



Metro Crisis Coordination Program
(MCCP)

2008 Annual Report

Prepared for the Metro Region Crisis Planning Group (MRCPG)

The Metro Crisis Coordination Program (MCCP) began operations in 1996, following a number of years of planning by the metro counties and other stakeholders. MCCP coordinates the collaborative effort between the seven metropolitan counties of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington.

MCCP continues to serve as the single point of entry in which people with developmental disabilities and their support teams' access crisis services throughout the seven metro county area. MCCP provides and facilitates preventative and emergency behavioral supports. MCCP strives to promote relationship-based, cost-effective services that preserve and maintain people in their natural residential and work/educational settings using a variety of techniques. MCCP organizes the resources of its own personnel, subcontracted vendors and other licensed crisis services vendors to implement the goals and meet the needs as identified and supported by the MRCPG.

During 2008 the goals and benefits of collaboration among the counties that comprise the MRCPG continued with many initiatives that were started in previous years maturing. MCCP continued as the single point of entry helping promote more complete, region wide data. MCCP continued to provide 24 hour telephone crisis triage. In 2008 MCCP responded to over 125 after hour calls for support from consumers, families, guardians, residential staff, and hospital emergency rooms. MCCP continued to exercise, MRPCG approved, host county concurrence for 16 crisis beds (MORA – 4, Meridian - 4, MSOCS - 8) and 14 transition beds (MORA - 4, People II - 6, Phoenix - 2, Axis – 2) that are located in 4 different counties (Carver, Dakota, Hennepin and Ramsey).

In 2008 MCCC started a Parent Support/Training Group focused on addressing the challenging behaviors displayed by persons with Developmental Disabilities and Related Conditions (Autism Spectrum). Topics included functions of challenging behaviors (participants learn about the functions of challenging behaviors and how to match interventions to the identified functions), proactive strategies (these topics focus on the strategies that may be utilized to either prevent challenging behaviors and/or minimize the occurrence of challenging behaviors), reinforcement programming, reactive strategies (these topics focus on the strategies that may be utilized once an individual has already begun displaying challenging behaviors to help everyone remain safe) and medication as an intervention. The training is flexible and the trainers add training topics based on the groups interests. In addition to the information offered one goal of the training is to encourage parents in attendance to get to know each other and become, as they are comfortable, ongoing support systems for each other. The training will be offered in a variety of locations throughout the metro area to help promote attendance and access for all counties and their parents who wish to attend.

