Metro Crisis Coordination Program

2006 Annual Report

Prepared for the Metro Region Crisis Planning Group

Table of Contents

MCCP OVERVIEW **3**

POOLING PROJECT **4**

TECHNICAL ASSISTANCE AND INFORMATION AND REFERRAL 7

THE YEAR BY NUMBERS **9**

2006 REFERRAL RACIAL DATA 11

2006 SATISFACTION SURVEY RESULTS **13**

MCCP Overview

Metro Crisis Coordination Program began nine years ago as a uniquely collaborative effort between the seven metropolitan counties.

Anoka

Carver

Dakota

Hennepin

Ramsey

Scott

Washington

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.

> Crisis services-the prevention and minimization of dangerous and destructive behaviors and the organized effective response when the crisis situation occurs-has emerged nationwide as a necessary service. Organized, systematic crisis prevention and response can minimize inappropriate and costly alternatives, such as emergency psychiatric hospitalizations, or restrictive, punitive reactions, such as incarcerations. As states or smaller regional collaborative partners prove good crisis services, they can help ensure the success of their deinstitutionalization efforts (Hanson, Wieseler, Lakin, & Braddock, eds., 2002).

Pooling Project

After two years of planning, the MRCPG and MCCP launched an initiative in 2006 that dramatically changed how crisis services were funded. The so-called Pooling Project funded the crisis system by capturing the crisis budget of each participating county via an accelerated billing method.

After the budget re-basing in 2002, counties and other organizations began to understand that the then current and forecasted state budget environment would hamper crisis services. Moreover, certain other aspects inherent in the current fee for service (FFS) structure did little to encourage providers to manage the mix and volume of services effectively. Therefore, the counties sought to reshape the crisis system to offer the following advantages:

1. Provide crisis services at a capitated rate that would enable member counties to accurately predict costs for crisis services; possibly limit liability of cost overruns.
2. Predict and control costs so complete and suitable services will be available now and in the future. Minnesota's population is expected experience brisk population growth, and counties can expect continued caseload increases.
3. Improve access to preventative and emergency services.
4. Reduce individual counties redundancy in managing crisis services efficiently, resulting in the need for fewer resources.
5. Reduce overall crisis service demands/costs by even greater coordination of services.

MCCP met each of the goals set forth at the initiation of the Pooling Allocation Project. During 2006, MCCP demonstrated that the agreed upon size of the crisis system is the right size for the immediate future, current demands for services were met while keeping a careful eye on costs, and member counties could predict otherwise fluctuating crisis costs.

At first glance, the funded crisis system exceeded the system that was actually used. In other words, it appears that what was anticipated overstated what was actually utilized. However, a careful examination of the service provided by MCCP during 2006 illustrates the negotiated size of the system was correct.

MCCP Pooling Project
Revenue

$3,580,000	Income
- 120,000	5 counties excess billing pay back
$3,460,000	
-2,900,000	Expenses
$560,000	Excess
- 69,000	2% contractual MORA profit (2% of $3,450,000)
$ 491,000	**Pool Reserve**
-$375,000	Meridian off line savings
$ 116,000	
-$ 109,000	
$ 5,000	

First, Meridian crisis beds being off line in 2006 resulted in the billing of the crisis system approximately $375,000 less than anticipated. By history, MCCP can safely anticipate that had the beds been on line, those beds would have been used.

Second, 4,561 units (1,140 hours) of support provided to referred clients and their teams when client was in a crisis bed placement and or a psychiatric hospital placement (un-reimbursable supports). This represents over $109,000 in unbillable services.

Third, 15% of all referrals had no MCCP accessible funding source. While this is a 3% decline from last year, unfunded cases represent a significant amount of service in terms of time and dollars.

The sidebar above represents points one and two. As of the middle of January 2007, Meridian Crisis beds re-located and re-opened and as of that date 15 of 16 dedicated crisis beds were occupied. 4 people were being served in variable beds.

Furthermore, MCCP and member counties anticipate increased referrals and if the percentage of accessible funding increases even slightly, the current cost of the system will be maximized.

