



Metro Crisis Coordination Program
(MCCP)

2009 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.

MCCP as the single point of entry for crisis services for the metro area helps promote more complete, region wide data. MCCP continues to provide 24 hour telephone crisis triage. In 2009 MCCP responded to over 100 after hour calls for support from consumers, families, guardians, residential staff, and hospital emergency rooms.

In 2009 MCCP exercised, MRPCG approved, host county concurrence for 16 crisis beds (MORA – 4, Meridian - 4, MSOCS - 8). In 2009 there were changes in the reimbursement for ICF/MR beds that are used either for crisis or transition placements. This changed participating providers abilities to continue to offer the service in 2010. MORA and People II enter 2010 continuing to offer crisis and or transition beds in their ICF/MR's.

Training in 2009 remained an important part of MCCP's service to the region. Topics of training involved behavior support strategies including functions of challenging behaviors (participants learned about the functions of challenging behaviors and how to match interventions to the identified function), proactive approach (focusing on the approaches that may be utilized to either help prevent challenging behaviors and/or help minimize the occurrence of challenging behaviors), reinforcement programming, reactive strategies (focusing on plans that may be utilized once an individual has already begun displaying challenging behaviors in an effort to help everyone remain safe) and medication as an intervention. Additional topics included mental health issues and developmental disabilities, medical issues that can affect adaptive behavior, sexuality and developmental disabilities, Fetal Alcohol Syndrome/Effects (FAS/FAE), how the aging process can effect behavior challenges and how changes in sensory needs may impact behavior.

In 2009 MCCP provided 30 trainings (not including training associated with a referral) for various providers working with people with disabilities, training over 1200 staff. Among the groups trained by MCCP were; school district personnel, ARRM, ARC, Minnesota Parks and Recreation staff, and hospital emergency room social workers. MCCP provided 8 trainings for over 350 county case managers regarding the crisis system including expectations and access. MCCP also provided 5 trainings for 35 parents of people with disabilities and training for 10 consumers regarding stress management techniques.

MCCP continues to monitor, update and provide the required support for the residential opening list (www.mn-ddsupportservices.com) to remain available to others.

The list is accessible for use by parents, counties, professionals, providers and anyone interested in knowing more about open placements in the D.D. residential system. The opening list started in 1999 and has had over 275 different providers post over 1300 individual listings in 39 various counties throughout Minnesota. A recent visit to the site revealed 39 openings listed in 18 different counties. The use of the list continues to grow with 31 new providers being added in 2009. There are many different ways to sort through the openings listed on the site including the following;

- [Recent Openings by County](#)
- [Age](#)
- [County](#)
- [Facility Type](#)
- [Gender](#)
- [Handicapped Accessible](#)
- [Length of Stay](#)
- [MR Level](#)
- [Overnight Supervision](#)
- [Physical Aggression](#)
- [Special Med Attn](#)
- [Provider](#)
- [Per Diem](#)
- [Profiles Needing Updates](#)
- [Special Search](#)

