Metro Crisis Coordination Program

2001

Year-End Report

Prepared for the

Metro Regional Crisis Planning Group

Participating Counties:
Anoka
Carver
Dakota
Hennepin
Ramsey
Scott
Washington

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Metro Crisis Coordination Program Overview

Metro Crisis Coordination Program (MCCP) serves as the single point of entry in which people with developmental disabilities access crisis services throughout the seven metro county area. MCCP provides and facilitates preventative and emergency behavioral supports. Through organizing the resources of its own personnel, subcontracted vendors and other licensed crisis services vendors, MCCP strives to promote relationship-based, cost-effective services that preserve and maintain people in their natural residential and work/educational settings.

Testimonial

"I found [MCCP staff] to be very knowledgeable, informative, and caring. Her ability to see the needs of and empathize with our person served was quite beneficial to his care program."

Day Program Provider

Executive Summary

Metro Crisis Coordination Program took its first referral in January of 1997. Five years and over 2,400 referrals later, MCCP continues to innovate and strive to provide exceptional service. 2001 saw the beginning of new initiatives by MCCP, the revival of a past practice, and program enhancements, which will be discussed in the Key Highlights.

First and foremost, MCCP continued to be the provider of crisis services for people with mental retardation and related conditions. MCCP responded to many types of emergencies: psychiatric, behavioral, situational and medical. Technical assistance was provided without regard to the funding a person might have. In fact, of the cumulative billable ending November 30, 2001, 22% of the technical assistance billings have no funding or are for people in ICF/MR's, which in the past has not been collectable.

MCCP provides its services quickly. During the year 2001, for technical assistance referrals, about 22 hours were billed per case. By dealing with the immediate crisis, MCCP is able to handle a large number of referrals effectively. For instance, in August of 2001, MCCP received 57 referrals.

MCCP initiated an on-line, web based service for county social workers to quickly make referrals and monitor progress by the MCCP outreach worker. The social worker can also provide instant feedback. This service complimented the on line statewide residential openings list.

Referrals remained virtually steady from 2000, but for the first time preventative referrals far outpaced those made on an emergency basis. The percentage of adults as compared to those 17 and younger remained consistent with past years. Reactivations increased at a slower rate in 2001 when compared to the previous year, and several initiatives were created to address the small but significant number of people referred more than twice.

2001 Key Highlights

MCCP has increased its staffing levels by one full time equivalent.

The increase was in response to requests for MCCP to remain involved for more than 90 days in some cases

Increase in staff augmentation services was significant in the second half of 2001

The Steering Committee White Paper dated May 1, 1998 outlining initiatives to foster preventative services, promoted the use of Staff Augmentation services as a way of preventing crisis situations. MCCP established contracts with various temporary staffing agencies to provide this service. MCCP worked creatively to enhance the support a consumer received from a provider by passing through dollars to those that could provide additional support.

In April of 2001, during a meeting discussing Crisis Services for kids, MCCP received testimony from County Case Managers that behavior analyst/technical assistance services when paired with staff augmentation was successful. As a result, MCCP added 3 staff members, equaling 1.5 FTE's, to work as staff augmentation specialists. In comparing the first six months of 2001 with the second six months, cumulative billed amount for staff augmentation more than doubled, as MCCP provided more staff augmentation hours in the second half.

MCCP launched its on-line, web-based services during 2001.

Each county case manager is able to access information on his or her MCCP referral. The case manager is able to see work that has been completed by MCCP in nearly real time, and can provide e-mail feedback regarding the work.

MCCP continues to host the on-line openings list. Providers are able to use an assigned user name and password to post openings statewide. Through increased communications with providers and case managers, the issue of who is responsible for updating the site were resolved and providers now receive reminders from ARRM to keep their entries current.

Online addresses	
Openings list	www.mn-ddsupportservices.com
County access site	www.mtolivetrollingacres.org/countyaccess.nsf

This year was a year of fluctuation for temporary care beds.

The Metro Region lost two temporary Care beds, at Northeast Residence in Ramsey County, due to their narrowing of parameters for accepting referrals, and Mains'l Services in Anoka County for systemic reasons.

However, seven beds were added when People, Inc. downsized an ICF and reopened as a temporary care facility. People, Inc. has experience in serving people with mental health needs, and is optimistic that their experience can translate to superior service for people who are dual diagnosed with mental retardation and related conditions and mental illness.

Temporary Care Bed Providers	
Bristol Place	2 beds
People, Inc.	7 beds
Mount Olivet Rolling Acres	3 beds
Lutheran Social Services	2 adult beds; 4 children beds

St. Joseph's Hospital Back on Track Unit has completed its first full year, serving more than 332 people.

About 10-15% of the total number of people served at St. Joe's were from out of the Metro Region.

MCCP continues to provide a half time behavior analyst on the unit, nurse/liason support, and financial support for the medical director. Though the unit is working through such challenges as drop off's, process issues, time constraints for the doctor, they continue to provide an invaluable service.

MCCP advocated for and helped produce a document outlining the Best Practices for providers who have a client who is hospitalized. Each of the seven Metro counties have approved this document and will be implementing it in various ways.