It is anticipated that system savings will continue to be achieved through a number of mechanisms, including but not limited to the following:

- Improving access to preventative services by serving all eligible referrals;
- Investing in education initiatives designed to promote utilization of preventative referrals, such as case manager trainings;
- Using lower cost services where such services are available and clinically appropriate (in lieu of higher-cost alternatives);
- Enhancing provider accountability for quality and cost effectiveness.

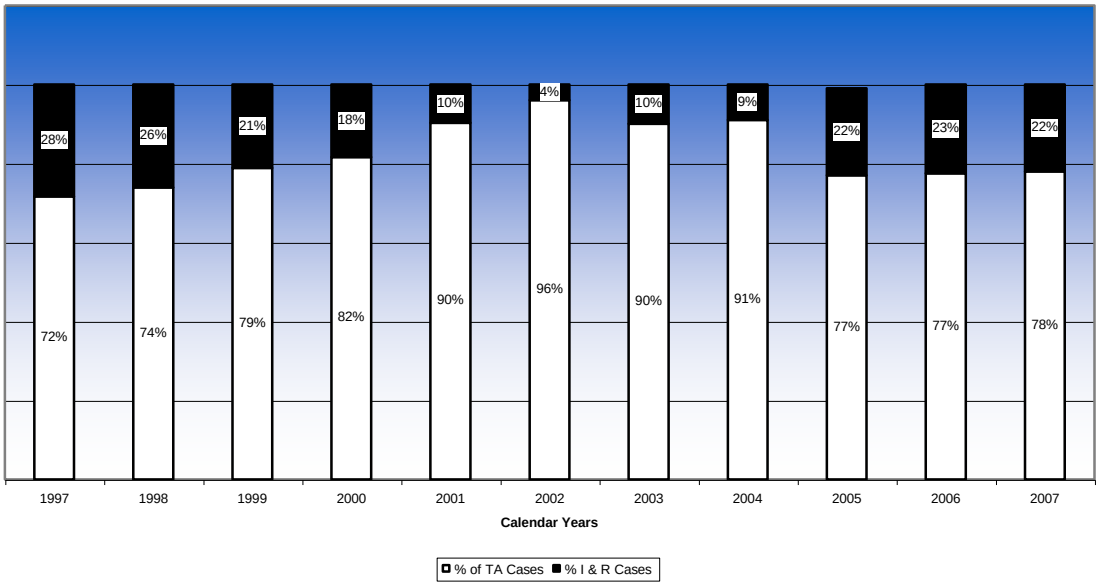
The full measure of these mechanisms was not realized in 2006. For instance, 62% of referrals made in 2006 having an initial request of both a crisis bed and technical assistance support closed, following MCCP technical assistance, without a crisis bed being part of the supports required. MCCP anticipates that this ratio can be improved as preventative technical assistance services are

Fact Actual cost to the crisis system of a 45-day crisis bed stay and a technical assistance case remain approximately 9 to 1 ($29,000 for crisis bed / $3,300 technical assistance).

Fact 75% of the total crisis budget goes for payment of crisis beds and 25% payment for MCCP to coordinate the crisis system and provide technical assistance.

used and as MCCP begins to self initiate referrals to address needs of high users of the crisis system.

Technical Assistance and Information and Referral



Technical Assistance represents the bulk of the service that MCCP provides to clients. In 2007 there were 428 TA referrals. It is the most cost effective of crisis services available as it puts a qualified crisis worker in direct contact with the client and that client's support system for 90 days. After 90 days, that crisis worker is able to locate and refer the client to longer-term services that will help prevent another crisis.

Fact MCCP can handle double the Technical Assistance referrals made in 2006.