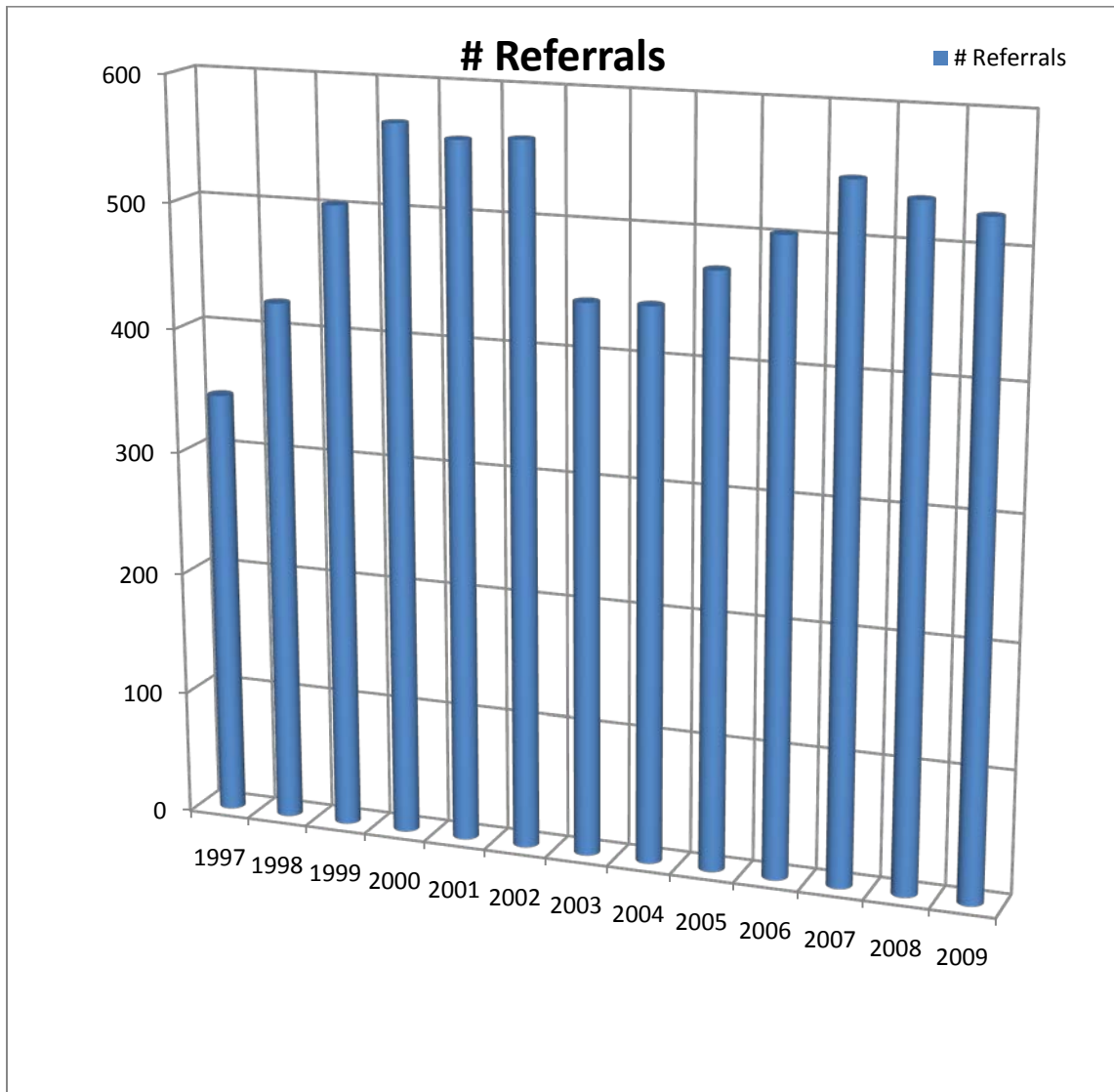
The ability to sort by funding stream will be added as a feature in 2010.

2009 ‘Numbers’

Referrals Metro Crisis Coordination Program (MCCP) (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott & Washington) 1997-2009