After the Fall, 2000 Steering Committee retreat, emphasis was placed on addressing people who have been multiply referred. The first initiative was to contract with the University of Minnesota Educational Psychology department to provide Functional Analysis services.

Metro Crisis Coordination Program provides functional assessment services to the majority of its technical assistance cases. Functional assessment relies on observation, record review, and interviews to determine the function of a behavior.

The University, in conducting a functional analysis, is able to utilize more rigorous experimental design to determine the function of a behavior. The University has provided two part time Ph.D. students, along with supervision, to perform the functional

analysis. Since the program began in September of 2001, 4 people have been served, with one being completed and results/recommendations presented in January of 2002.

MCCP will select one person every other month from the number of people who have been referred multiple times for a functional analysis.

This initiative again came directly from the Fall 2000 retreat. The MCCP in-house psychologist conducts the analysis. Since the program inception date of September of 2001, three people have been served, and initial indications show good success, as the clients have not had a functional analysis.

The Kid's Working Group continues to meet.

Originally convened prior to the opening of the Partners in Community Services (PICS) Children's Crisis Home in Bloomington, the group continues to provide input to the Home, now operated by Lutheran Social Services.

After an absence of over one year, a meeting once again brought the state's crisis regional planning groups together along with several crisis providers.

In 2000, a statewide meeting of regional crisis groups and providers was convened in St. Cloud, Minnesota. Key topics included people who are clinically complex, the METO service model, and regional updates. Also, a proposed statewide data system was positively viewed.

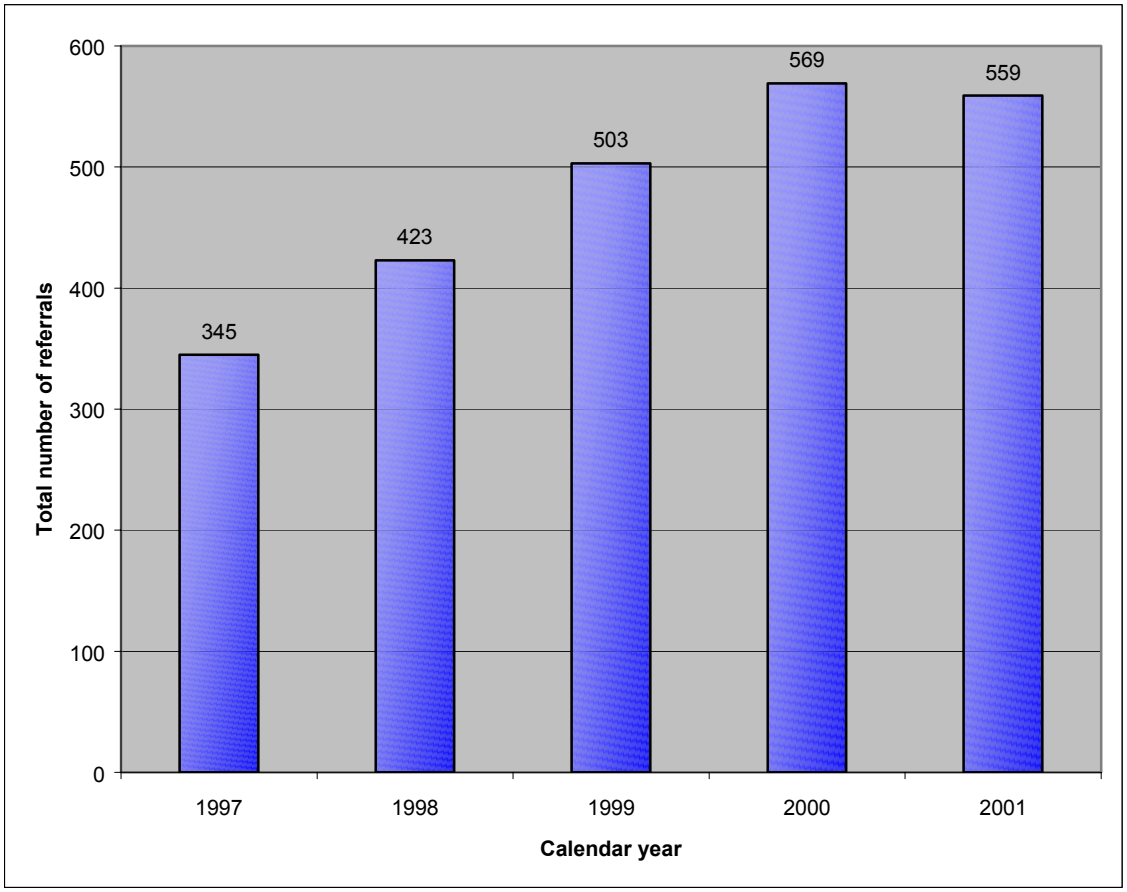
Out of the 2001 meeting came the need for more data on people who are clinically complex and a firm date for a meeting in early 2002 and regional updates on their best practices.

