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Denver START 2021 - 2022 Annual Report

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INTRODUCTION



Members of Denver Start and Dr. Joan Beasley, Founder and Director Emeritus of the National Center for START Services.

Rocky Mountain Human Services (RMHS) is a non-profit human service organization that provides services to more than 4,500 individuals with intellectual/developmental disabilities (I/DD) annually. RMHS is designated as the Community Centered Board for Denver, and as such, functions as a local hub and resource for individuals with I/DD and their families who need assistance. In 2021, Denver Human Services (DHS) awarded RMHS a 3-year contract to develop a local START program through a competitive bid process. Denver START is funded by local taxpayer dollars through DHS's Intellectual and Developmental Disabilities Equitable Access to Services (IDDEAS) program. The START program, which stands for Systemic, Therapeutic, Assessment, Resources and Treatment, is a nationally recognized model with a rich history of success. START is a research-based model of community crisis prevention and intervention services. Developed in 1988, the National START model aims to improve diagnosis and treatment, support effective services, create service linkages, promote health and wellness, and decrease the need for emergency services.

DHS has contracted with the National Center for START Services to provide training to the Denver START program in an apprenticeship model. We are supporting individuals from ages 6 and up while working toward certification as a START program. The activities in this first year of our contract have been focused on team development, community awareness, START coordination training, and learning and implementing the START model philosophy and methods.

RMHS's focus in developing the Denver START program, as with our other programs, has been on attending to and respecting cultural differences, as well as identifying and addressing barriers to access.

STAFFING

Much of the focus in this first year has been on recruiting and developing a highly qualified and diverse team. Recruitment priorities focused on cultural diversity, cultural humility, inclusive attitudes, linguistic diversity, openness to learning, expertise in IDD, expertise in mental health, and attention to team dynamics. All of this occurred in the context of historic shifts in employment practices, aka “the great resignation”. RMHS utilized several avenues to accomplish this: the strengths of our HR department, connections of our existing staff, and community partners such as El Grupo de Vida and Servicios de la Raza. As we brought on program leadership, those leaders were able to use their expertise and connections to recruit team members.

LEADERSHIP TEAM

Program Director: Brian Tallant is a Licensed Professional Counselor and has been a clinician and an administrator of specialized mental health programs for youth with IDD in the Denver metro area for over 25 years. Brian is a contributing member of the National Child Traumatic Stress Network’s Trauma & IDD Expert Panel. Brian also serves on the Board of Directors for NADD, an association for individuals with developmental disabilities and mental health needs, and Brian carries the NADD Clinical Certification credential.

Clinical Team Lead: Mariam Alami is a Licensed Social Worker who obtained her Master of Science in Social Work from Columbia University in the City of New York and has over a decade of comprehensive social work experience working with diverse individuals and families experiencing street homelessness in the South Bronx, NY. Mariam identifies as bi-racial and bilingual woman, who fiercely advocates for people who have layered vulnerabilities and are historically underserved.