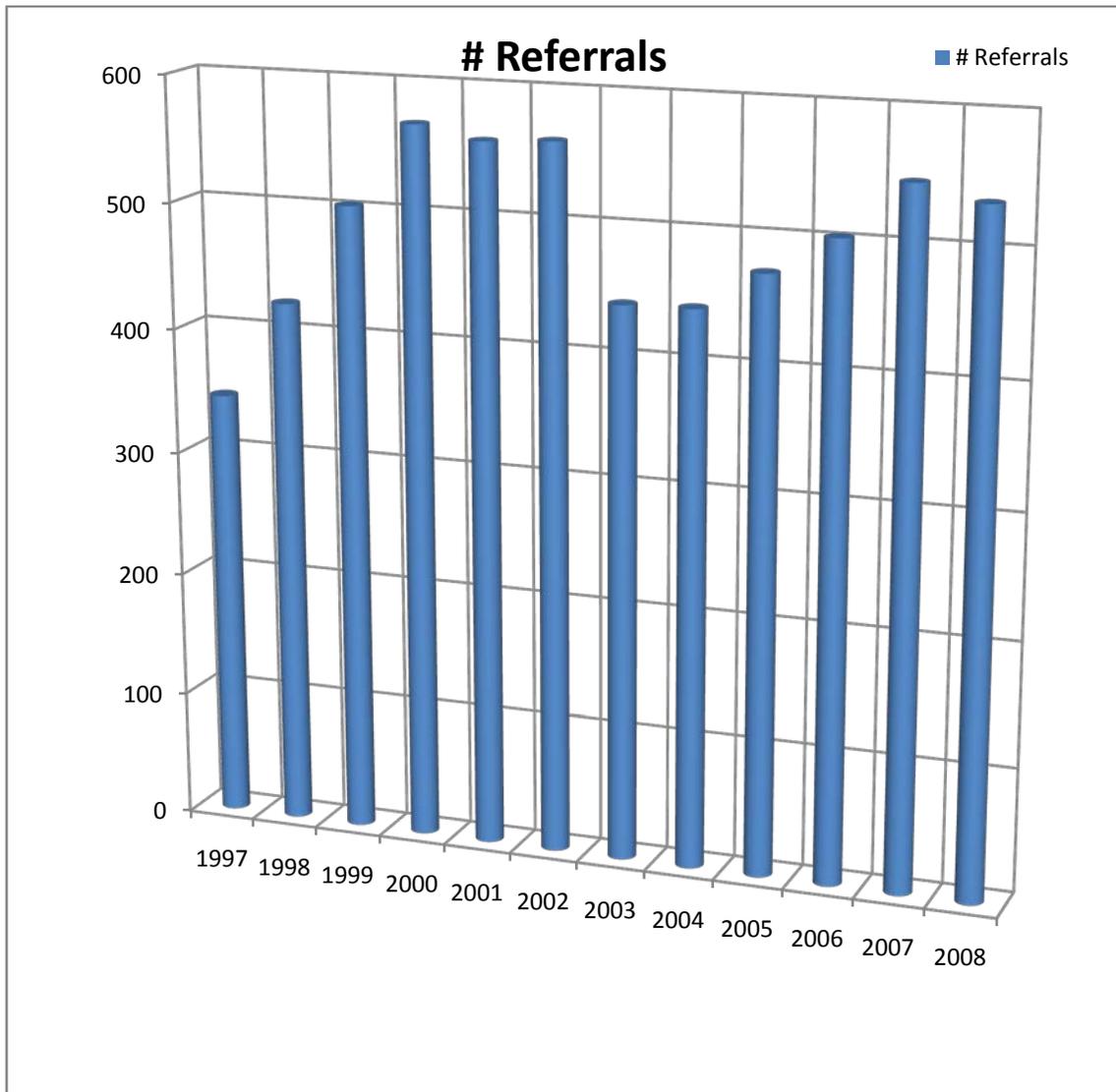
In 2008 MCCC provided 23 trainings (not including training associated with a referral) for providers, training over 550 staff. Topics of training included mental health issues and developmental disabilities, medical issues that can affect adaptive behavior, sexuality and developmental disabilities and best practices and positive behavior support strategies. MCCC also provided 7 trainings for over 300 county case managers regarding the crisis system including expectations and access.

2008 “Numbers”

Referrals Metro Crisis Coordination Program (MCCP) (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott & Washington) 1997-2008