In 2001, the Metro Crisis Coordination Program commissioned the Wilder Foundation to conduct a study on the effectiveness of crisis services.

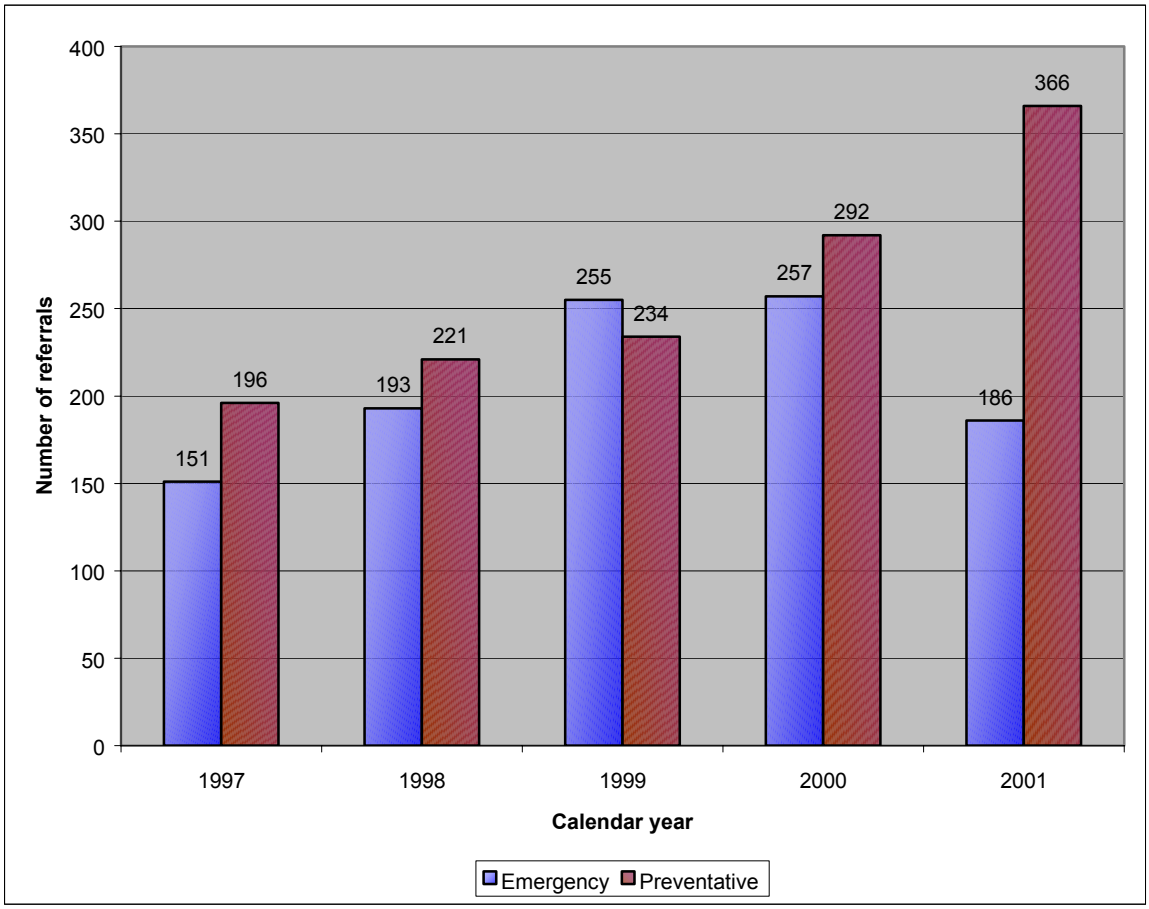
Different from the University of Minnesota study two years previously, Wilder was tasked with examining not just MCCP but the overall system of crisis services for people with mental retardation and related conditions. Wilder interviewed several hundred team members including family, social workers, providers, and professionals in the crisis system. As part of the study, Wilder has interviewed several consumers of the crisis system, a step that sets this study apart from similar ones.