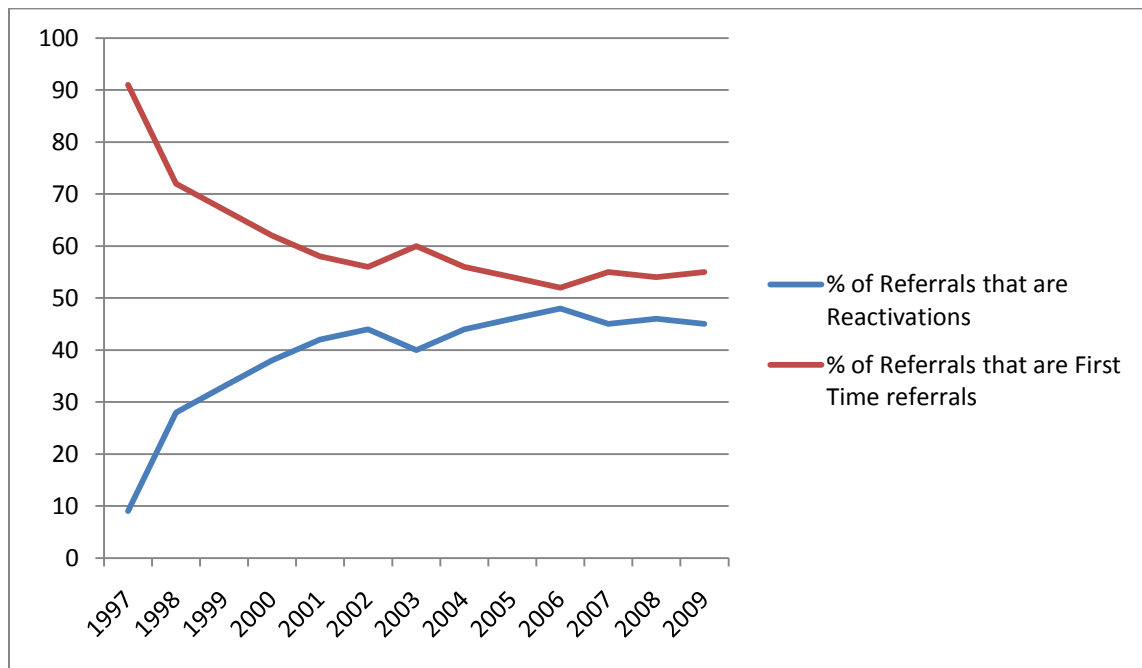
Year	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	13 Year Total
Total Referrals	345	423	503	569	559	562	442	443	473	503	547	535	526	6,430

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



In 2009 there were 526 referrals representing a 1.7% decrease in referrals from 2008 (535). Referrals by county were as follows; Anoka = 34, Carver = 9, Dakota = 52, Hennepin = 282, Ramsey = 70, Scott = 29, Washington = 39 and there were 11 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.

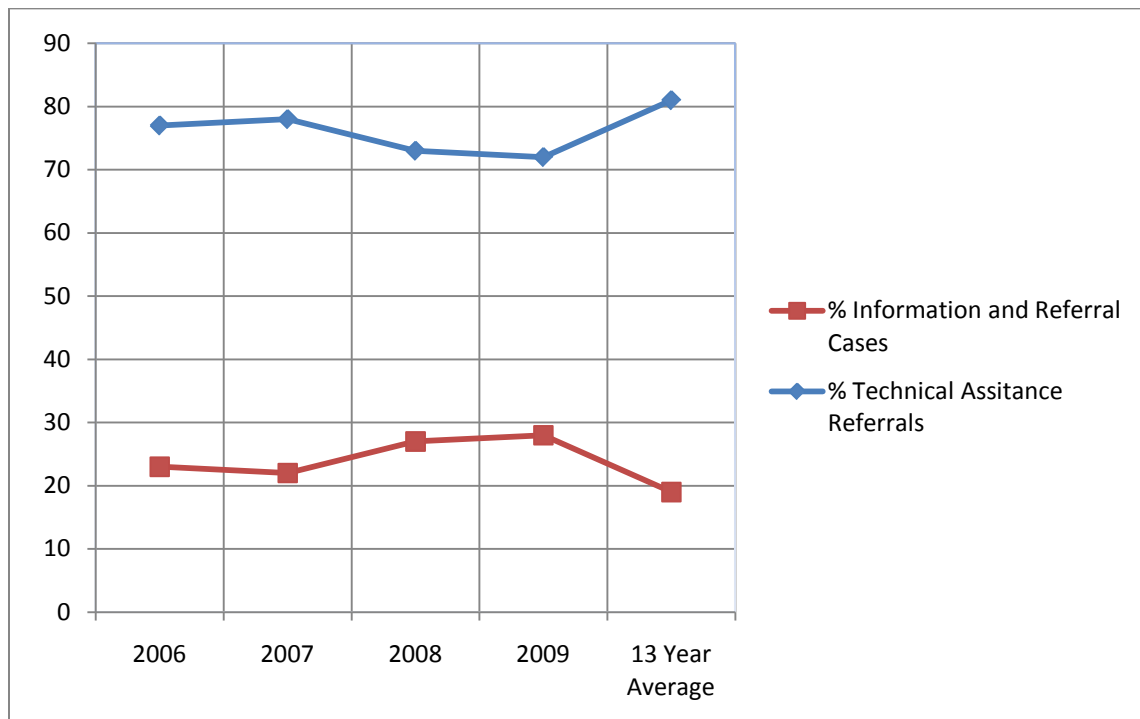
Reactivation Referrals versus First Time Referrals