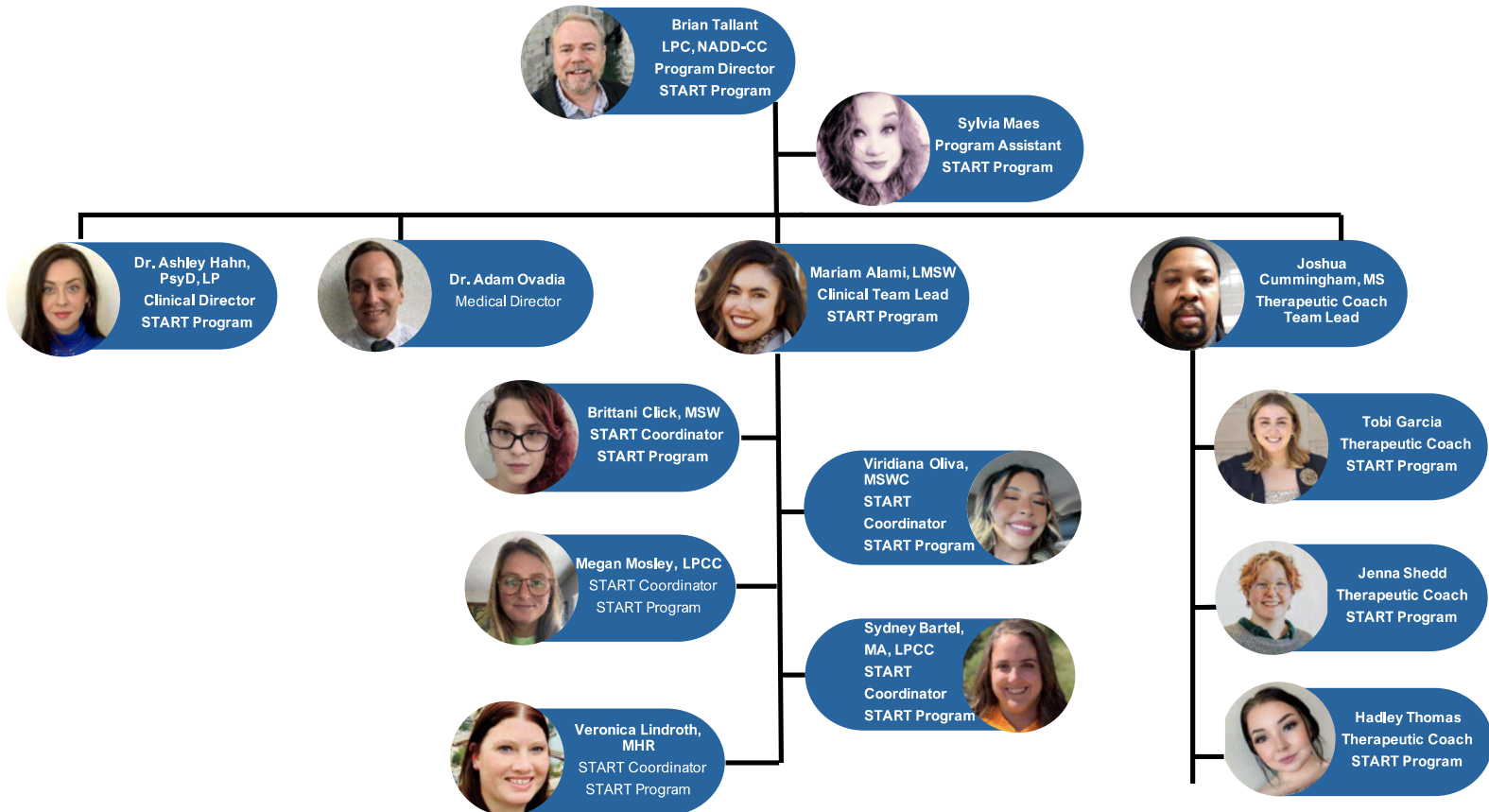
Therapeutic Coach Team Lead: Joshua Cunningham has worked in the human services field for over 20 years. Joshua was Director of a Community Living and Support Service in Indiana where he helped develop group homes, 24hr care homes, and apartment living for individuals with Developmental Disabilities. Joshua has a master’s degree in Community Psychology/Counseling and bachelor’s degree in psychology from Martin University. He is also a person with lived experience in the juvenile justice and child welfare system. As a black man living in our community, Joshua brings a leadership perspective that is critical in our efforts to become a non-racist organization.

Clinical Director: Dr. Ashley Hahn was a clinical psychologist in the Developmental and Behavior Health program at Rocky Mountain Human Services prior to joining the Denver START team. She received her doctoral degree in Clinical Psychology from Adler University in Chicago. She spent her psychology residency and fellowship years at a non-profit in Minnesota specializing in autism, mental health, and neuropsychology. Dr. Hahn brings her experience and perspective as a clinical psychologist to enhance the Denver START team’s work.

Medical Director: Dr. Adam Ovadia is a psychiatrist who received his medical degree from the Zucker School of Medicine at Hofstra/Northwell in Hempstead, NY and trained in psychiatry at Westchester Medical Center in Valhalla, NY where he worked on a variety of projects, including the design and construction of a Snoezelen room for a child inpatient unit as well as a COVID helpline for the community of northern Westchester County, NY. Dr. Ovadia contributes his medical expertise, along with his broad knowledge of mental and physical health to the Denver START team.

DENVER START TEAM MEMBERS

In addition to the leadership, the Denver START team consists of START Coordinators who are master's level clinicians with a range of professional and lived experience in mental health and developmental disabilities. The team also includes Therapeutic Coaches who are primarily bachelor's level professionals possessing a variety of professional and lived experience in mental health, human services, and developmental disabilities. The Denver START team also has a Program Assistant who provides administrative support and coordination.



START COORDINATOR CERTIFICATION

The National Center for START Services provides START Coordinator certification training for key individuals working in the program. START coordinators and START leadership complete an 18-week course, submit peer-reviewed work samples, and provide case presentation for review to become certified.



To date, Mariam Alami and Joshua Cunningham have achieved START Coordinator Certification, and Brian Tallant is under document review as the final step of Coordinator Certification. All Denver START coordinators and clinical director are close to achieving START coordinator certification.

COMMUNITY ENGAGEMENT

ACTIVITIES OF THE PAST YEAR



Established START office phone number, email, and crisis line



Implemented daily morning crisis team triage meetings and weekly clinical team meetings



Developed Denver START logo and began work on outreach and website material



Developed therapeutic coaching goals and began engaging clients in therapeutic coaching visits



Received training on documenting our encounters in RMHS data systems and START Information Reporting System



Began accepting internal referrals from RMHS in June 2022 as an opportunity to work through procedural issues prior to a public launch



Developed and began implementing screening and referral process and procedure in conjunction with RMHS CCB Crisis Specialist, Kelly Graf



Created a geographic boundary in which we can provide in-person crisis support for youth in the custody of Denver DHS. While most Denver START services are confined to the boundaries of Denver City and County, we can serve youth in the custody of DHS who are placed outside of Denver. Therefore, it was important to create a boundary in which Denver START can provide effective, in-person crisis support.