Detailed Findings

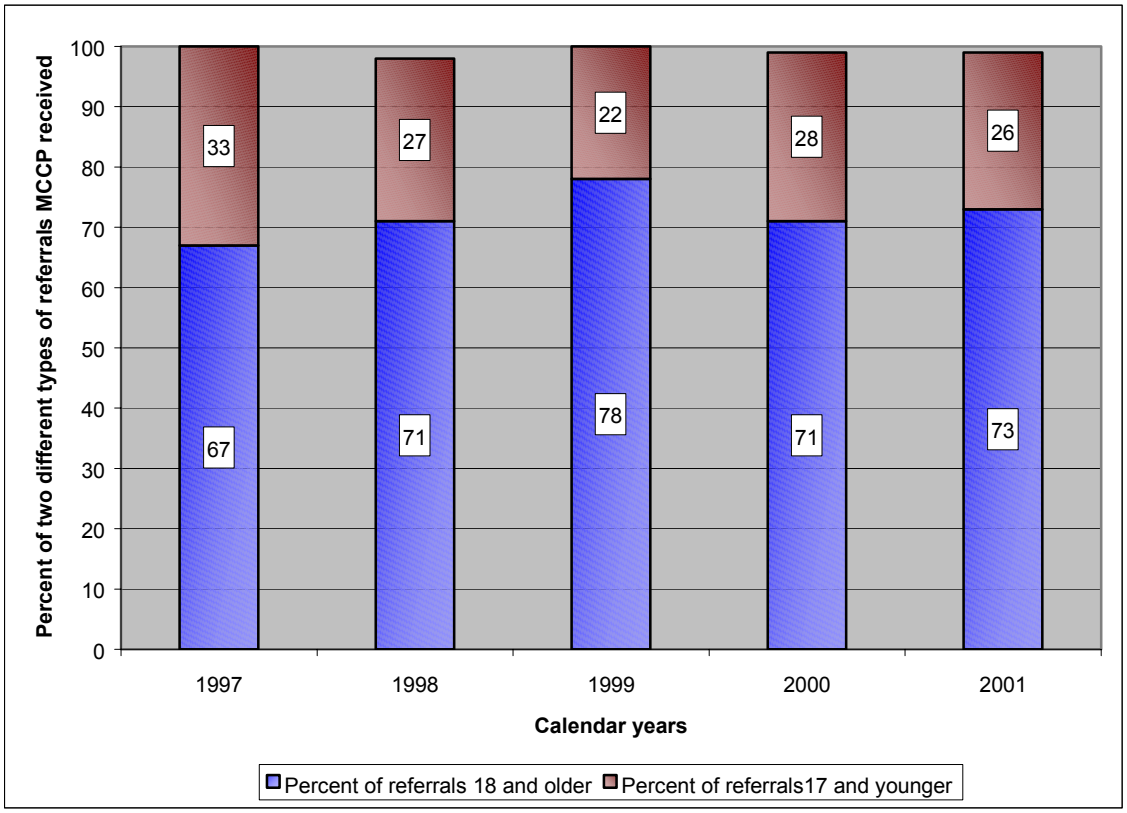
Total Number of Referrals



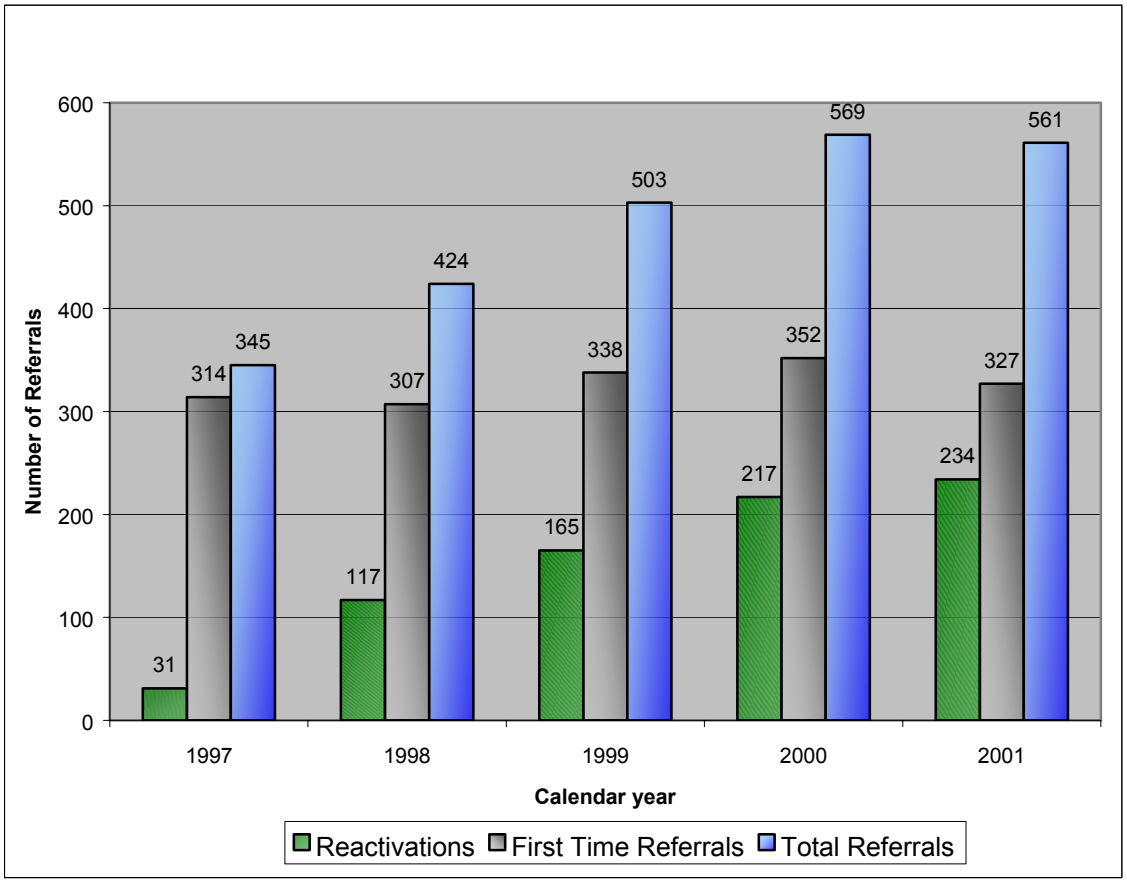
