

2002 Year End Report

Prepared for
the Metro
Regional
Crisis Planning
Group

Participating
Counties:
Anoka
Carver
Dakota
Hennepin
Ramsey
Scott
Washington

Metro Crisis Coordination Program

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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 Minneapolis/St. Paul 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.

Mission, Purpose, and Principles

Statement of Mission

It is the intent of the participating Counties to provide a crisis safety-net range of services for persons with developmental disabilities or related conditions. These services are intended to meet the needs of individuals experiencing a crisis by providing and facilitating immediate and cost-effective services that focus on preventative measures.

Statement of Purpose

The purpose of MCCP is to work interdependently with individuals, private providers and public agencies in the Twin Cities metropolitan area to prevent crises that affect the residential and/or work (educational) placements of people with developmental disabilities or related conditions and to reduce the use of hospitalizations and civil commitments resulting from crisis situation.

Guiding Principles

We want to promote relationship-based crisis services that cause the least amount of disruption to the consumer. We strive to preserve and maintain people in their natural settings. If preservation of the natural setting is not possible, we shall strive to develop the best possible transition plan. We acknowledge that people experience psychiatric and behavioral crises, that they experience medical crises and that they may also experience situational crises. Each of these types of crises requires a different response. Utilization of crisis services should be appropriate to the need/crisis. We also acknowledge that we must maximize resources and develop a continuum of options in order to support people's unique needs.

Executive Summary

As in past years, Metro Crisis Coordination Program continued to provide services to people with developmental disabilities and related conditions in 2002. The volume of referrals remained high, with MCCP receiving 562 referrals in 2002. In addition, MCCP handled one after hours page per day, enough Information and Referral calls to require a 1.25 FTE, and many requests for trainings at county offices, parent groups, and client homes.

Preventative referrals outpaced emergency referrals by over 4 ½ times. The high number of preventative referrals indicates that the seven metro counties continue to value early intervention as a more cost effective and clinically sound approach rather than waiting to make referrals until a crisis has actually occurred.

Cases referred to MCCP with no funding in 2002 numbered 46, which is 13 more than the average number for the past 6 years, demonstrating the growing need for behavioral supports for people who may otherwise receive little or no supports or services. By continuing to serve individuals who have no funding, MCCP is able to prevent potential costly hospitalizations. The cost of hospitalizations is not only high in dollars, but also to the individual who may lose their job, place of residence, and relationships with others.

Despite the closure of the Back on Track Unit at St. Joseph's Hospital in 2002, MCCP remains committed to securing needed psychiatric care for clients. As such, the attending psychiatrist from Back on Track and MCCP entered into an agreement for consultative services. This unique service enables the doctor to provide psychiatric services in a variety of settings, including a client's home, MCCP's office, or other locations depending on client need. In addition, the psychiatrist can support the client with more comprehensive medical reviews, multiple consultations with the entire Interdisciplinary Team, and perform important liaison functions with other medical professionals.

2002 was a year of rapid and significant change for Metro Crisis Coordination Program, its clients and customers. Most significantly, Minnesota's state budget is projected to face a record deficit. What this means to services for people with developmental disabilities and related condition is unknown at this time, but the assumption is that programs will likely face major reductions in their budgets. MCCP remains committed to providing the same high quality, prompt service as it has the past 5 years.

2002 Key Highlights

Information and Referral:

During 2002, MCCC continued to provide Information and Referral (I & R) services. MCCC staffs this position with 1.25 FTE's, and the responsibility of the I & R person is wide ranging:

- ❖ Prioritizing individuals from the pool of those in need for the metro area's 18 crisis beds and 16 temporary crisis beds.
- ❖ Prioritizing and scheduling staff augmentation for those in the pool of people needing crisis level of care services. This also includes managing the billing and payment to many of these providers.
- ❖ Providing information regarding out of region crisis beds at the request of case managers, families, and other Interdisciplinary Team members.
- ❖ Working with hospitals to help find appropriate supports for clients in emergency rooms, psychiatric units, and on medical floors.
- ❖ Handling all calls to MCCC regarding placement issues.

MCCC and ARRM continue to host the statewide residential openings website, located at mn-ddsupportservices.com. This website allows providers to post residential openings and is can be accessed by social workers, parents, and consumers.

MCCC provided over \$125,000 in unfunded Information and Referral services to clients with developmental disabilities residing in the seven metro area.