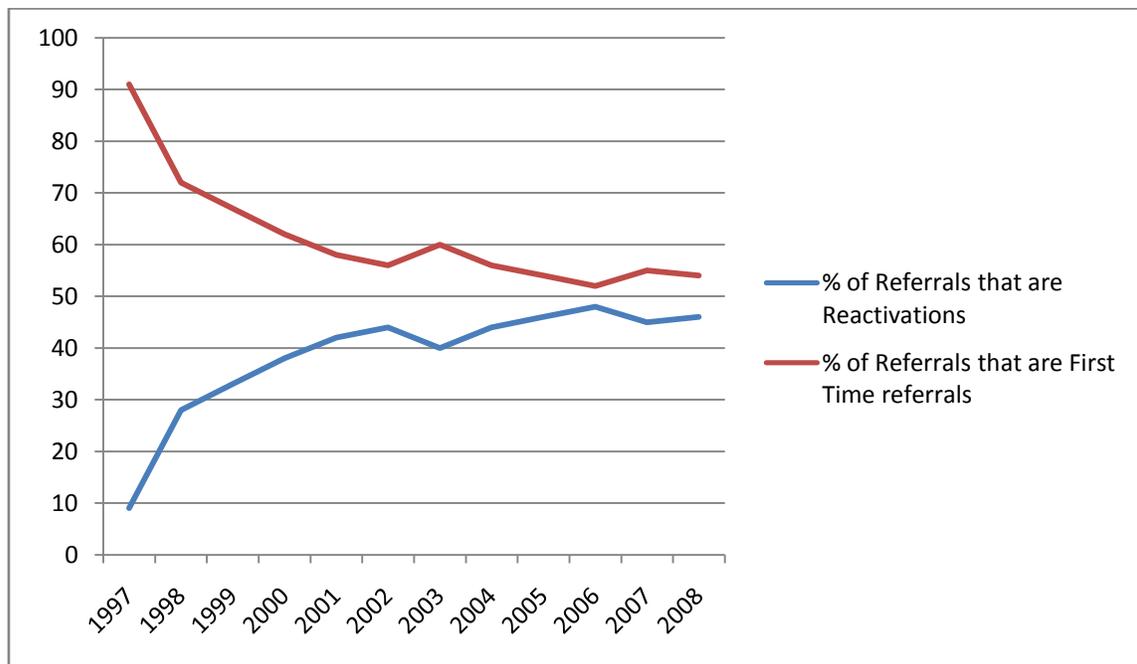
Year	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	12 Year Total
Total Referrals	345	423	503	569	559	562	442	443	473	503	547	535	5,904

Referrals include Information and Referral (I & R) and Technical Assistance (T.A.) Referrals



In 2008 there were 535 referrals representing a 2.2% decrease in referrals from 2007 (547). Anoka = 48, Carver = 5, Dakota = 43, Hennepin = 313, Ramsey = 72, Scott = 16, Washington = 34 and there were 5 referrals regarding individuals whose county of financial responsibility is a county outside the metro region. Services to other counties is provided only on a “as available” basis.

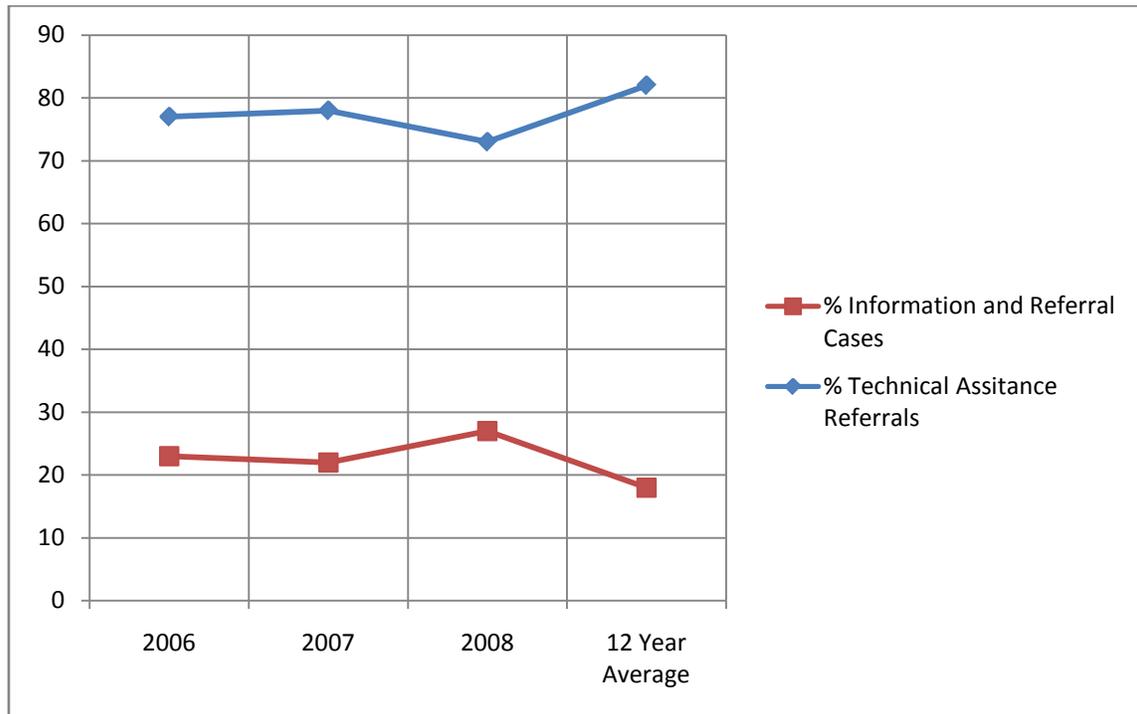
Reactivation Referrals versus First Time Referrals