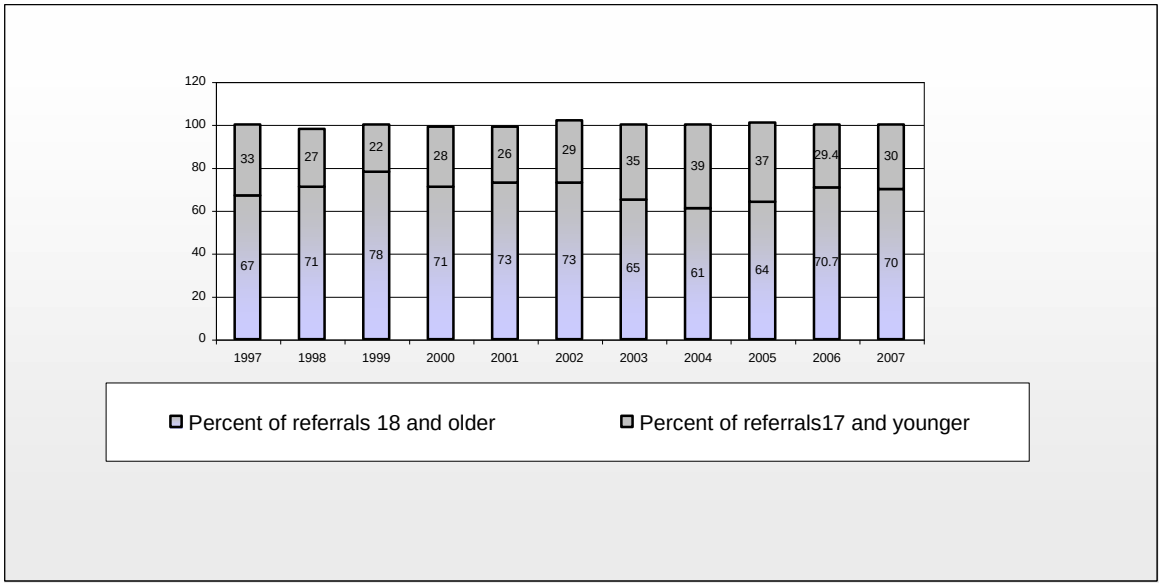
Information and Referral represented 26%, or 131, of 2006 referrals to MCCP. Though only a quarter of referrals, I & R cases are the lions share of costs to the crisis system-over 75% of the total dollars in the system are spent on crisis beds.

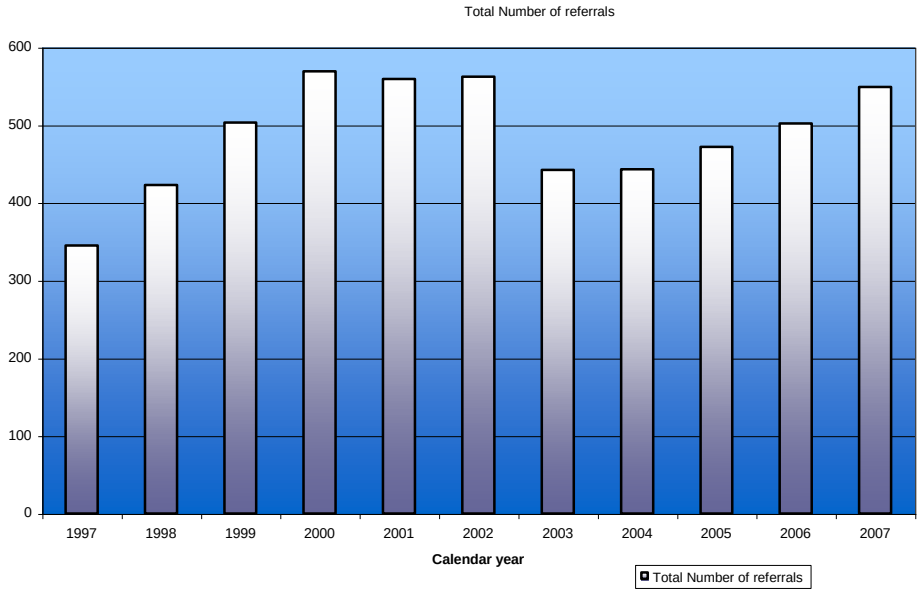
For several years, MCCP has worked to maximize access and minimize those occupied bed days that are not clinically indicated for stabilization by facilitating transition out of the crisis home. These efforts have born fruit, as the average stay in a crisis bed hovers at just over 45 days.