Preventative versus Emergency Referrals:

In 2002, a significant shift was seen in the types of referrals that MCCC received: preventative referrals, (referrals that require contact in 24 to 48 hours) out numbered emergency referrals (those that require contact within 24 hours) by almost 5 times.

The seven member metro counties have emphasized preventative referrals in order to maximize their crisis dollars. Due to the high rate of emergency referrals that result in the use of crisis or temporary care, a preventative referral typically requires less intensive services and supports and subsequently costs the human services system less money than a crisis referral. Ideally, a preventative referral would also avert the use of psychiatric hospital.

Data Collection/Data Analysis:

MCCC acts as the central collection point, repository, and primary analyst of data regarding people with developmental disabilities who utilize the crisis system in the Minneapolis/St. Paul metro area. MCCC developed the software to help ensure the accurate, thorough, and secure collection of data for use in agency, county, and state planning purposes. Additionally, MCCC provides analysis of crisis data for the seven metro area counties.

Wilder Research Center-Examination of the crisis service delivery system

In 2001, The Metro Regional Crisis Planning Group (MRCPC), MCCC's Steering Committee, requested that MCCC commission a study of the crisis system to assess the crisis service delivery system for children and adults with developmental disabilities in the seven county area. In 2002, the Wilder Research Center presented its findings to the Metro Regional Crisis Planning Group. Key findings include:

- ❖ Overall, Wilder found that the majority of the care team members (more than 80%) agreed at least somewhat that crisis services are of high quality. While this is a positive result, responses to this question varied significantly by category of care team members. Consistent with the other findings in the Wilder report, case managers were typically most satisfied with services, while family members were least satisfied. Strategies for improving family members perceptions of the crisis service delivery system will be considered. The lower ratings of family members may be due to their generally lower levels of knowledge about the crisis system or to unsatisfying interactions with agencies or individuals involved in providing services.
- ❖ Regarding crisis plans: Wilder asked open ended questions concerning crisis plans or set of recommendations and if they were fully implemented:
 - The most common theme in care team responses was that the client's problems or issues prevent the crisis plan from being successfully implemented.
 - A second theme was that there was a lack of follow through on the part of the care team in implementing the plan. Group home staff and families were most often blamed for the lack of follow-through, though foster families and case managers were also mentioned.
 - The third theme was that the plan was applicable or appropriate in the client's environment. Concerns included turnover or inconsistency in group home staff, a lack of support for the family, and a lack of training for the caregivers.

It is possible that the lack of follow through may be due to divergent levels of understanding about the plan or the roles that different individuals play in implementing the plan. For instance, less than half of the care team members surveyed said that they had responsibility for implementing the plans

- ❖ 19.2% of care team members said that there was difficulty in obtaining respite care. The rated varied tremendously across categories of care team members. Family members were most likely to report difficulty (30.2%) while residential staff never reported difficulties.
- ❖ The completion of the Wilder Report represents a \$40,000 investment by MCCC on behalf of the MRCPC

Unfunded Technical Assistance:

During 2002, MCCC continued to serve people in need of technical assistance who do not have a funding source. MCCC only requires that the client be receiving developmental disabilities case management services from one of the seven metro counties. During the

year, MCCP provided over 10,000 units, equivalent to a cost of \$275,000, of unfunded (no funding available and cases referred from ICF/MR's) technical assistance.

County Based Behavioral Analysts:

MCCP continued to place Behavioral Analysts at member counties who request them. When at a county, MCCP staff provide crisis information and services to case managers quickly and efficiently. Spread over several MCCP staff, MCCP provides .5 FTE to the counties in this program.

Social Worker Trainings:

Per request of the member counties, MCCP staff provide training and orientation to the crisis system for new case managers. MCCP also provides on-going training for seasoned case managers. During 2002, MCCP participated in 12 social worker trainings.

Provider Partnerships-Development of Services:

MCCP, in conjunction with the Metro Regional Crisis Planning Group (MCCP Steering Committee), seeks to develop and partner with agencies working in the crisis system.