Reactivations have over the last nine years been over 40% of total referrals and have fluctuated between 40% and 48% a year. Last year there was a 1% decrease in the reactivation rate from 2008 (46% to 45%). 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



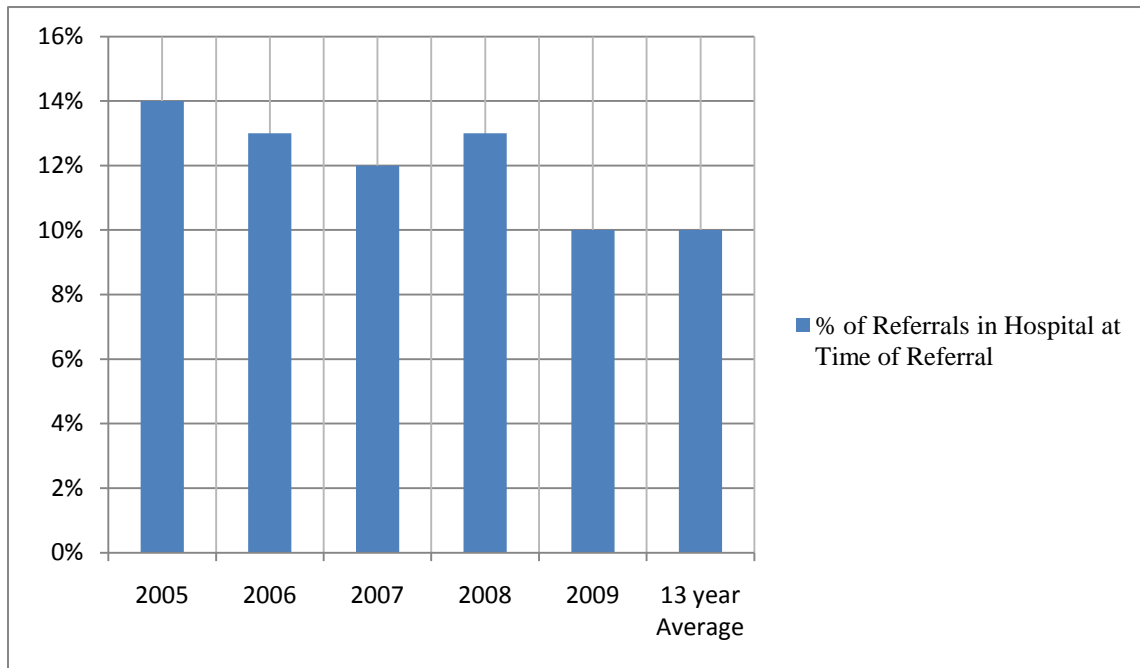
The percentage of Technical Assistance (TA) referrals versus Information and Referral (I & R) was slightly less in 2009 compared to 2008 (72% T.A. in 2009 to 73% in 2008) . During the last 5 years (2005-2009) the % of I and R cases has been higher (25%) than the 13 year average (19%). Prevention through 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 is approximately 10 to 1 (\$30,000 versus \$3,000).

