like "client's instant offense occurred in 2014 and involved the client pointing a loaded gun at unknown persons in a Safeway parking lot" or "records indicate client had a suicide attempt via overdose on prescription medication in their early 20's, no additional information available".