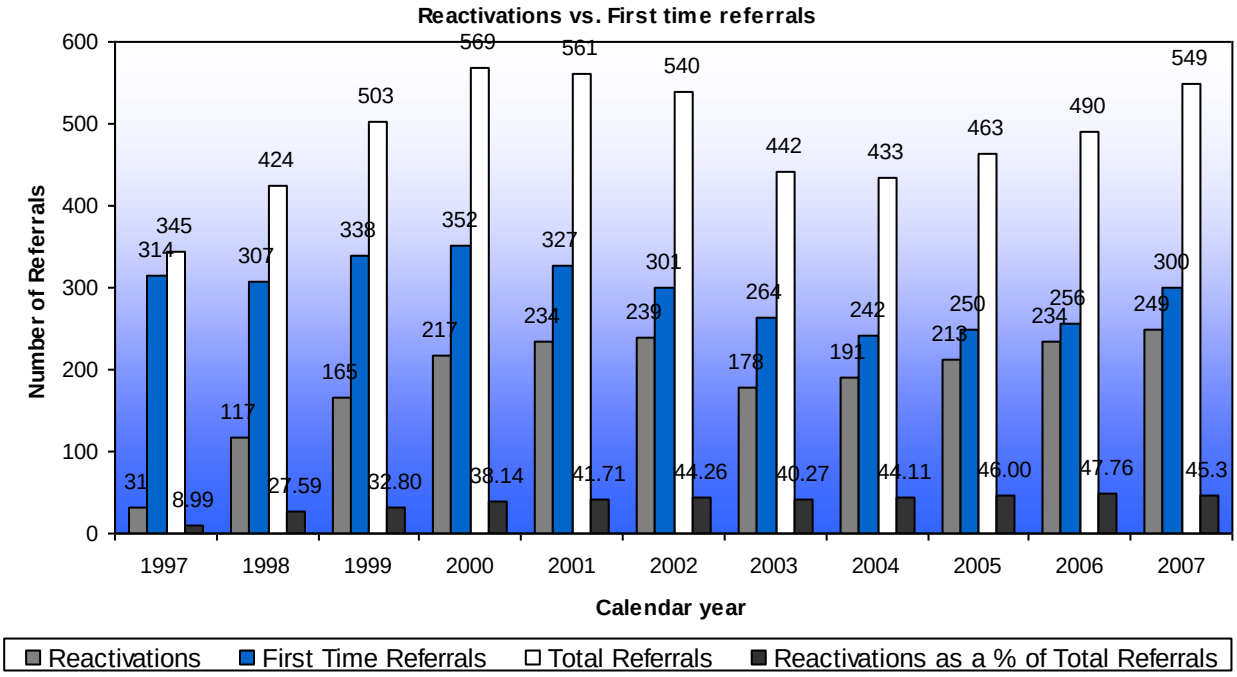
In 2006, MCCP began an aggressive and comprehensive triage system to help facilitate proper and appropriate placement in the residential service array that MCCP has at its disposal. Behavior analysts personally see each client who has a request for a crisis bed and determine the proper level of care required given a number of clinical indicators. MCCP feels that this initiative will keep the crisis beds available for those who are unable to be served in a step down or transition bed. This triage system illustrates the efficiencies that MCCP brought to the crisis system once the Pooling Project was launched.

The Year By Numbers

Total number of referrals for the year 2007 was 549, a 6% increase from last year. 2006 also marks the first time since 2002 that MCCP has hit the 500-referral mark. The number of referrals is one example of how the Pooling Project enabled the member counties to unfetter their referral processes to MCCP, allowing more people to be served in the most clinically indicated way.