Established START crisis line and started 12 hour, 5 days a week crisis response



Developed 24/7 on-call schedule for Coordinators and Administrators to be implemented upon public launch



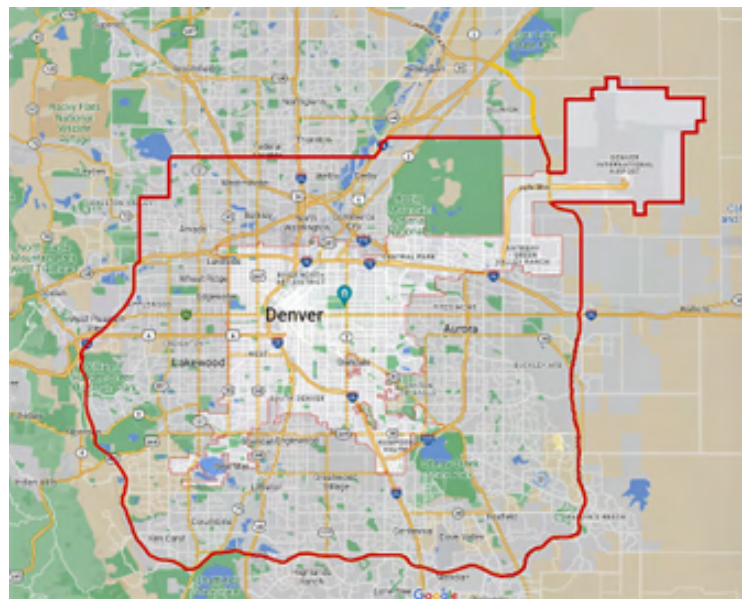
Enrolled all START staff in START Coordinator Training Groups.



Developed START Coordinator mobile crisis response tool kits and emergency response protocol



Enrolled all staff in NCSS Practice Groups to receive training and support from other START programs and staff



This map demonstrates the current boundaries of Denver START services for youth that are in the custody of Denver DHS.

PUBLIC LAUNCH EVENT FOR DENVER START

On September 22, 2022, Denver START held its public launch event at Clayton Early Learning in coordination with the National Center for START services. The purpose of the launch event was to provide community stakeholders with information on the START model's philosophical and clinical foundations, provide the community with referral parameters and procedures, and celebrate the preparatory hard-work and anticipated outcomes and benefits the program brings to the community.

Participants were provided with Denver START promotional items to generate awareness of the program and express thanks to our community partners. The event began with a welcome from Dr. Joan Beasley, Founder and Director Emeritus of the National Center for START Services.



Denver Start launch event.

Dr. Beasley went on to present the START model's mission, values, as well as research and practice methodologies. Dr. Beasley's presentation was followed by the inspirational keynote address by Dr. Dan Tomasulo, the nation's most prolific writer and speaker on Positive Psychology, a key element of the START model.

Dr. Tomasulo's presentation emphasized that positive experiences, engagement, relationships, meaningful activity, and accomplishments are the keys to holistic wellbeing of all people, including those with intellectual and developmental disabilities.

Dr. Tomasulo's keynote was followed by Mr. Brian Tallant and Dr. Jodi Litfin presenting the new Denver START team to the community. Mr. Tallant introduced the START team members, presented key program development milestones, and outlined referral parameters and procedures for the community partners to make referrals to the program. Dr. Litfin discussed future goals and possible directions of the Denver START program and stressed the importance of community partner involvement. RMHS and DHS communications and outreach departments are in the process of providing a press release of the Denver START launch event to various media outlets.



Dr. Joan Beasley



Dr. Dan Tomasulo

PROFESSIONAL DEVELOPMENT

In exchange for providing linkage and support to the Denver START team, the Denver START Advisory Council and other community partners are encouraged to participate in training activities facilitated by the National Center for START Services. Denver START staff actively provides registration information to community partners and encourages their registration in three significant training opportunities offered by NCSS:

Mental Health Aspects of Intellectual/Developmental Disabilities Professional Development Series is designed to build expertise in professionals through evidence-based instruction and best practices. These courses are targeted to specific roles within human service delivery to enhance the ability to provide effective services for people with IDD and mental health needs. The IDD-MH Professional Development Series course instruction is provided by experts in the field from both professional and lived experience perspectives. Target audience for current virtual course offerings: Mobile Crisis Responders, Care Coordinators/Managers, and Direct Support Professionals.

START National Online Training Series on Mental Health and IDD: This annual online training series is designed to provide innovative and topic-focused online training to professionals that serve individuals who experience IDD and mental health needs. Pre-recorded trainings from this series are released once a month to the START Network and other partners from September through April. Live virtual Q&A sessions are held with each month's presenter on the Friday following the release of the training. UNH CEUs are available at no cost.

START National Training Institute (SNTI): The annual training event hosted by NCSS. The SNTI brings together hundreds of START team members, self-advocates, families, and national & international leaders in the field of IDD-MH to share expertise, tools, and best practices. The training institute spans two and a half days and features keynote addresses, panel discussions, a research poster session, and breakout sessions from content-focused strands. This year's SNTI was online due to COVID restrictions, but future events will be in-person. START teams are required to send program representatives to the SNTI. Often program leadership attend along with START coordinators, counselors, and coaches when possible.