Reactivations have over the last eight years been over 40% of total referrals and have fluctuated between 40% and 48% a year. Last year there was a 1% increase in the reactivation rate from 2007 (45% to 46%). Many factors effect reactivation rates including; individuals moving from home to home, staff turnover, transitions (from one phase of life to another), clinical complexity of individual needs, etc. MCCP, through 6 month follow up calls, attempts to identify individuals that could benefit from additional

supports prior to the individual's needs reaching "crisis" levels that may result in hospitalization and or loss of placement.

Technical Assistance Referrals versus Information and Referral

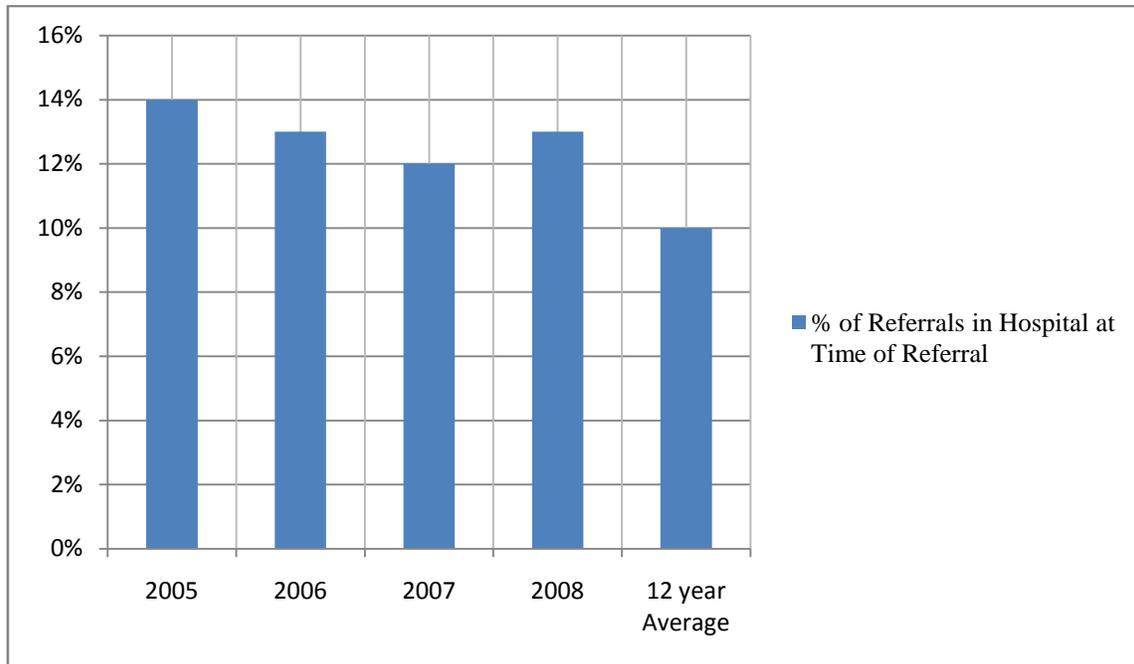