Preventative versus Emergency Referrals



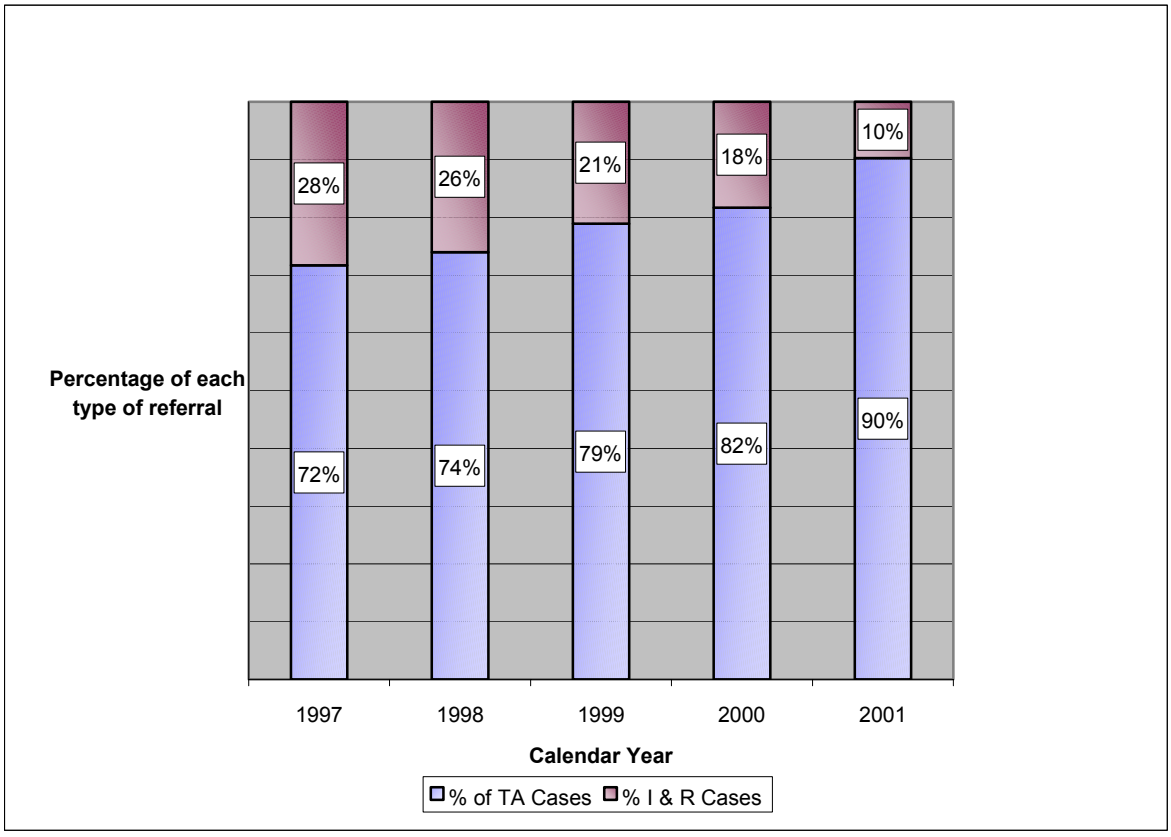
Adult versus Children and Adolescent Referrals