- ❖ In August of 2002, the Metro Regional Crisis Planning Group approved MCCP moving ahead in contracting with Dr. Hardrict to provide psychiatric services to designated MCCP clients. Dr. Hardrict consulted with the first MCCP client in October of 2002.
 - Dr. Hardrict saw/consulted on 50 MCCP clients during 2002.
 - Dr. Hardrict saw 3 of those clients in their family home, and 2 in the crisis homes.
- ❖ MCCP continues to cooperate with People II, a six-bed ICF/MR temporary care facility that serves people with mild to moderate mental retardation and significant mental health issues. The facility fills a needed niche in serving people with mild to moderate mental retardation and mental health issues.
 - During 2002, People II served 26 clients.
 - Of those served,
 - 9 clients were admitted from hospitals;
 - 6 clients were admitted from a group home setting;
 - 4 clients were admitted from shelters/street;
 - 4 clients were admitted from apartments or homes;
 - 2 client referrals originated from the Anoka Regional Treatment Center;
 - 1 client was admitted from a crisis home.
- ❖ MCCP has channeled crisis money to residential and day program providers, which augments existing services and allows people to stay in their home/work and/or out of the crisis homes and hospital psychiatric units.
 - During 2002, 85 clients received staff augmentation services, either directly from MCCP staff or from their regular provider. These services were funded by crisis money passed through MCCP to the provider. Over \$100,000 was used for staff augmentation during 2002.

- Over 600 days of non-specialized daily service was provided in 2002. Non-specialized daily service is 10 or more hours of continuous service and support for the consumer that is provided where the person lives. This service is utilized when one to one staff is clinically indicated to help support the person in their home.
- ❖ The contract with the University of Minnesota to provide Functional Analysis expired in September of 2002. The University and MCCP served 14 people through this program, and the Functional Analysis was well received. Most of the Functional Analyses tended to support the previous assessments generated by MCCP as to the function of the behavior (usually a Functional Assessment). At this time, MCCP has the capability to handle the demands for functional analysis internally.

Liaison with Hospitals/Psychiatrists:

MCCP continues to foster and solidify associations with area hospitals. Many hospitals will forewarn MCCP about people with mental retardation in their psychiatric units who may not be able to return to their home. This cooperation assists in helping individuals find appropriate community placement or return to their existing home which can shorten a stay on the unit and decreases the likelihood of readmission.

MCCP participates in a yearly training for psychiatry residents at Fairview-University Riverside. MCCP emphasizes the need for comprehensive care, including psychiatry, medical, and behavioral expertise for people with developmental disabilities.

On Call Services

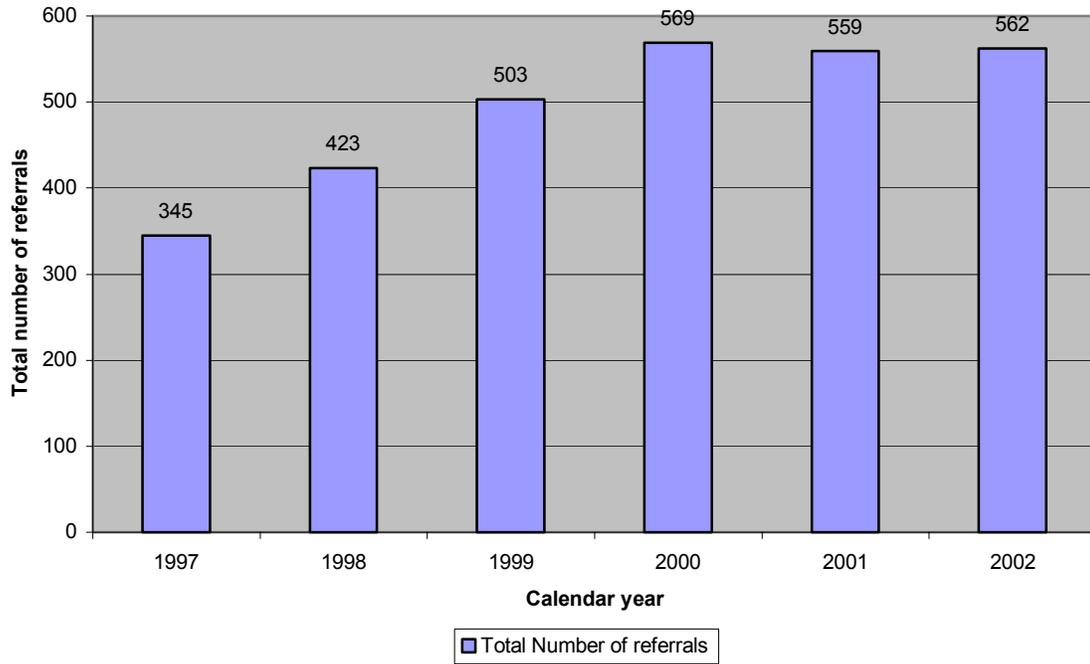
MCCP maintains a 24-hour pager for use by people with developmental disabilities and those who support them. During 2002 MCCP averaged one after business hours page per day each and every day of 2002.