The percentage of Technical Assistance (TA) referrals versus Information and Referral (I & R) was somewhat less in 2008 compared to 2007 (73% T.A. in 2008 to 78% in 2007) . During the last 4 years (2005-2008) the % of I and R cases has been higher (24%) than the 12 year average (18%). Prevention through T.A. remains a priority as the actual cost of a 45 day stay in a crisis bed and the actual cost of a typical TA referral remains approximately 9 to 1 (\$31,000 versus \$3,400).

Efforts and focus continues on providing T.A. whenever appropriate and possible including when I and R referrals are made. In 2008 there were 19 referrals made requesting both T.A and I & R. and the disposition of the cases were as follows;

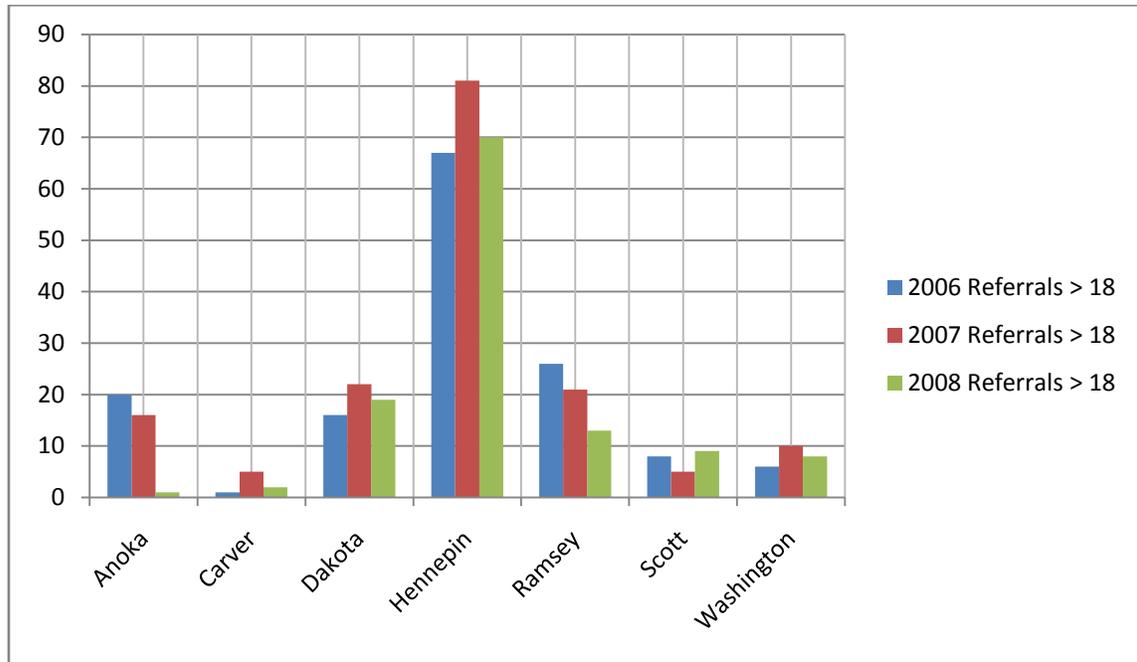
Referrals requesting both T.A. and I & R at time of referral	Case concluded without need for crisis bed	Case concluded following crisis bed placement	Case concluded following transition bed placement
19	13	5	1
% of Total	68%	26%	6%