Reactivations versus First Time Referrals



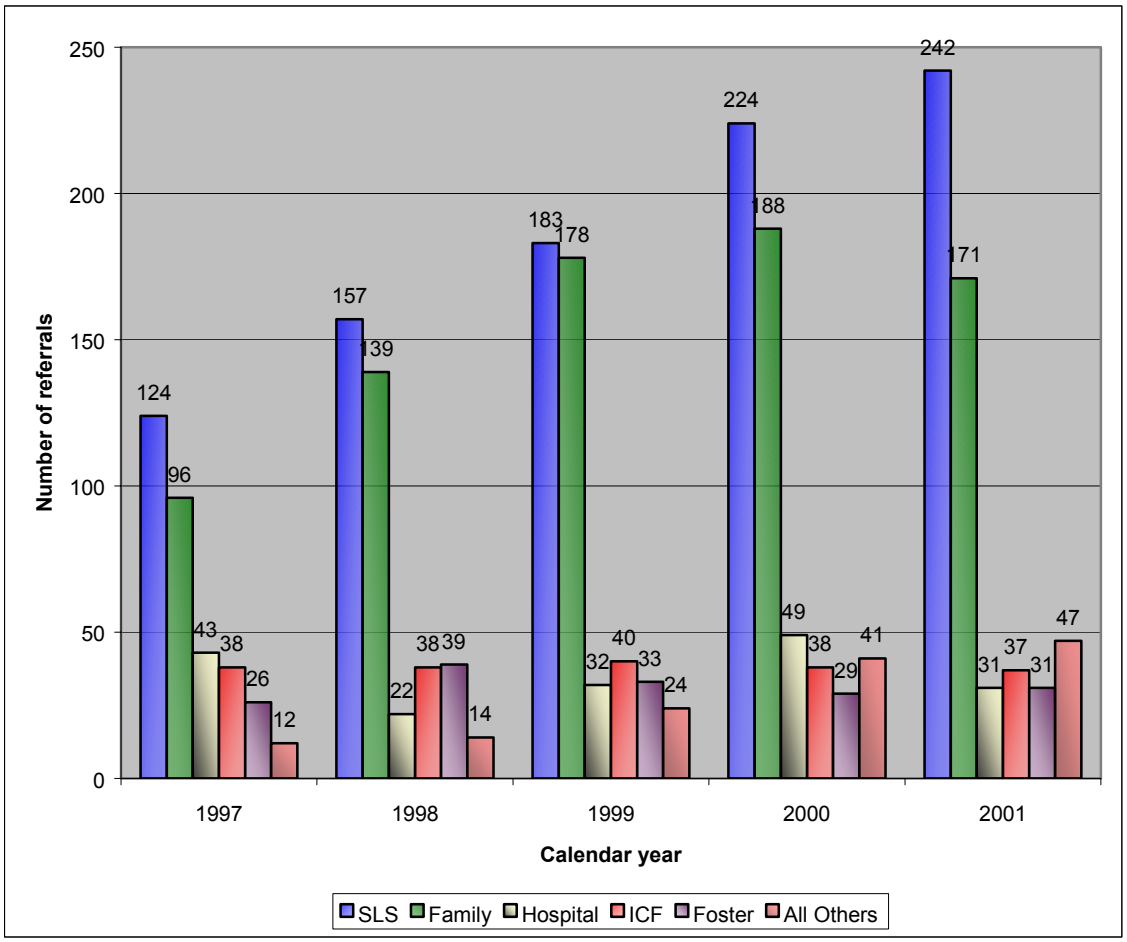
Technical Assistance versus Information and Housing Referrals



Information and Referral cases made up 10% of the total number of referrals, but 24% of all emergency cases were Information and Referral.

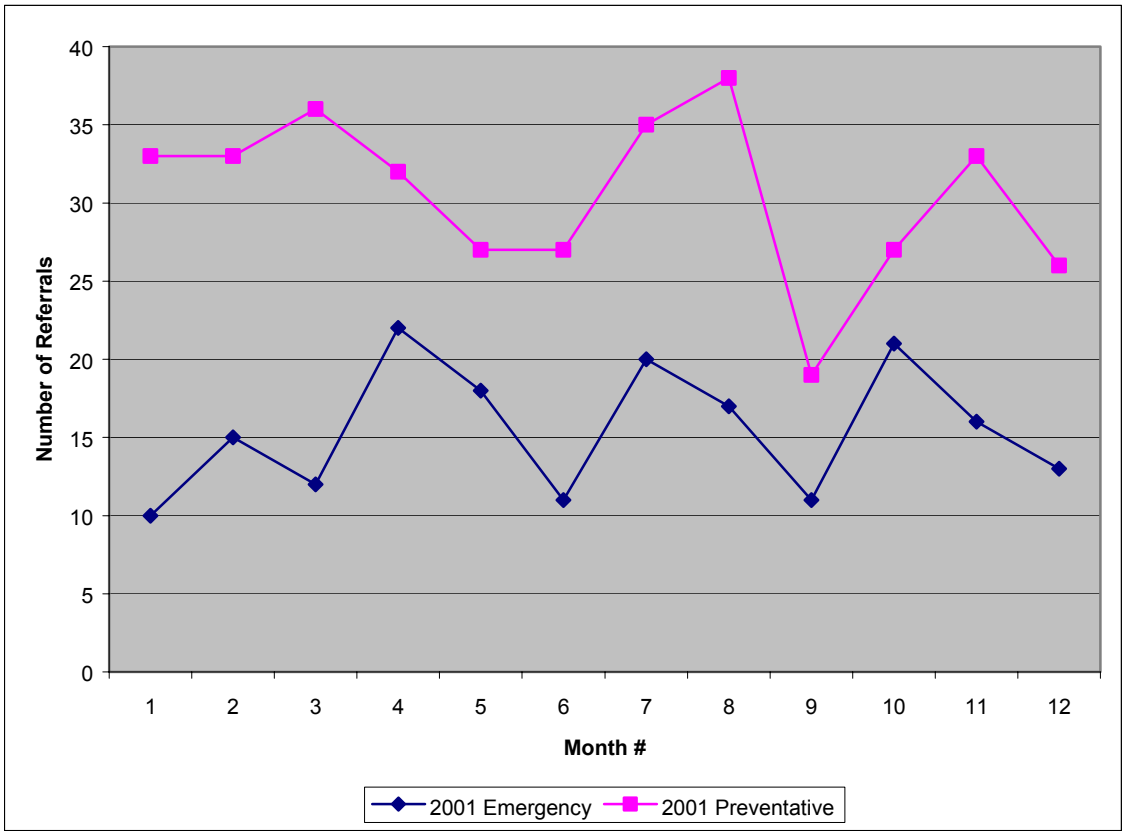
Many Information and Referral cases were also counted as unofficial, and therefore not counted in the database. Such unofficial cases included inquiries from out of region, general questions from case managers, assistance provided on behalf of people in crisis beds, and requests that require immediate action (emergencies) but did not exceed 6.25 hours of involvement per assistance provided.