Steering Committee:

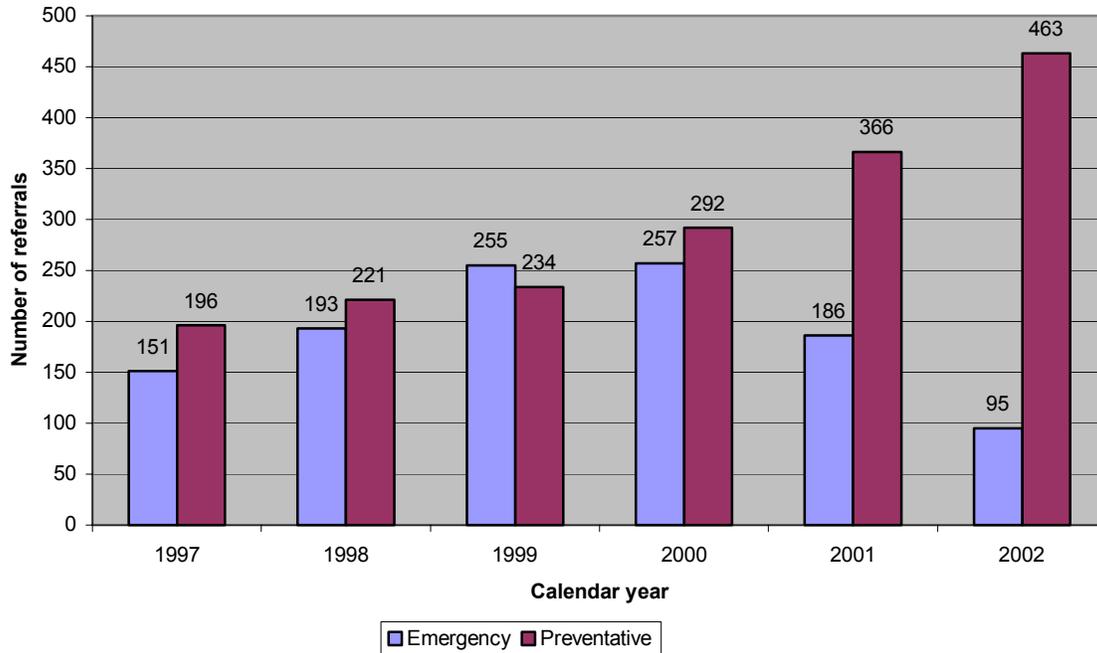
MCCP works closely with its steering committee, the Metro Regional Crisis Planning Group, making sure that services are meeting the needs of both clients and county case managers. Each month, MCCP supplies representatives with financial, usage, and other relevant information that the committee uses to make policy decisions and adjustments.