Efforts and focus continues on providing T.A. whenever appropriate and possible including when a I and R referral is made and a bed is not immediately available.

In 2009 there were 29 referrals made requesting both T.A and I & R. at the time of referral and the disposition of the cases were as follows;

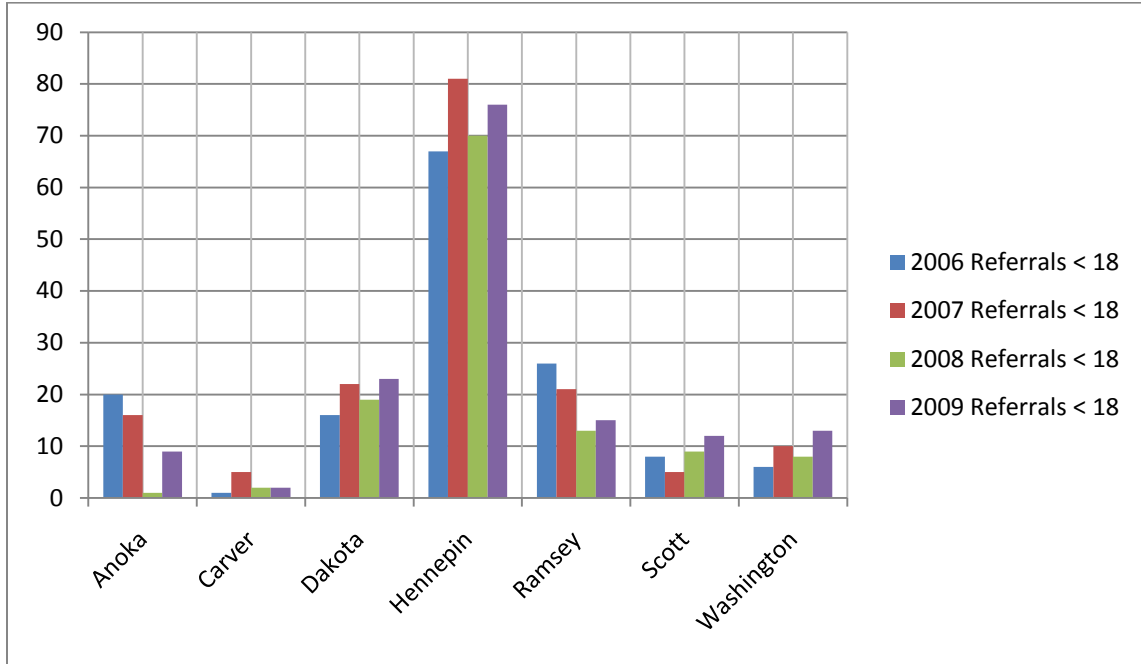
	Referrals requesting both T.A. and I & R at time of referral	Case concluded without need for crisis bed	Case concluded following crisis bed placement	Case concluded following transition bed placement
2008	19	13 (68%)	5 (26%)	1 (6%)
2009	29	19 (66%)	10 (34%)	0 (0%)

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



In 2009 10% of referrals were made with the referred individual in the hospital at the time of referral. This is a 3% decrease from 2008 and matches the 13 year average.