CLINICAL EDUCATION TEAMS (CETS)

An important component of START fidelity is the provision of Clinical Education Teams. Clinical Education Teams (CETs) are learning forums for START teams and community partners to learn together in the context of an active case. The interdisciplinary CET team is developed by the START Clinical Director and may be comprised of START team members, local mental health clinicians, IDD, emergency, and/or inpatient service providers.

Denver START has completed three Clinical Education Team (CET) meetings with community partners which included learning through an active case and an accompanying didactic portion. Didactics have included the following topics, Executive Functioning Differences, Overlapping Symptoms of Autism Spectrum Disorder and Trauma, and lastly Trauma and Attachment. During each CET meeting, community partners help brainstorm clinical questions regarding each of these unique client presentations as it relates to a deidentified case summary. CETs have helped our clinical team understand other community organizations, resources available in Denver County, and creates clinical discussions helpful for all mental health providers in attendance. An average of 15 different community partners have attended each CET and we have received positive feedback from community partners via surveys completed after each CET.

ADVISORY COUNCIL

Once the Denver START contract was secured by Rocky Mountain Human Services, Dr. Jodi Litfin, Crystal Porter of Denver DHS, and other members of RMHS and DHS leadership began making connections and corresponding with key community stakeholders in Denver who had a vested interest in the outcomes of the Denver START program, forming the beginnings of the Denver START Advisory Council. Representatives were sought from key organizations such as child/adult protective services, Denver hospitals, behavioral health providers, Denver Public Schools, disability advocacy programs, disability provider organizations, and other private and governmental entities involved in the care of people with intellectual disabilities and people who have mental health conditions.

Denver START is dedicated to having people with lived experience front and center of our Advisory Council. The Denver START program now has an Advisory Council that consists of a family member of persons with lived experience as well as representatives from these organizations:

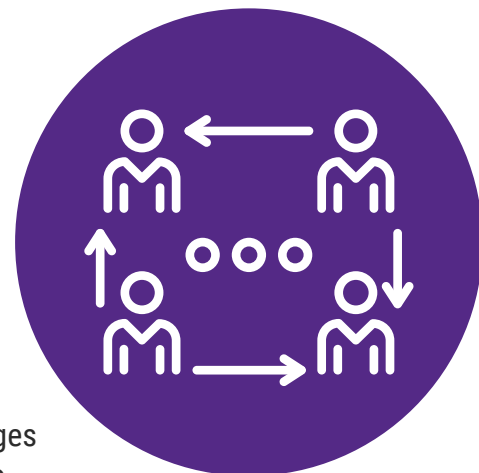
DHS IDDEAS Program, Denver DHS Adult Protective Services, DHS Child Welfare, DHS Complex Care Team, Denver Office of Children's Affairs, Denver Dept. of Public Health and Environment, Denver Police Department, Denver Health, UC Health, Colorado Children's Hospital, Denver Public Schools, JFK Partners, Laradon, Denver Rescue Mission, CFPD Mission Supports, Tiny Home Village, WellPower, Aurora Mental Health Center, Colorado Access, Office of Employment First, Denver Municipal Public Defender's Office, Advocacy Denver Partnerships and Linkage Agreements

PARTNERSHIPS AND LINKAGE AGREEMENTS

A key component of the START model is creating community capacity and competency supporting mental health and wellness of people who have an IDD. The Center for START Services has empirical evidence that demonstrates that when agencies work together, clients thrive, and the systems around them become more efficient and effective. START Linkage Agreements are an essential component of the model that promotes interagency understanding of roles, responsibilities, and promotes accountability when serving this population.

Denver START has its first formal Linkage Agreement in place and is in various stages of seeking out and solidifying additional agreements. Denver START is dedicated to developing Linkage Agreements with behavioral health providers within the city limits who are open to receiving training and consultation on the IDD population, and who agrees to work collaboratively with Denver START.

We are currently targeting other organizations for Linkage Agreements that START Coordinators deem necessary based on concentrations of shared clientele and the need for support and collaboration.



DEMOGRAPHICS

As of Oct. 17, 2022, Denver START has received a total of 34 referrals, and currently has 18 active clients. Those client demographics break down as follows:

AGE:

6-12 years	12-18 years	18-25 years	25-40 years	40 and over
0	5	5	8	0

ETHNICITY:

Black, Afro-Caribbean, African American	East Asian or Asian American	Latino or Hispanic American	Middle Eastern or Arab American	Multicultural	Native American or Alaskan Native	Native Hawaiian or other Pacific Islander	Non-Hispanic or White or European American	South Asian or Indian American
6	0	4	0	0	0	0	8	0