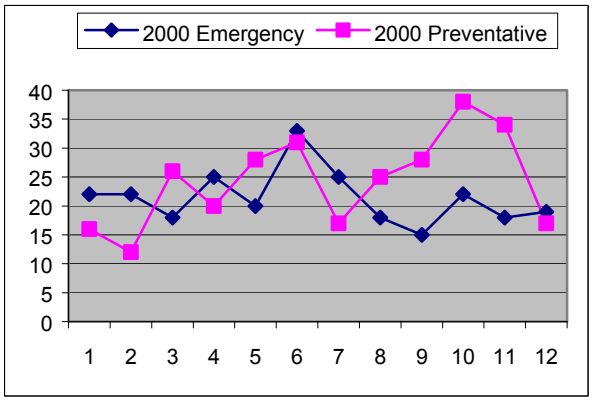
Residence at Type of Referral

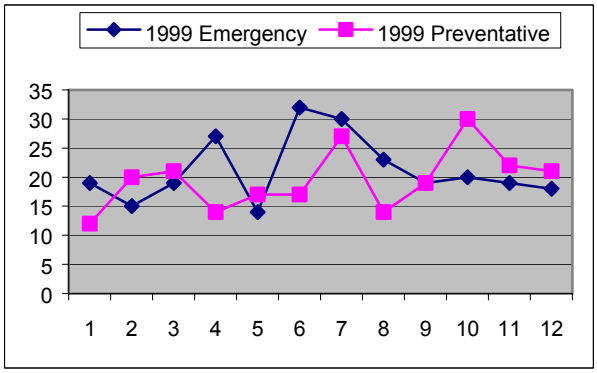


Since April of 2001, Metro Crisis Coordination Program has tracked children and adolescent referrals separately.