% of Referrals in the Hospital at the time of the Referral



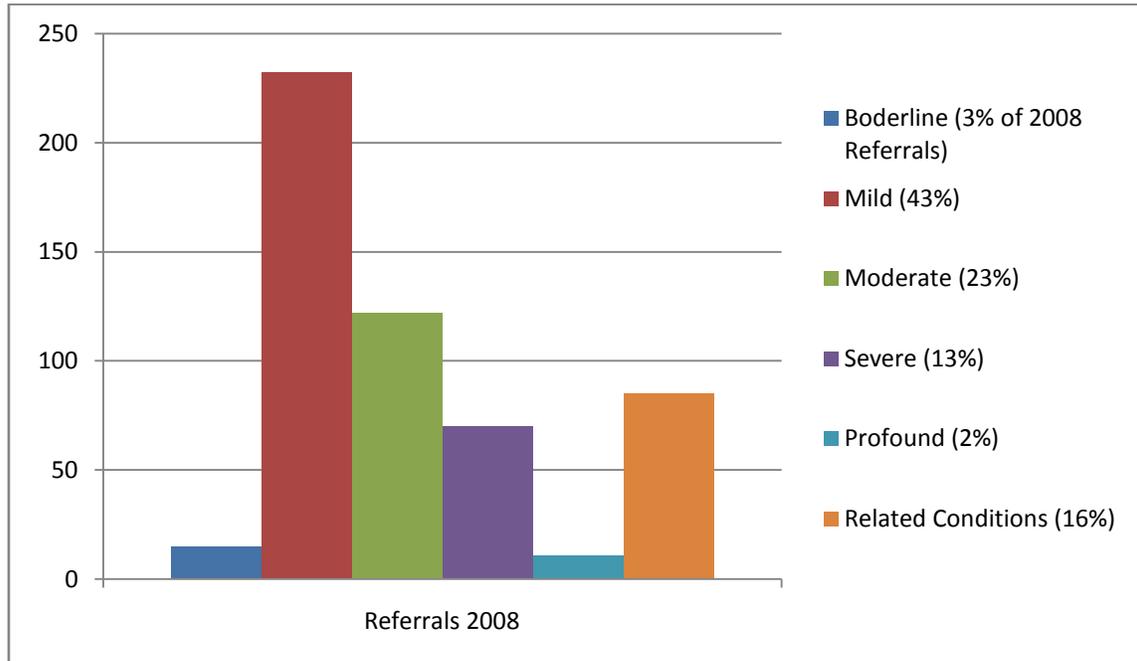
Over the last four years the % of referrals made with the referred individual in the hospital at the time of referral has remained relatively constant (12%-14%). The last four years represents a slight increase over the 12 year average (10%)

Total Referrals of Persons Younger than 18 years old



The percentage of referrals of those 18 and younger declined in 2008 to 23%. That was a 7% decline from both 2007 (30%) and the 12 year average which is also 30%. Some factors influencing referrals of those under 18 years old could include challenges when stopping and starting PCA services, prevalence of CDCS funding and the possibility of TEFRA fees for some families.

Functioning Levels of Those Referred in 2008



The functioning levels of those referred to MCCP in 2008 are different than the “average” prevalence of functioning levels within mental retardation classifications. Referrals to MCCP are weighted more heavily in the moderate and severe classifications than the average.

Functioning Levels within Mental Retardation	“Average” Prevalence	2004 MCCP Referrals	2008 MCCP Referrals
Borderline/Mild	85%	52%	55%
Moderate	10%	30%	27%
Severe	3%-4%	15%	16%
Profound	1%-2%	3%	2%
Total	100%	100%	100%
% of all Referrals made with diagnosis of Related Conditions		15%	16%

Dedicated Crisis Bed Occupancy in 2008 was 83%. All providers' occupancy rates are influenced by their timeliness of admissions and discharges as well as continued commitment to serve targeted populations.

Dedicated Crisis Bed	2007 Occupancy	2008 Occupancy
Dakota	84%	88%
Meridian	74%	77%
Minnehaha	81%	82%
Average	80%	83%
Variable Bed Occupancy (2.5 a Day Target)	123%	116%

During 2008 the average length of placement in a crisis home (averaging both dedicated and variable crisis bed placements) was 48 days. This was an increase of 2 days over the 2007 average of 46 days. 8% of referrals stayed over 90 days and 59% of referrals stayed 45 days or less.