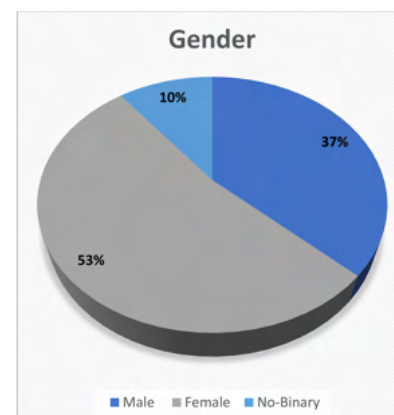
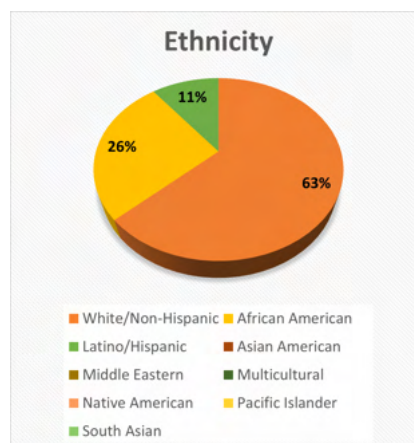
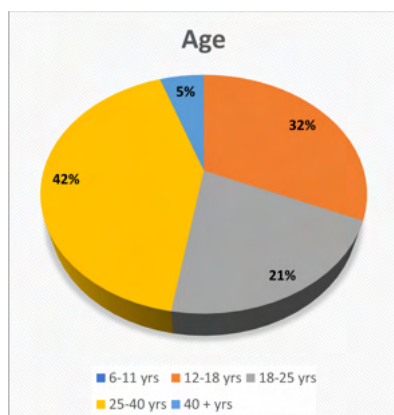
GENDER:

Female	Male	Non-binary
7	8	3

RESIDENTIAL SITUATION:

AFL EFC Host Home	Family/Relative Home	Foster Care Home	Homeless Sheltered	Independent Living
7	7	1	1	2

*AFL: Alternative Family Living *EFC: Enhanced Family Care



CLIENT SERVICES

At the core of all Denver START practices and services are the guiding principles and philosophies of the START model. Listed below are the foundations of our services:

The Three A's (Access, Appropriateness, and Accountability) guide Denver START by assuring that all services, including those provided by the START team, are inclusive, community based, and timely. Services must also be cost effective and driven by data and outcome measures. To promote capacity within a system, all members must be accountable to the individual and to each other. By promoting the Three A's of service effectiveness, Denver START can continue to work toward the development of a comprehensive system of support and intervention that builds capacity.

START GUIDING PRINCIPLES:

Each of START's guiding principles are identified in literature as best practices:

- **Positive Psychology and Strengths-Based Practice:** Positive psychology is the scientific study of strengths that enables individuals and communities to thrive. It is founded on the belief that people want to lead meaningful and fulfilling lives. The three pillars of positive psychology are 1) positive experiences; 2) positive individual traits; and 3) positive institutions. Positive psychology is built on the concept of character strengths, the psychological ingredients for displaying human goodness.
- **Person and Family-Centered:** A person and family-centered approach to service planning and delivery includes fostering mutual respect, expertise, shared experiences, and partnerships between service providers, families, and individuals receiving services.
- **Cultural and Linguistic Competence:** Culture is at the core of our humanity. Everyone has a cultural perspective that helps us to know who we are.
- **Trauma-Informed Care:** A trauma-informed approach is broader than trauma-specific services or trauma systems and is considered an essential part of behavioral healthcare.
- **BioPsychoSocial Approach:** The biopsychosocial approach considers the biological, psychological, and social strengths and vulnerabilities related to mental wellness and how these different factors influence one another.
- **Wellness:** The World Health Organization defines wellness as a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.

STRUCTURAL SYSTEMIC PRACTICES AND INTERVENTIONS:

The structural systemic model of intervention emphasizes structural change as the main goal. This model provides a framework for a consistent way of operating and thinking about people within the context of their system of support rather than a prescribed list of strategies and interventions. START Coordinators provide Structural-Systemic Interventions such as joining, shifting, active listening, reframing, providing outreach and linkages as ways to form functional hypotheses and develop common goals.

START COORDINATORS

At the heart of the Denver START program is the Clinical Team Lead and the 5 START Coordinators. The START Coordinators are the core service providers who carry caseloads and implement the START Guiding Principles through a myriad of services provided directly to clients.

In-Depth BioPsychoSocial Assessments: The START Intake Assessment is the process of meeting, in-person, with the individual enrolled in services, the primary caregivers, and other members of the team to gather important information about historical and current circumstances that resulted in a referral for services. Assessment tools include:

- The START Intake (includes ecomap)
- Aberrant Behavior Checklist (ABC)
- The Family Experiences with Mental Health Providers for Persons with Intellectual and Developmental Disabilities (FEIS)
- Strength Spotting Tool
- Recent Stressors Questionnaire (RSQ)
- Caregiver Perception of Stress Questionnaire
- Matson Evaluation of Drug Side Effects (MEDS)

Developing START Plans: The START Plan is a semi-structured assessment tool. It is designed to: 1) evaluate the stability of an individual with intellectual/developmental disability (IDD) and co-occurring mental health concerns, and 2) measure the capacity of the formal and natural support systems available to meet their needs. The purpose of the assessment is to guide the selection of START services, promote optimal outcomes for the individual and their system, and track changes in clinical needs and service outcomes over time.

