

**START: From Pilot to Program – Medical  
and Systemic Level Lessons Learned from  
Denver START’s Crisis Model for People  
with Autism and Developmental  
Disabilities**

April 2026



# Learning Objectives

- 1: Recognize common medical contributors – including sleep disorders – that present as behavioral crisis in individuals with Autism and other Intellectual and/or Developmental Disabilities.
- 2: Learn from case examples demonstrating how medical complexity drives behavioral dysregulation and how coordinator systemic interventions improve outcomes.
- 3: Apply practical strategies to improve early identification of medical drivers, enhance cross-system collaboration, reduce crisis – even in communities without START.

# Reframing Crisis for People with Autism and/or IDD

Increased vulnerability of crisis (behavioral and/or medical) in Autism and IDD population.

Behavioral dysregulation might be medical communication.

Risk of diagnostic overshadowing leading to misidentification of underlying medical conditions and increase risk of crisis.

Common medical contributors impact crisis – including sleep disorders.

# Sleep Disorders in Autism & IDD

High prevalence of sleep disorders in Autism and IDD population.

Sleep disorders impact irritability, aggression, mood instability, and executive functioning.

Medical conditions, including sleep disorders, may present as “psychiatric instability”.

Psychotropic side-effects (polypharmacy risks, communication barriers, dosing sensitivity).



**Medical Themes:**  
Sleep Concerns &  
Gastrointestinal Issues

# Case Example

**Reason for START Referral:** Mental health symptoms, frequent hospitalizations, and family needed assistance.

**Diagnostic Profile:** Mild Intellectual Disability, Autism Spectrum Disorder, Anxiety Disorder, Bipolar Disorder (unspecified), Sleep Concerns, Gastrointestinal Issues, Neuroleptic Malignant Syndrome, and Nutritional Disorder.



# National START Model

What is START?

**S**ystemic  
**T**herapeutic  
**A**ssessment  
**R**esources  
**T**reatment

Developed in 1988 by Dr.  
Joan Beasley;

Center for START Services  
is currently based at the  
University System of NH

Evidence-based model for  
crisis prevention and  
intervention with  
biopsychosocial approach

Comprehensive mental  
health service supports  
  
Optimizes independence,  
treatment, and community  
living for persons with IDD-  
MH needs

Capacity building for Denver

Promotes positive outcomes  
and experiences for  
individuals with IDD and  
mental health needs;  
reduces emergency services

# Why Denver Needed START

- Systems-level challenges:
  - Limited access to behavioral health treatments for people with dual diagnoses
  - Systems barriers to services; Lack of professional expertise
- Stakeholder voice:
  - [2018 IDDEAS needs assessment](#) - lack of adequate mental health services a “big problem” (65% of respondents)
  - 2019 [IDDEAS Advisory Council](#) recommendation – Explore providing mental health services through the START model
- Gaps in crisis response:
  - Gaps in prevention and intervention services
  - Overreliance on law enforcement, first responders, and emergency services
- DHS vision for Denver START – Anticipated Benefits:
  - strengthen Denver’s safety net for persons with I/DD and mental health
  - Reduce use of emergency services
  - Increased community involvement and linkages
  - Increased wellbeing for people with I/DD and their caregivers

# From Pilot to Nationally Certified Program

Denver START Program Pilot Development Phase.

National Center for START Services Certification Process and Achievement.

Building community capacity based on data prevalence and trends in Denver.