Detailed Findings

Total Number of Referrals

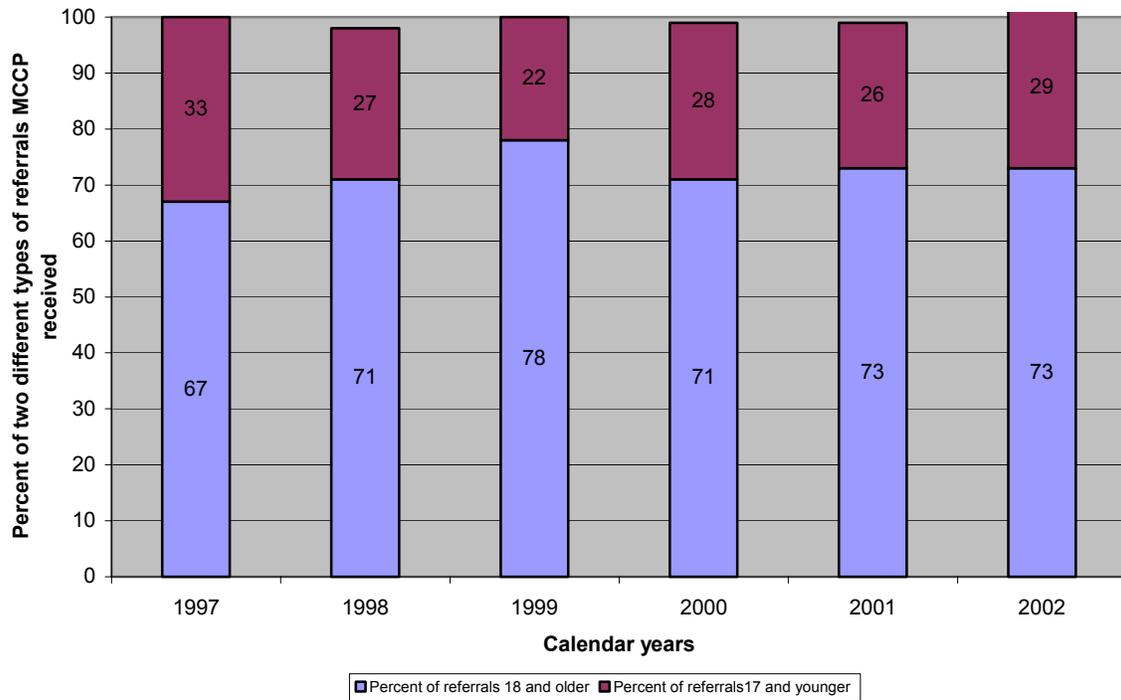


Preventative versus Emergency Referrals



In 2002, preventative referrals far outpaced emergency referrals. The seven metro counties continue to value early intervention as a more cost effective and clinically sound approach rather than waiting until the crisis actually occurs to make a referral.

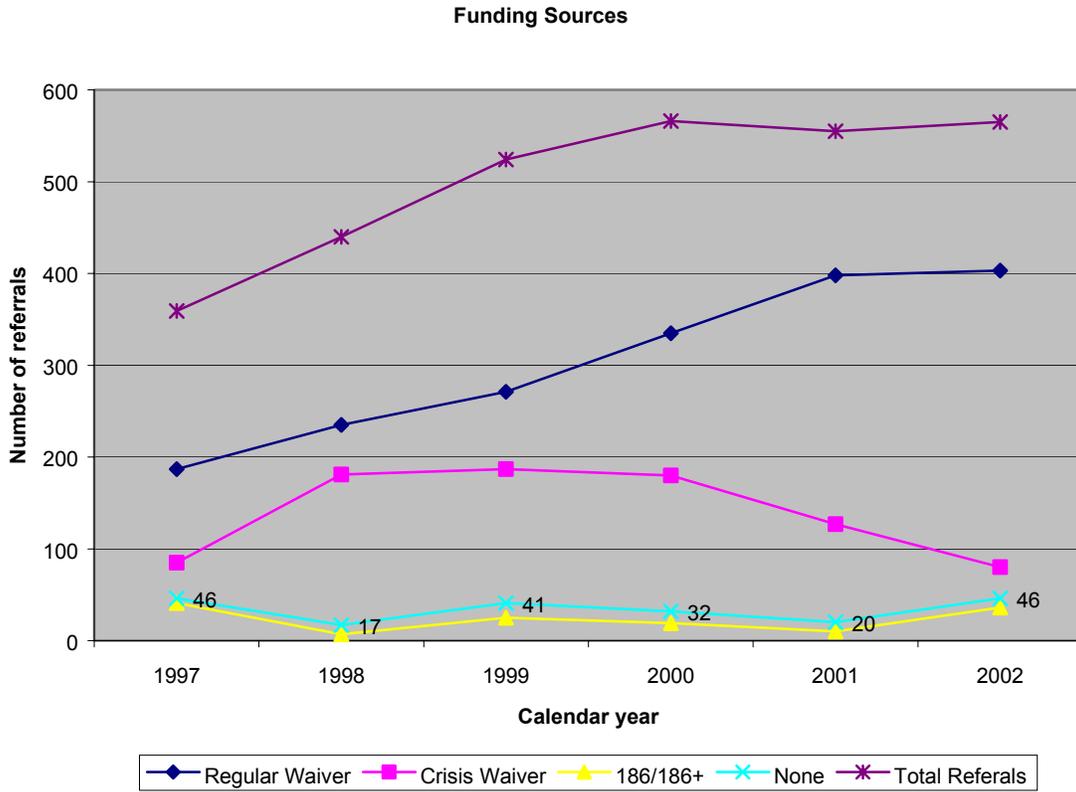
Adult versus Children and Adolescent Referrals



In 2002, though the overall percentage of referrals 17 and younger dropped slightly, the number of reactivations increased slightly from 2001, but is about average.