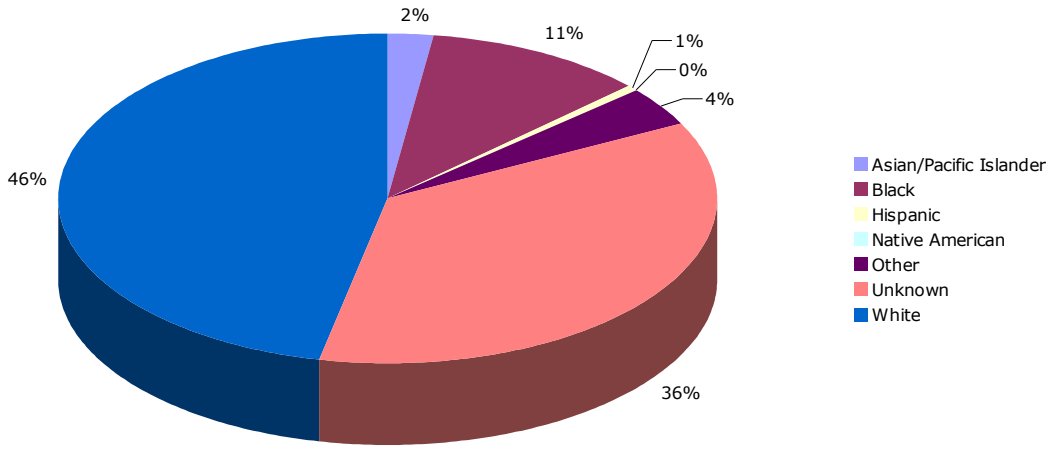






Reactivations as a percentage of total referrals have crept up from last year. Though not a concern addressed by the MCCP Steering Committee yet, MCCP does monitor these re-referrals. Since inception, MCCP has received over 4,800 referrals and it is to be expected that many of those referrals are clinically complex, requiring multiple interventions in order to successfully live their fullest possible lives in the community. Moreover, people move from home to home, staff turn over, and people transition from one phase of life to another. Each of these events can bring opportunity and additional stress to a person's life, taxing coping tools and resources in the person's life. This is where MCCP is asked to intervene on a consistent basis.

2006 Referral Racial Data



Whites remain the largest percentage of referrals to MCCP with no significant change from the past. The unknown category is so large because of how the data is collected: the race is indicated on a MCCP closing document after a case is completed. If the client is not viewed directly or no closing document is produced, that client would fall into the unknown category.

	USA	Minnesota	MCCP
White Persons*	80.2%	89.6%	47%
Black Persons	12.8	4.3	11
American Indian and Alska Native Persons	1.0	1.2	2
Asian Persons	4.3	3.4	2.0
Native Hawaiian and Other Pacific Islander Persons	.2	.1	0
Persons of Hispanic or Latino Origin	14.4	3.6	1

* Based on 2005 Census Data

MCCP continues to look to serve the increasing diverse population of the Minneapolis/St. Paul area. MCCP has translated forms in Spanish, has relationships with several different translation services, and has a cultural competency plan.

2006 Satisfaction Survey Results

Metro Crisis Coordination Program (MCCP)
Satisfaction Survey Results

2006

334 Surveys were sent out in 2006. 141 were returned (42%)

Rating scale is 1 to 5 with 5 being very satisfied

Case Managers

116 surveys sent and 60 received (52%)

Overall satisfaction with MCCP services and supports 4.75

Highest satisfaction in ease of referral 4.9

Lowest satisfaction in MCCP's ability to coordinate additional supports and resources 4.47

Families

71 surveys sent and 27 received (38%)

Overall satisfaction with MCCP services and supports 4.73

Highest satisfaction in ease of making referrals 4.95

Lowest satisfaction in MCCP's ability to coordinate additional supports and resources 4.32

Residential Programs

82 surveys sent and 27 received (33%)

Overall satisfaction with MCCP services and supports 4.81

Highest satisfaction in effectively communicate 4.78

Lowest satisfaction in MCCP's ability to coordinate additional supports and resources 4.52

Day Programs/Schools

30 surveys sent and 13 received (43%)

Overall satisfaction with MCCP services and supports 4.58

Highest satisfaction in ease of making referral 4.8

Lowest satisfaction in response time 4.58

Other (conservators, hospital, psychologists, etc.)