Provide Comprehensive Service Evaluations: Comprehensive Service Evaluations (CSEs) provide an in-depth review of a person's treatment and service history to identify opportunities to strengthen outcomes.

Develop Cross-Systems Prevention & Intervention Plans: The CSCPIP is a person-specific, written plan of response for acute crises. The CSCPIP provides a clear, concrete, and realistic set of supportive interventions that de-escalate, and protect the person from experiencing a behavioral health crisis. Interventions in the CSCPIP are positive and solutions focused, promote reassurance for all involved and build on strengths and skills of the person and team. Development of the CSCPIP is facilitated by the START Coordinator with the person's circle of support.

Provide 24-hour Crisis Response: Emergency on-call supports that are available 24 hours a day, 7 days a week. Telephone access is immediate, and in-person response occurs within two hours of contact. Each START team member has on-call responsibilities, including the director, team leaders, and clinical director. While coordinators provide mobile on-call supports for 24-hour periods at a time, the director, clinical team leader, and clinical director provide backup clinical and administrative support as well. Every crisis call requires an in-person follow-up visit within 24 hours.

ACTIVE CLIENTS & DOCUMENTATION COMPLETE:

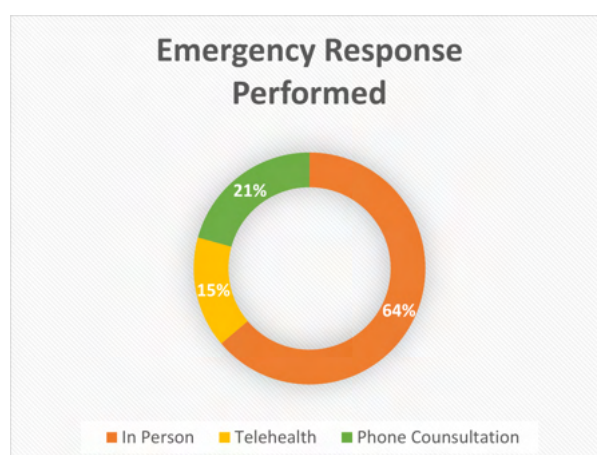
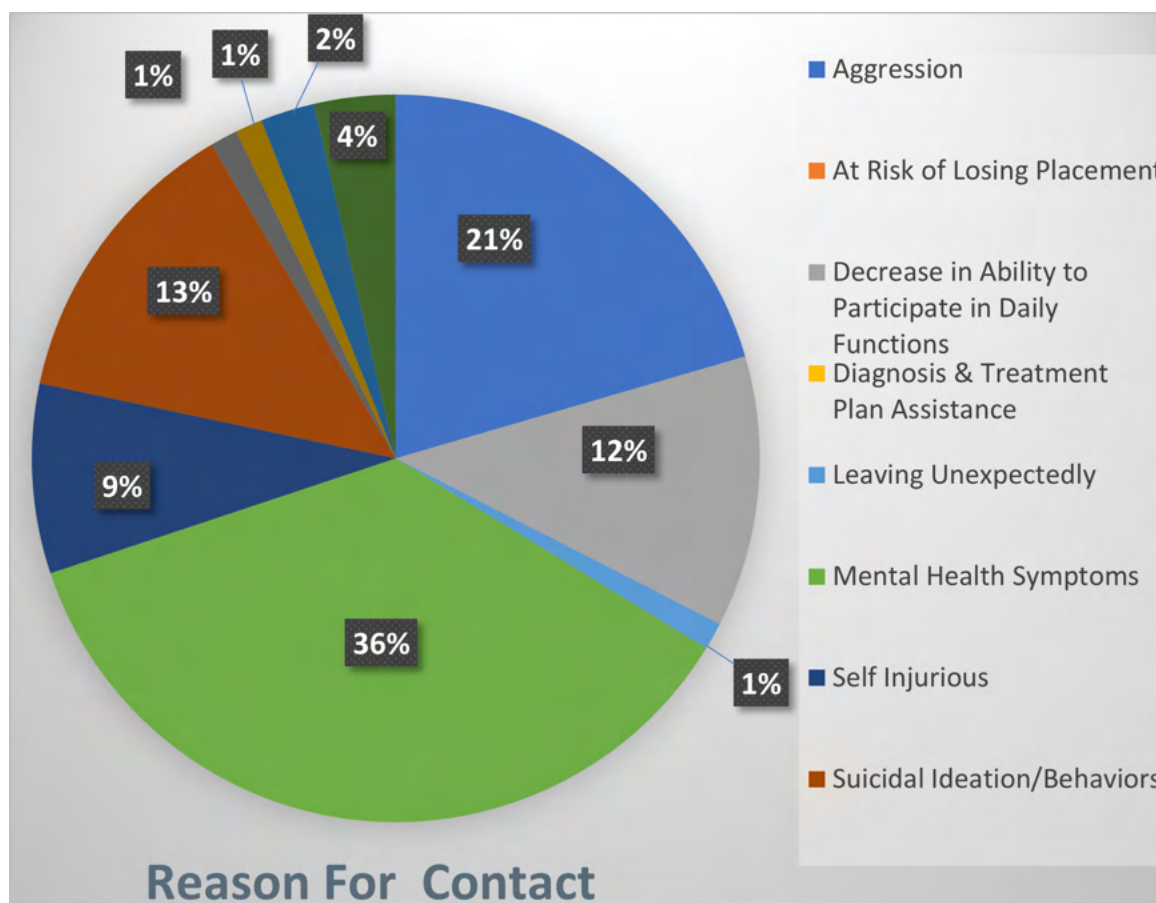
Active Clients	Intake Assessments Complete	CSCPIPs Complete	START Plans
18	17	12	8