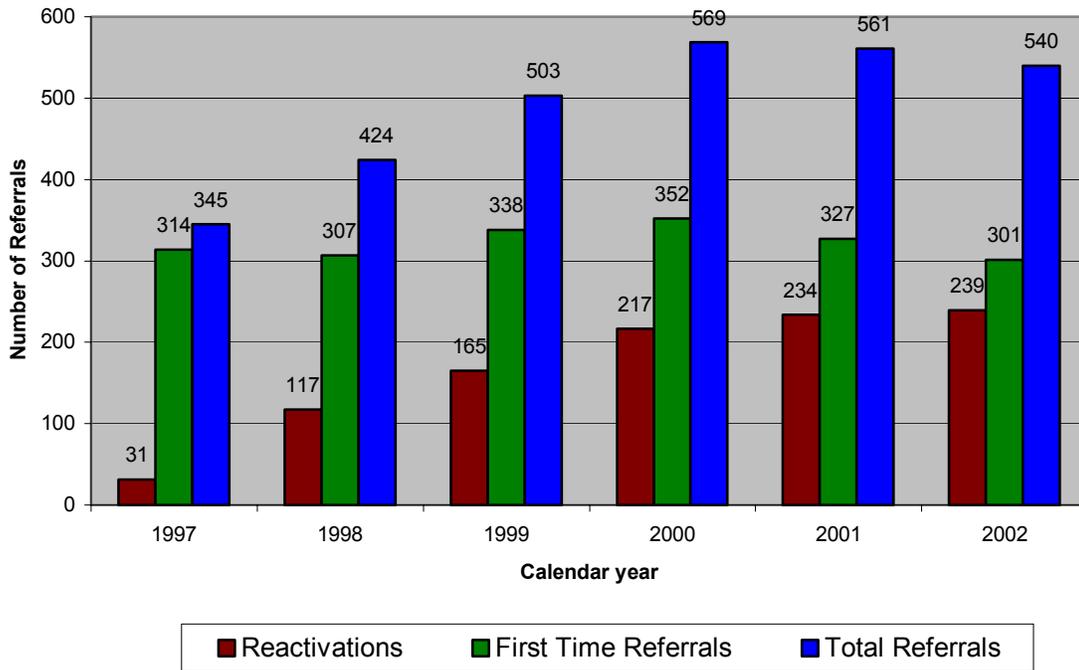
1999	46 under 17 and younger reactivations.
2000	55
2001	43
2002	51

Funding Sources



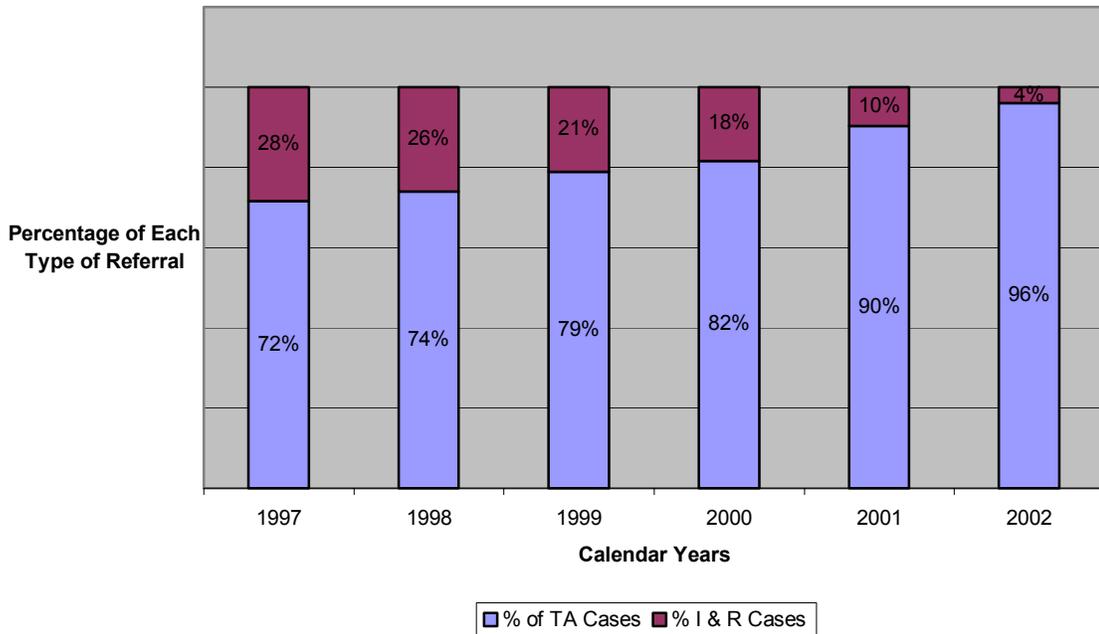
In 2002, 43 cases were referred with no funding. From 1997 to 2002, the average number of un-funded referrals MCCP receives is 33.6.