Emergency versus Preventative, By Month

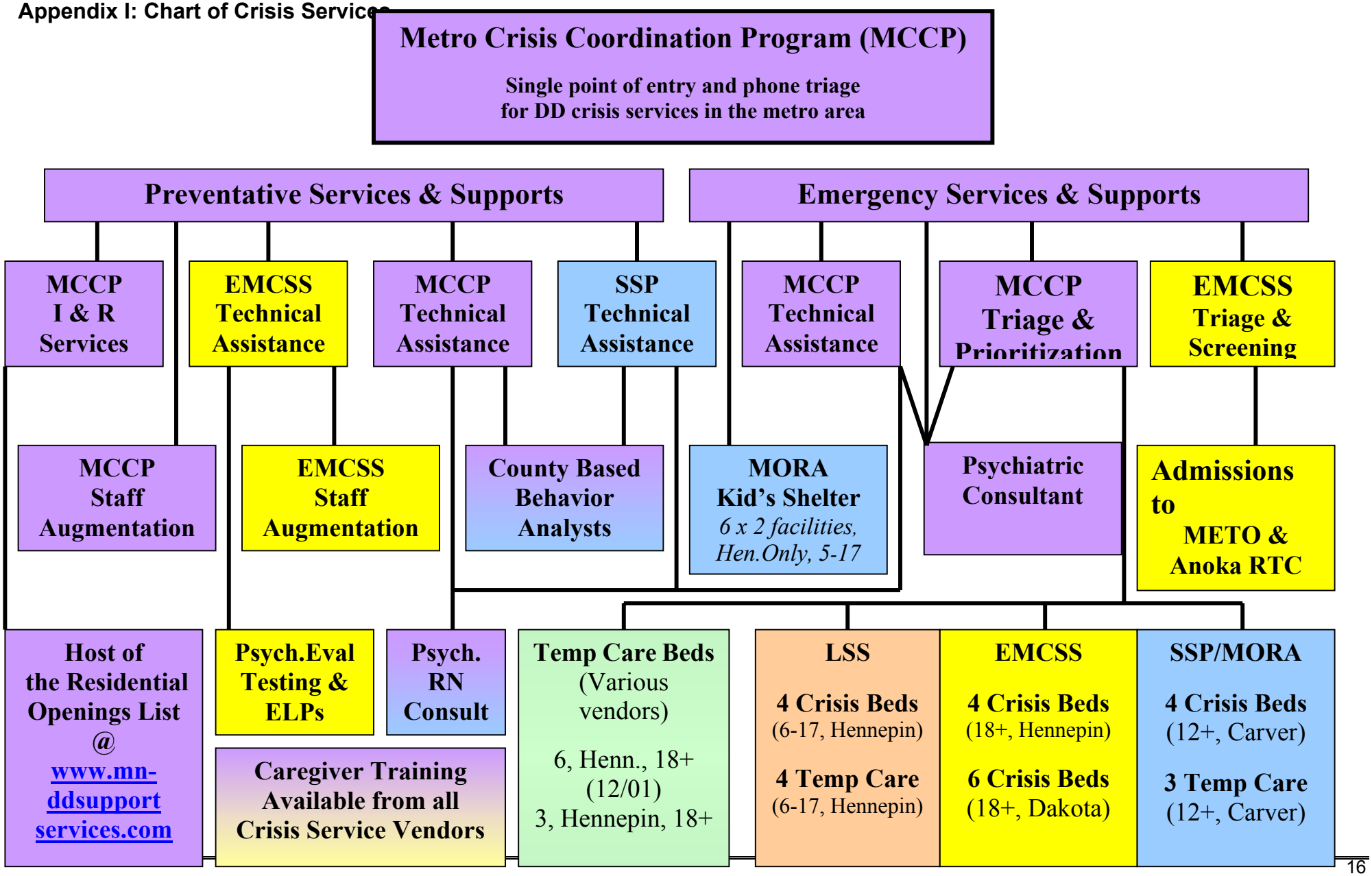






Appendix

Appendix I: Chart of Crisis Services



Appendix II: 2000 Satisfaction Survey Results

Metro Crisis Coordination Program (MCCP)
Satisfaction Survey Results
2000

636 Surveys were sent out in 2000. 246 were returned (39%)
Rating scale is 1 to 5 with 5 being very satisfied

Case Managers
241 surveys sent and 120 received (50%)
Overall satisfaction with MCCP services and supports 4.66
Highest satisfaction in ease of making referral 4.97
Lowest satisfaction in follow-up from MCCP 4.42

Clients
30 surveys sent and 8 received (27%)
Overall satisfaction with MCCP services and supports 4.50
Highest satisfaction in response time began working with them 4.63
Lowest satisfaction in MCCP's ability to coordinate additional supports and resources 4.13

Families
144 surveys sent and 34 received (24%)
Overall satisfaction with MCCP services and supports 4.56
Highest satisfaction in MCCP's ability to effectively communicate with the family 4.69
Lowest satisfaction in MCCP's ability to coordinate additional supports and resources 4.25

Residential Programs
128 surveys sent and 44 received (34%)
Overall satisfaction with MCCP services and supports 4.50
Highest satisfaction in ease of making referral 4.81
Lowest satisfaction in MCCP's ability to coordinate additional supports and resources 4.36

Day Programs/Schools

66 surveys sent and 26 received (39%)
Overall satisfaction with MCCP services and supports 4.77
Highest satisfaction in MCCP's ability to effectively communicate with the program 4.88
Lowest satisfaction in ease of making referral 4.60

Other (conservators, guardians, hospital, etc.)

27 surveys sent and 14 received (52%)
Overall satisfaction with MCCP services and supports 4.64
Highest satisfaction in ease of making referral 4.69
Lowest satisfaction in MCCP's ability to coordinate additional supports and resources 4.25

Appendix III: 2001 Satisfaction Survey Results

Metro Crisis Coordination Program (MCCP)
Satisfaction Survey Results
2001

716 Surveys were sent out in 2001. 256 were returned (36%)
Rating scale is 1 to 5 with 5 being very satisfied

Case Managers

248 surveys sent and 108 received (44%)
Overall satisfaction with MCCP services and supports 4.56
Highest satisfaction in ease of making referral 4.90
Lowest satisfaction in MCCP's ability to coordinate additional supports and resources 4.13

Families

156 surveys sent and 39 received (25%)
Overall satisfaction with MCCP services and supports 4.51
Highest satisfaction in ease of making referral 4.83
Lowest satisfaction in helpfulness of the recommendations offered by MCCP 4.51

Residential Programs

158 surveys sent and 51 received (32%)
Overall satisfaction with MCCP services and supports 4.67
Highest satisfaction in response time before MCCP contacted them 4.78
Lowest satisfaction in MCCP's ability to coordinate additional supports and resources 4.42

Day Programs/Schools

80 surveys sent and 34 received (43%)
Overall satisfaction with MCCP services and supports 4.5
Highest satisfaction in response time before MCCP contacted them 4.74
Lowest satisfaction in the helpfulness of the MCCP recommendations 4.36

Other (conservators, guardians, hospital, etc.)

15 surveys sent and 6 received (40%)
Overall satisfaction with MCCP services and supports 4.67
Highest satisfaction in ease of making referral, response time before being contacted by MCCP and helpfulness of MCCP follow-up 5.00
Lowest satisfaction in MCCP's ability to effectively communicate with respondent 4.17

Clients (Rating scale is 1 to 3 with 3 being very happy)
59 surveys sent and 18 received (31%)
Most happy with MCCP staff being available to them when needed and regarding having MCCP help them again in the future 3.00
Least happy in MCCP's ability to explain what MCCP might be able to do to help them and in how MCCP listened to their concerns 2.87

Appendix IV: 2001 MCCP Potential Savings to System

Appendix V: Wilder Report