Crisis Home	Average Length of Stay
Dakota	64 Days
Meridian	47 Days
Minnehaha	46 Days
Pine City	47 Days
Special Services Program (SSP)	51 Days
Other Crisis Homes	40 Days
Average for all Crisis Homes	48 Days

Average Time Waiting for a Crisis Bed

Children	2007	2008
Average # of Children waiting each day	1	.8
Range	0-4	0-3
% of Days with a Child waiting for a crisis bed	54%	59%
Adults	2007	2008
Average # of Adults waiting each day	4.6	1.5
Range	0-12	0-7
% of Days with a Adult waiting for a crisis bed	96%	59%

During 2008 there was a reduction in the average number of children waiting for a crisis bed of 20% (1 to .8 per day). The range of those waiting was reduced as well, while the days without any children waiting increased slightly (less children's transition beds available in 2008). Adults waiting for a crisis bed saw even greater gains with a reduction of, on average, over three adults per day. The range of those waiting was reduced and the days with an adult waiting for a crisis bed was reduced by 35%.

2008 Satisfaction Survey Results

MCCP’s contract performance measurements include three questions posed on the satisfaction surveys sent out by MCCP upon closing T.A. cases. One target is to average 3.5 (scale of 1 to 5 with 5 meaning strongly agree) regarding the question “To what extent do you agree that MCCP’s services successfully resolved the crisis situation?” Target two is to average 2.8 (scale of 1 to 3 with 3 meaning completely) regarding the question “If a crisis plan or set of recommendations was developed, to what extent was it carried out?” Target three is to average 3.5 (scale of 1 to 5 with 5 meaning strongly agree) regarding the question “To what extent do you agree that MCCP’s services will successfully prevent future crisis situations?”

Target	2006 Results	2007 Results	2008 Results
# 1 = 3.5/5 (goal 70%)	3.81 (76%)	3.80 (76%)	3.77 (75%)
# 2 = 2.8/3 (goal 93%)	2.62 (87%)	2.59 (86%)	2.52 (84%)
# 3 = 3.5/5 (goal 70%)	3.56 (71%)	3.63 (73%)	3.60 (72%)

Typical monthly data provided to the MRCPG at the Steering Committee meetings include utilization data broken out by type of service (county S.A./T.A. individual, county S.A./T.A. aggregate and project S.A./T.A. aggregate), crisis/transition bed utilization by vendor and maintenance of effort work provided by category of service. Additional data is provided as relevant and if and when requested.

Metro Crisis Coordination Program (MCCP) Satisfaction Survey Results 2008

550 Surveys were sent out in 2008. 168 were returned (31%)
Rating scale is 1 to 5 with 5 being very satisfied

Case Managers

192 surveys sent and 79 received (41%)
Overall satisfaction with MCCP services and supports 4.70
Highest satisfaction in response time from MCCP 4.88
Lowest satisfaction in MCCP's ability to coordinate additional supports and resources 4.40

Families

147 surveys sent and 35 received (24%)
Overall satisfaction with MCCP services and supports 4.54
Highest satisfaction was ease of making referrals 4.73
Lowest satisfaction in MCCP's ability to coordinate additional supports and resources 4.53

Residential Programs

109 surveys sent and 20 received (18%)
Overall satisfaction with MCCP services and supports 4.66
Highest satisfaction in effectively communicate 4.80
Lowest satisfaction in ease of making referrals 4.53

Day Programs/Schools

49 surveys sent and 15 received (31%)
Overall satisfaction with MCCP services and supports 4.60
Highest satisfaction in effectively communicate 4.80
Lowest satisfaction was ease of making referrals 4.46

Other (Conservators, Hospital, Psychologists, etc.)