Reactivations versus First Time Referrals



Since 1997, MCCP has received an average of 323.2 first time referrals per year. The steady rate of first time referrals indicates a consistent, year in and year out need for crisis services.

Technical Assistance versus Information and Housing Referrals

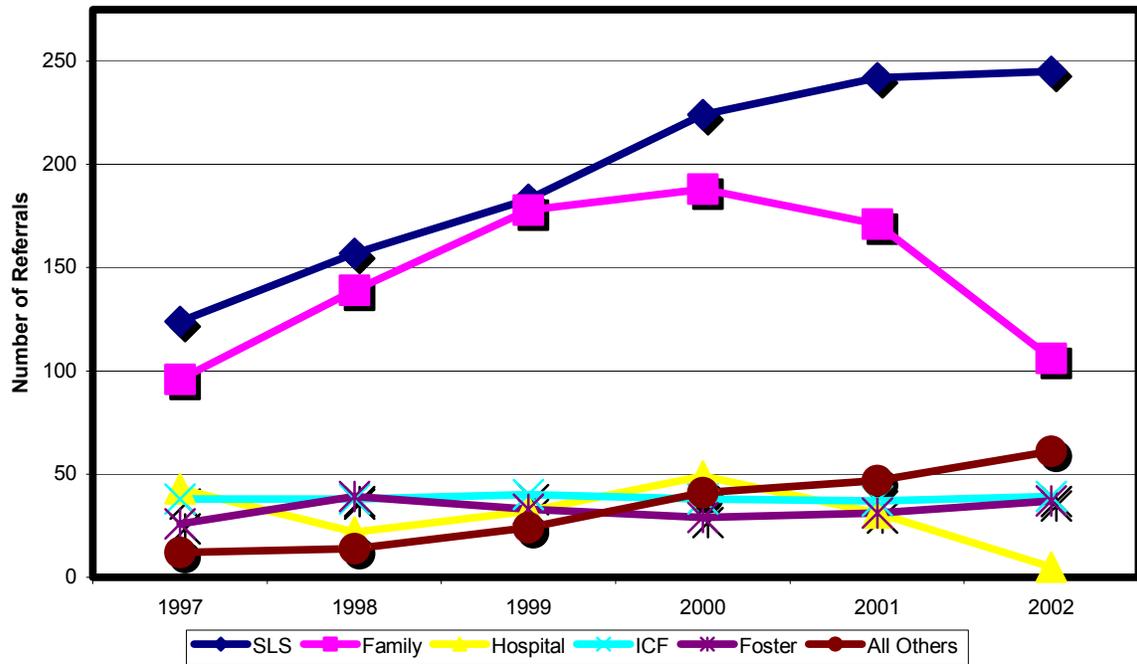


There is an increase in the proportion of cases initially referred for technical assistance to MCCP. However, though the overall percentage of referred I & R cases has dropped, there remains a high demand for this service. MCCP employs over 1.25 FTE's to handle the demand for I & R. Additionally, there are a number of technical assistance cases that turn into I & R cases as crisis housing may be clinically indicated after a period of time.

Information and Referral remains an unbilled service in cases where there is less than 6 hours of service provided.