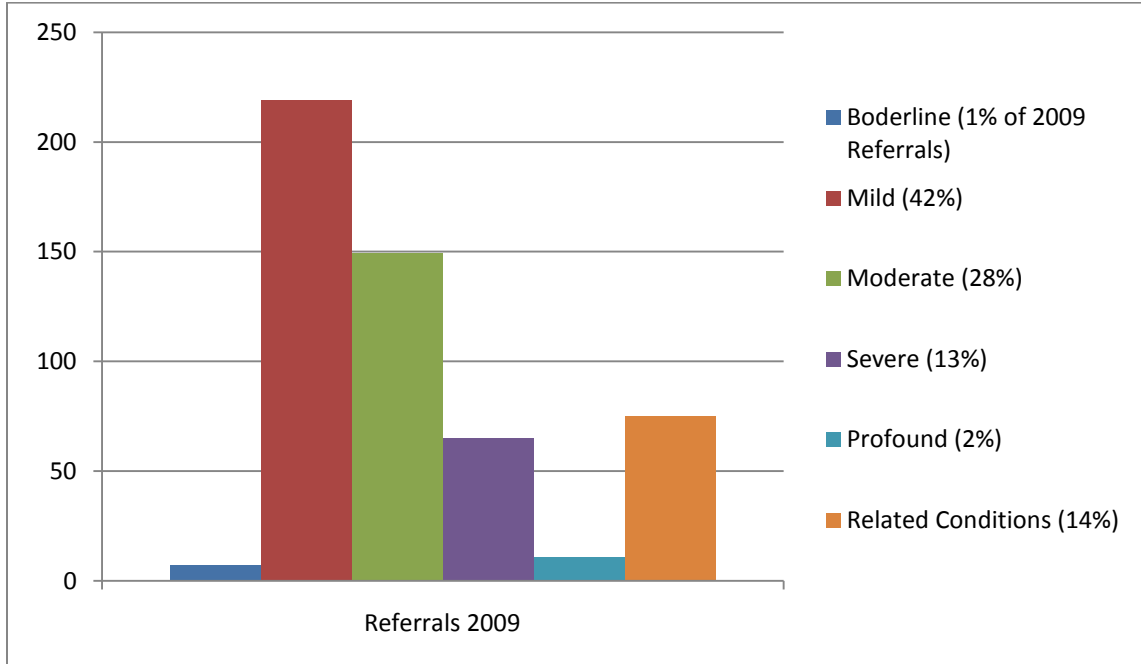
Total Referrals of Persons Younger than 18 years old



The percentage of referrals of those 18 and younger increased in 2009 to 29%.

That was a 6% increase from 2008 (23%) and mirrors the 13 year average which is 29.9%. 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 2009



The functioning levels of those referred to MCCC in 2009 are different than the “average” prevalence of functioning levels within mental retardation classifications. Referrals to MCCC are weighted more heavily in the moderate and severe classifications than the average.

Functioning Levels within Mental Retardation	“Average” Prevalence	2008 MCCC Referrals	2009 MCCC Referrals
Borderline/Mild	85%	39%	43%
Moderate	10%	27%	28%
Severe	3%-4%	16%	13%
Profound	1%-2%	2%	2%
% of all Referrals made with diagnosis of Related Conditions		16%	14%
Total	100%	100%	100%

Dedicated Crisis Bed Occupancy in 2009 was 82%. 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	2009 Occupancy
Dakota	84%	88%	78%
Meridian	74%	77%	88%
Minnehaha	81%	82%	79%
Average	80%	83%	82%
Variable Bed Occupancy (2.75 a Day Target)	110%	103%	113%

During 2009 the average length of placement in a crisis home (averaging both dedicated and variable crisis bed placements) was 55 days. This was an increase of 7 days over the 2008 average of 48 days. The 7 day increase in length of placement on average would result in 16 fewer crisis bed placements being available over a year. 11% of referrals stayed over 90 days (8% in 2008) and 55% of referrals stayed 45 days or less (59% in 2008).

Crisis Home	Average Length of Stay 2008	Average Length of Stay 2009
Dakota	64 Days	62 Days
Meridian	47 Days	50 Days
Minnehaha	46 Days	51 Days
Pine City	47 Days	46 Days
Special Services Program (SSP)	51 Days	66 Days
Other Crisis Homes	40 Days	49 Days
Average for all Crisis Homes	48 Days	55 Days

Average Time Waiting for a Crisis or Transition Bed

Children	2007	2008	2009
Average # of Children waiting each day	1	.8	1.6
Range	0-4	0-3	0-5
% of Days with a Child waiting for a crisis bed	54%	59%	73%
Adults	2007	2008	2009
Average # of Adults waiting each day	4.6	1.5	1.8
Range	0-12	0-7	0-12
% of Days with a Adult waiting for a crisis bed	96%	59%	68%

During 2009 there was an increase in the average number of children waiting for a crisis bed from .8 per day in 2008 to 1.6 per day in 2009. The range of those waiting increased as well and the days without any children waiting for a crisis or transition bed decreased. Adults waiting for a crisis bed saw smaller increase than children from 1.5 per day in 2008 to 1.8 per day in 2009. The range of those waiting increased as did the days with an adult waiting for a crisis bed. An increase in length of stays in crisis beds typically increases the number of persons waiting for crisis beds.