# START Program Outcomes

Reduced use of emergency services and state facility/hospital stays

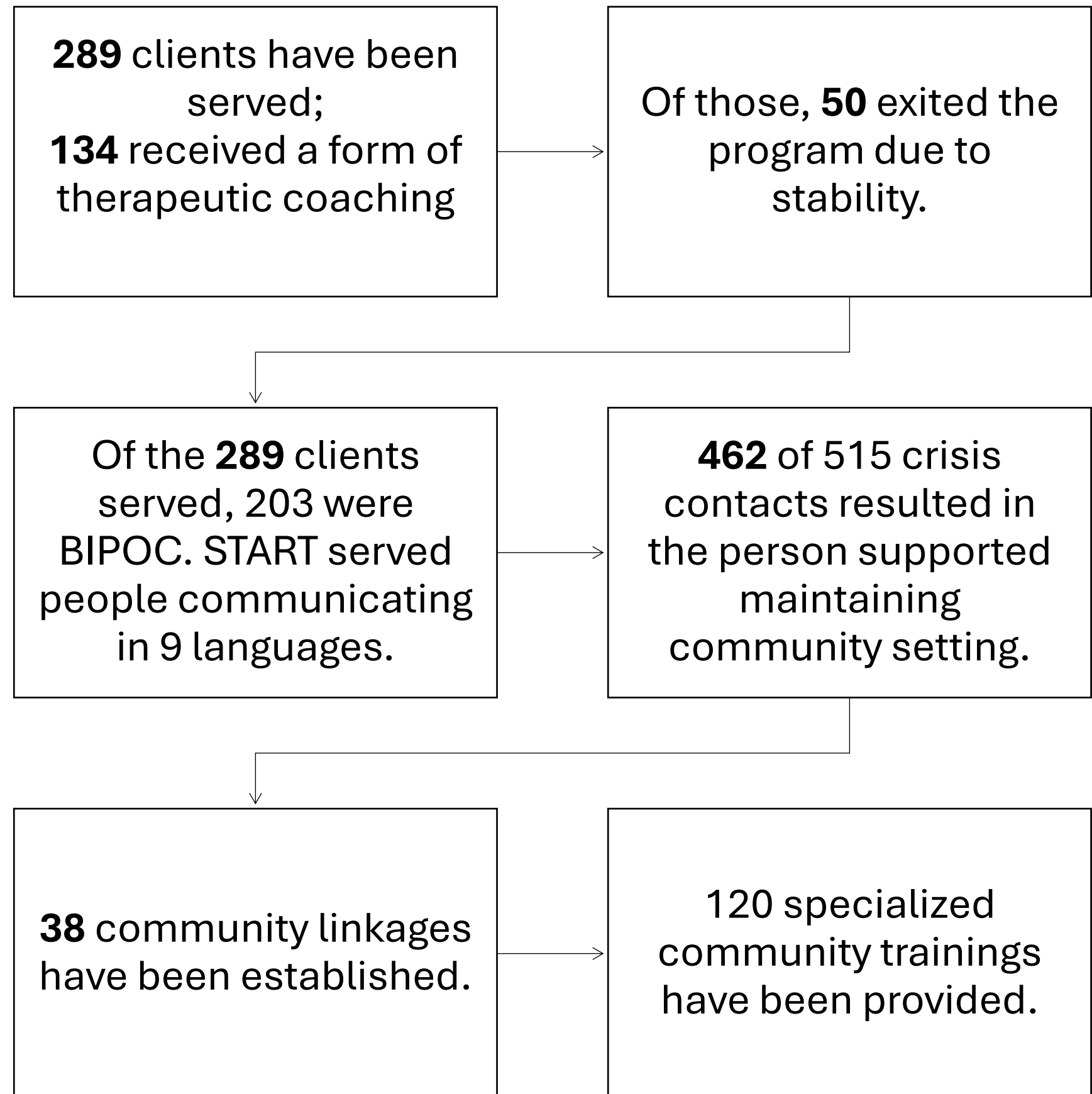
Cost-effective service delivery across community systems

Increased community involvement and IDD-MH crisis expertise in Denver

Strengthened linkages that enrich systems, increase resources, and fill service gaps

Overall higher rates of satisfaction and wellbeing by families and care recipients

# Denver START achieved National Certification in January 2025



# Systemic - Level Lessons Learned

Integrating medical and behavioral care is essential to accurately identify and address drivers of crisis in individuals with Autism and/or IDD.

Crisis systems benefit from adapting approaches to better meet the unique needs of individuals with Autism and/or IDD.

Proactive, cross-system collaboration is critical to reducing crisis frequency and improving outcomes.

Using prevalence data and trends helps identify system gaps and informs targeted improvements in care delivery.



**Medical Themes:**  
Cardiovascular  
Disease, Sleep  
Concerns, & Diabetes

# Case Example 2

**Reason for START Referral:** Aggression and mental health symptoms

**Diagnostic Profile:** Autism, Attention-Deficit/Hyperactivity Disorder, Borderline Personality Disorder, Post-Traumatic Stress Disorder, Cardiovascular Disease, Sleep Concerns, Chronic Physical Pain, Diabetes, Gastrointestinal Concerns

# What Communities Without START Can Do

## **Tips to Prevent Diagnostic Overshadowing:**

Assume behavior is communication.

Rule out medical causes before attributing presentation to psychiatric diagnosis.

Document baseline vs. acute change.

Involve support system to gain cross-systemic understanding and historical data.

Utilize bio/psycho/social approach to understand the person and ask them to describe their symptoms in detail.

# What Communities Without START Can Do

## **Brief Medical Questions:**

What has changed medically over the past 6 months?

Have there been any recent medication adjustments?

Are there any signs of pain or physical discomfort?

What has sleep looked like in the past two weeks?

Have there been recent changes (increase or decrease) in energy level?

Is this behavior new, escalating, or different from baseline?

*\*These prompts can be incorporated into intake, crisis response, and case consultation.*

# What Communities Without START Can Do cont

## Practical Strategies to Strengthen Crisis Prevention Without a Formal START Program:

Use a **bio/psycho/social framework** to understand the person, their medical and mental health vulnerabilities and social factors.

Identify stages of dysregulation (baseline vs. escalation) and helpful interventions at each stage.

Establish regular **systemic consultation** between clinical and medical teams to clarify clinical hypothesis.

Strengthen **cross-system crisis planning** (mental health, medical, IDD, schools, informal supports, family members, emergency responders).

Regular team meetings (daily triage to support stability and post-crisis follow-up meetings).

# Key Takeaways

## **Medical Contributors Matter:**

Medical contributors to behavioral crisis are common and often under-identified in individuals with Autism and/or IDD.

Early screening (e.g., sleep, pain, medical conditions) can prevent unnecessary emergency utilization.

## **Systemic Integration Improves Crisis Outcomes:**

Coordinated medical and behavioral care leads to more accurate diagnosis and effective intervention

Cross-system collaboration strengthens stability for individuals and families

Clinical accuracy improves when medical, behavioral, and environmental factors are considered together.

# Thank you!

Questions or comments?