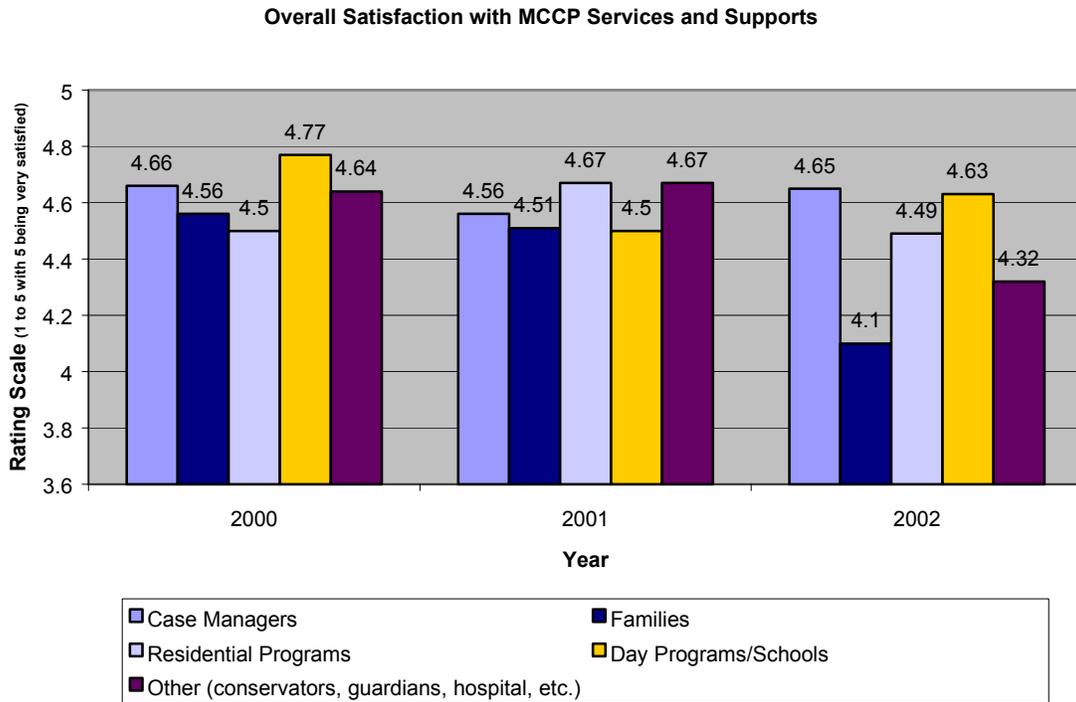
The demand for crisis beds is high. The 14 Crisis Beds in the Metro Area had high occupancy rates for 2002, and MCCP often assisted in placing a client in beds outside the seven county metro area.

Residence Type at Time of Referral



Appendix I:

2000-2002 Satisfaction Survey Results at a Glance



Clients were also surveyed. In 2000, client's overall satisfaction with MCCP supports was 4.5. In 2001, clients were surveyed using a different scale, 1 to 3, with 3 being very happy. During 2001 and 2002, clients were very happy (3) with MCCP staff available to them when needed.

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

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

2002 Satisfaction Survey Results

Metro Crisis Coordination Program (MCCP) Satisfaction Survey Results 2002

871 Surveys were sent out in 2002. 292 were returned (34%)

Rating scale is 1 to 5 with 5 being very satisfied

Case Managers

305 surveys sent and 115 received (38%)

Overall satisfaction with MCCP services and supports 4.65

Highest satisfaction in response time before being contacted by MCCP 4.83

Lowest satisfaction in MCCP's ability to coordinate additional supports and resources
4.43

Families

169 surveys sent and 31 received (18%)

Overall satisfaction with MCCP services and supports 4.10

Highest satisfaction in response time before being contacted by MCCP 4.73

Lowest satisfaction in helpfulness of follow-up 4.00

Residential Programs

189 surveys sent and 72 received (38%)

Overall satisfaction with MCCP services and supports 4.49

Highest satisfaction in ease of referral 4.73

Lowest satisfaction in MCCP's ability to coordinate additional supports and resources
4.30

Day Programs/Schools

105 surveys sent and 38 received (36%)

Overall satisfaction with MCCP services and supports 4.63

Highest satisfaction in effective communication 4.63

Lowest satisfaction in response time before being contacted by MCCP 4.40

Other (conservators, guardians, hospital, psychologists, etc.)

45 surveys sent and 20 received (44%)

Overall satisfaction with MCCP services and supports 4.32

Highest satisfaction in response time before being contacted by MCCP 4.62

Lowest satisfaction in MCCP's ability to coordinate additional supports and resources
3.94

Clients (Rating scale is 1 to 3 with 3 being very happy)

58 surveys sent and 16 received (28%)

Most happy with MCCP staff being available to them when needed, efforts of MCCP to help them 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 2.87