19 surveys sent and 8 received (42%)

Overall satisfaction with MCCP services and supports 4.67

Highest satisfaction in response time 5.00

Lowest satisfaction in MCCP's ability to coordinate additional supports and resources, follow up, & convening recommendations 4.67

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

16 surveys sent and 6 received (38%)

Most happy with efforts of MCCP to help them, MCCP's ability to explain what MCCP might be able to do to help them & MCCP staff being available to them 3.00

Least happy in MCCP listening to their concerns 3.00

Metro Crisis Coordination Program (MCCP)
Satisfaction Survey Results

2006

Case Managers

MCCP helped develop crisis plan/specific behavioral recommendations 89% (49 of 55)

Plan implemented/cared out 2.52 (1 = not at all 2 = partially 3 = completely)

Any responsibility for carrying out crisis plan/recommendations 16% (8 of 49)

Anticipate need for follow-up support to implement plan 27% (14 of 52)

Rating scale is 1 to 5 with 1 being strongly disagree and 5 being strongly agree

MCCP's services resolved the crisis situation 4.0

MCCP's services will prevent future crises 3.66

MCCP's services were clearly explained 4.5

I had enough information to make choices about crisis services 4.52

MCCP's services helped prevent client being removed from living or work situation 75% yes (45 of 60)

Should MCCP's services helped prevent client being removed from living or work situation 71% yes (40 of 56)

Families

MCCP helped develop crisis plan/specific behavioral recommendations 93% (25 of 27)

Plan implemented/cared out 2.64 (1 = not at all 2 = partially 3 = completely)

Any responsibility for carrying out crisis plan/recommendations 64% (16 of 25)

Anticipate need for follow-up support to implement plan 43% yes (10 of 23)

Rating scale is 1 to 5 with 1 being strongly disagree and 5 being strongly agree

MCCP's services resolved the crisis situation 3.59

MCCP's services will prevent future crises 3.3

MCCP's services were clearly explained 4.40

I had enough information to make choices about crisis services 4.0

MCCP's services helped prevent client being removed from living or work situation 60% yes (15 of 25)

Should MCCP's services helped prevent client being removed from living or work situation 67% yes (12 of 18)

Residential Programs

MCCP helped develop crisis plan/specific behavioral recommendations 78% (21 of 27)

Plan implemented/cared out 2.75(1 = not at all 2 = partially 3 = completely)

Any responsibility for carrying out crisis plan/recommendations 100% (23 of 23)

Anticipate need for follow-up support to implement plan 21% yes (4 of 19)

Rating scale is 1 to 5 with 1 being strongly disagree and 5 being strongly agree

MCCP's services resolved the crisis situation 3.75

MCCP's services will prevent future crises 3.58

MCCP's services were clearly explained 4.56

I had enough information to make choices about crisis services 4.38

MCCP's services helped prevent client being removed from living or work situation 70% yes (19 of 27)

Should MCCP's services helped prevent client being removed from living or work situation 74% yes (17 of 23)

Day Programs/Schools

MCCP helped develop crisis plan/specific behavioral recommendations 90% (9 of 10)

Plan implemented/cared out 2.78 (1 = not at all 2 = partially 3 = completely)

Any responsibility for carrying out crisis plan/recommendations 90% (10 of 11)

Anticipate need for follow-up support to implement plan 45% yes (5 of 11)

Rating scale is 1 to 5 with 1 being strongly disagree and 5 being strongly agree

MCCP's services resolved the crisis situation 3.5

MCCP's services will prevent future crises 3.5

MCCP's services were clearly explained 4.46

I had enough information to make choices about crisis services 4.10

MCCP's services helped prevent client being removed from living or work situation 62% yes (8 of 13)

Should MCCP's services helped prevent client being removed from living or work situation 77% yes (7 of 9)

Other (conservators, hospital, psychologists, etc.)

MCCP helped develop crisis plan/specific behavioral recommendations 75% (6 of 8)

Plan implemented/cared out 2.60 (1 = not at all 2 = partially 3 = completely)

Any responsibility for carrying out crisis plan/recommendations 38% (3 of 8)

Anticipate need for follow-up support to implement plan 43% yes (3 of 7)

Rating scale is 1 to 5 with 1 being strongly disagree and 5 being strongly agree

MCCP's services resolved the crisis situation 3.83

MCCP's services will prevent future crises 3.83

MCCP's services were clearly explained 4.33

I had enough information to make choices about crisis services 4.80

MCCP's services helped prevent client being removed from living or work situation 88% yes (7 of 8)

Should MCCP's services helped prevent client being removed from living or work situation 60% yes (3 of 5)