23 surveys sent and 8 received (35%)
Overall satisfaction with MCCP services and supports 4.50
Highest satisfaction was in response time. 4.71

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

30 surveys sent and 11 received (27%)
Most happy with MCCP's ability to explain what MCCP might be able to do to help them & MCCP staff being available to them when a client wanted to call, to visit or talk with an MCCP staff. 3.00

**Metro Crisis Coordination Program (MCCP)
Satisfaction Survey Results
2008**

Case Managers

MCCP helped develop crisis plan/specific behavioral recommendations 84% (61 of 73)

Plan implemented/carried out 2.39 (1= not at all, 2 = partially, 3= completely)

Any responsibility for carrying out crisis plan/recommendations 34% (22 of 64)

Anticipate the need for follow-up support to implement plan 25% (14 of 57)

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

MCCP's services resolved the crisis situation 3.96

MCCP's services will prevent future crises 3.69

MCCP's services were clearly explained 4.53

I had enough information to make choices about crisis services 4.61

MCCP's services helped prevent client being removed from living or work situation
76%

Yes (52 of 68)

Should MCCP's services have helped prevent client being removed from living or
work situation yes 69% (45 of 65)

Families

MCCP helped develop crisis plan/specific behavioral recommendations 94% (30 of 32)

Plan implemented/carried out 2.63 (1= not at all, 2 = partially, 3= completely)

Any responsibility for carrying out crisis plan/recommendations 49% (17 of 35)

Anticipate the need for follow-up support to implement plan 28% (19 of 32)

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

MCCP's services resolved the crisis situation 3.73

MCCP's services will prevent future crises 3.63

MCCP's services were clearly explained 4.44

I had enough information to make choices about crisis services 4.22

MCCP's services helped prevent client being removed from living or work situation
Yes 64% (14 of 22)

Should MCCP's services have helped prevent client being removed from living or
work situation yes 69% (16 of 23)

Residential programs

MCCP helped develop crisis plan/specific behavioral recommendations 90% (18 of 20)

Plan implemented/carried out 2.50 (1= not at all, 2 = partially, 3= completely)

Any responsibility for carrying out crisis plan/recommendations 85% (17 of 20)

Anticipate the need for follow-up support to implement plan 18% (3 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 3.30

MCCP's services will prevent future crises 3.20
MCCP's services were clearly explained 4.45
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
Yes 83% (14 of 17)
Should MCCP's services have helped prevent client being removed from living or work situation yes 63% (10 of 16)

Day programs/Schools

MCCP helped develop crisis plan/specific behavioral recommendations 85% (11 of 13)
Plan implemented/carried out 2.86 (1= not at all, 2 = partially, 3= completely)
Any responsibility for carrying out crisis plan/recommendations 80% (12 of 15)
Anticipate the need for follow-up support to implement plan 33% (5 of 15)

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

MCCP's services resolved the crisis situation 3.54
MCCP's services will prevent future crises 3.38
MCCP's services were clearly explained 3.93
I had enough information to make choices about crisis services 4.00
MCCP's services helped prevent client being removed from living or work situation
Yes 83% (10 of 12)
Should MCCP's services have helped prevent client being removed from living or work situation yes 88% (7 of 8)

Other (conservators, hospitals, psychologists, etc.)

MCCP helped develop crisis plan/specific behavioral recommendations 88% (7 of 8)
Plan implemented/carried out 2.63 (1= not at all, 2 = partially, 3= completely)
Any responsibility for carrying out crisis plan/recommendations 63% (5 of 8)
Anticipate the need for follow-up support to implement plan, yes, 38 % (3 of 8)

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

MCCP's services resolved the crisis situation 3.63
MCCP's services will prevent future crises 4.00
MCCP's services were clearly explained 4.88
I had enough information to make choices about crisis services 4.63
MCCP's services helped prevent client being removed from living or work situation
Yes 83% (5 of 6)
Should MCCP's services have helped prevent client being removed from living or work situation yes 50% (3 of 6)