CRISIS CALLS:

Prior to Public Launch (9/22)	After Public Launch
9	35

CONSULTATION TYPE:

Telehealth	In Person	Phone Only
9	35	6



THERAPEUTIC COACHING:

Coaching is an evidence-based approach designed to strengthen and build capacity of the person receiving coaching (often a family member/caregiver along with the START enrollee). Coaching supports build a person's ability to improve on existing circumstances, develop new skills, and engage in identifying meaningful life activities. Coaching is most effective when it is intentional, specific, and addresses clear goals.



**Performed 200
Therapeutic coaching
sessions for clients**

START coaching is effective because coaches meet the caregiver and the person where they are. Goals are developed jointly and take the culture, values, and beliefs of those involved into consideration. Coaches also consider environmental factors that might impact emotional well-being and assist caregivers to neutralize these factors when possible. Another characteristic of coaching is that it is accomplished in the person's home setting (or other environment where challenges may be occurring). This is important because it allows for the generalization of skills learned to the home, school, and community settings.

START coaching involves the five key qualities adapted from Rush and Sheldon's coaching framework: joint planning, observation, action (intervention), reflection, and feedback.

Denver START Therapeutic Coaching Team Lead and Clinical Director began a series of meetings with the Denver START Coordinators and Therapeutic Coaches to develop individualized therapeutic coaching goals and objectives for identified START clients. The team purchased coaching materials and scheduled regularly occurring coaching sessions with clients to work intensively over a six-to-eight-week period. Therapeutic Coaches began working with clients to equip them with tools and develop necessary skills to be successful in implementing their Cross Systems Crisis Prevention and Intervention Plans. The Therapeutic Coaching team continues to engage clients in their homes to meet client needs and enhance crisis prevention plans.

OUTCOMES

REFERRAL INFORMATION

Although the initial numbers to analyze are small, we believe that our referrals are on track in representing the target population that Denver START is designed to serve. We believe that these initial clients referred to the program are to be expected in terms of demographics and living arrangements.

When analyzing client referral information, the following data shows reasons for START referral as well as reasons why some referrals were not accepted and were referred elsewhere.

When analyzing referral data, it can be noted that Denver START is currently receiving several inappropriate referrals, mostly due to referred clients not living within the Denver city limits. This is likely due to Denver START's existence spreading by word-of-mouth without the accompanying appropriate referral information. We believe that more community education is needed through ongoing communication and outreach efforts. RMHS and Denver DHS are currently collaborating on community communication and outreach efforts, as well as additions and revisions to the RMHS Denver START website.

Research shows that people with co-occurring IDD and mental health challenges move frequently due to failed placements or transitions to less restrictive settings. This is turning out to be a variable that the Denver START team must contend with as we have already experienced significant movement of clients in and out of the Denver service area. We have begun to develop relationships with providers in the greater Denver metropolitan area to facilitate transitions in and out of the Denver START program.

Denver START Coordinators are being trained in the screening process so that the program can continue to be responsive to urgent referrals in a timely manner. As to date, all referrals to the Denver START program have been screened, assigned, or referred within 72 hours of initial contact.

INACTIVE CASES:

Moved out of Denver	Voluntary Request to Stop Services	Found Ineligible After Provisional Acceptance	Client and/or Family Not Interested	Unable to Make Contact
5	2	2	1	1

INAPPROPRIATE REFERRALS:

Does Not Reside in the City & County of Denver	Does Not Have an IDD Diagnosis	Needs Service Coordination Rather Than START	Looking to Become a Paid Caregiver
10	2	2	2

APPROPRIATE VS INAPPROPRIATE REFERRALS:

Appropriate	Inappropriate
18	16

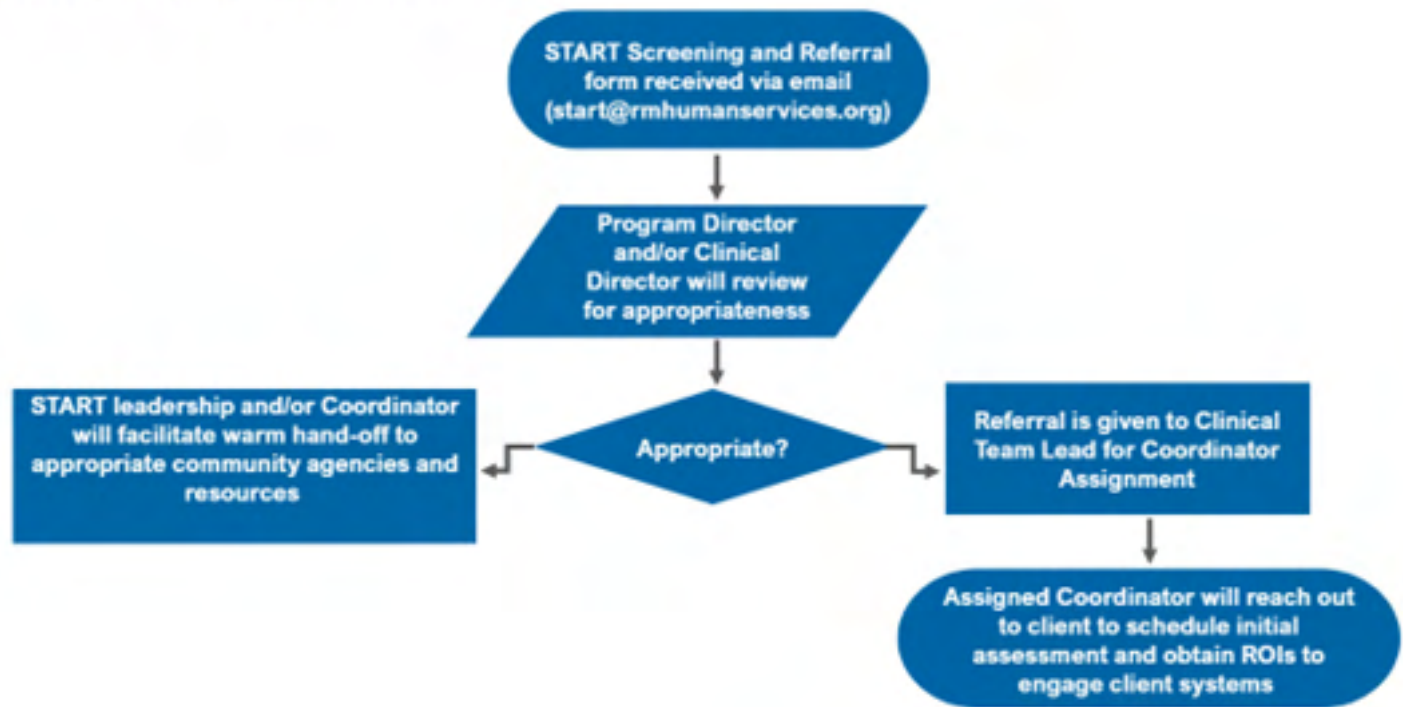
CLIENT STATUS:

Active Clients	Inactive Clients
18	11

ACTIVE CLIENTS & DOCUMENTATION COMPLETE:

Active Clients	Intake Assessments Complete	CSCPIPs Complete
18	17	11

Program Referral Process Flowchart



PROGRAM CERTIFICATION AND VISIONS FOR THE FUTURE

In the initial stages of program development, Denver START struggled with labor shortages and challenges in the initial hiring process, however, Denver START is now ahead of schedule and is anticipated to achieve program certification before the projected three-year timeframe. With the program fully staffed, the current number of clients served, the number of Community Education Teams provided, and the number of Linkage Agreements in development, it is hopeful that Denver START will begin the application process in late 2023. Currently, Denver START is focusing on developing these key competency areas:

- **Evidence Based Practice:** Focus on quality of data entry, data reporting, evidence-informed practices and decision making, understanding how data informs clinical and caseload decisions, and stakeholder surveys and feedback.
- **Training, Outreach, and Linkages:** Enhancing our outreach and training, Clinical Education Teams, our Advisory Council, and development of Linkage Agreements.
- **Clinical Team:** Enhancing clinical team operations, crisis intervention and supports, systemic consultation and tertiary care, positive psychology and PERMA (Positive emotion, Engagement, Relationships, Meaning and Achievement), interdisciplinary approaches, team staffing pattern and supervision processes, and records review.
- **START Therapeutic Coaching:** Ensuring Therapeutic Coaching meets NCSS standards in referrals and caseloads, application of guiding START principals, collaboration with caregivers, families, and community providers, and utilizing feedback from stakeholders.

SUMMARY



Rocky Mountain Human Services has successfully staffed the new Denver START program. A Denver START Advisory Council has been formed with over 25 community stakeholders supporting the program. The Denver START team has developed policies, procedures and developed an operational infrastructure, and is well into its apprenticeship style training. After a successful soft-launch training, and a well-attended public launch of the program, Denver START is actively providing timely, in-depth, assessments, developing crisis prevention and intervention plans, and providing round the clock crisis support for some of Denver's most vulnerable residents with IDD and serious mental health conditions.

RMHS is grateful to the City and County of Denver for its generosity to people with IDD and co-occurring mental illness. We are honored to serve these individuals every day. RMHS is excited to make the highly anticipated START model a reality for the city of Denver and its residents. We are looking forward to working with the city and community stakeholders to generate the anticipated outcomes of these empirically supported services, and we are confident that benefits of this program will not only fill needed services gaps, but lessen the strain on existing crisis services, and ultimately contribute to the safety, wellness and overall well-being of people with IDD in Denver.