2009 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?”

Targets from Satisfaction Survey	2006 Results	2007 Results	2008 Results	2009 Results
# 1 = 3.5/5 (goal 70%)	3.81 (76%)	3.80 (76%)	3.77 (75%)	3.69 (74%)
# 2 = 2.8/3 (goal 93%)	2.62 (87%)	2.59 (86%)	2.52 (84%)	2.56 (85%)
# 3 = 3.5/5 (goal 70%)	3.56 (71%)	3.63 (73%)	3.60 (72%)	3.54 (71%)

In addition, the contract performance measurements include three questions posed when MCCP conducts a follow-up phone survey with a designated team member 6 months after crisis service support with MCCP. One target is to average 2.5 (scale of 1 to 3 with 1 = not at all; 2 = partially; 3 = completely) regarding the question “To what extent was the crisis plan or recommendations implemented or carried out?” Target two is to average 75% regarding respondents indicating affirmatively that MCCP helped

implement the plan or set of recommendations. Target three is to average 3.3 (scale of 1 to 5 with 5 meaning strongly agree) regarding the question “To what extent do you agree that the combination of services provided from all agencies was helpful in avoiding future crisis situations?”

Targets from 6 month follow-up phone survey	2009 Results
# 1 = 2.5/3 (goal 83%)	2.90 (87%)
# 2 = 75%	97%
# 3 = 3.3/5 (goal 66%)	4.07 (81%)

MCCP made 292 6 month follow-up calls in 2009 with 221 responses from team members for a response rate of 76%

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) and crisis/transition bed utilization by vendor. Additional data is provided as relevant and if and when requested.

Metro Crisis Coordination Program (MCCP) Satisfaction Survey Results 2009

764 Surveys were sent out in 2009. 167 were returned (22%)

Rating scale is 1 to 5 with 5 being very satisfied

Case Managers

257 surveys sent and 73 received (28%)

Overall satisfaction with MCCP services and supports 4.62

Highest satisfaction was ease of making referrals 4.81

Lowest satisfaction in MCCP's ability to coordinate additional supports and resources 4.35

Families

196 surveys sent and 25 received (13%)

Overall satisfaction with MCCP services and supports 4.72

Highest satisfaction was ease of making referrals 5.00

Lowest satisfaction in MCCP's ability to coordinate additional supports and resources 4.50

Residential Programs

150 surveys sent and 34 received (23%)

Overall satisfaction with MCCP services and supports 4.38

Highest satisfaction was ease of making referrals 4.80

Lowest satisfaction in helpfulness of follow-up offered by MCCP 4.31

Day Programs/Schools

79 surveys sent and 19 received (24%)

Overall satisfaction with MCCP services and supports 4.66

Highest satisfaction was ease of making referrals 5.00

Lowest satisfaction in helpfulness of follow-up offered by MCCP 4.42

Other (Conservators, Hospital, Psychologists, etc.)

40 surveys sent and 4 received (10%)

Overall satisfaction with MCCP services and supports 4.00

Highest satisfaction was ease of making a referral 4.75

Lowest satisfaction in MCCP's ability to coordinate additional supports and resources 3.75

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

42 surveys sent and 12 received (29%)

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)
Additional Satisfaction Survey Results
2009**

Case Managers

MCCP helped develop crisis plan/specific behavioral recommendations 85% (60 of 71)

Plan implemented/carried out 2.41 (1= not at all, 2 = partially, 3= completely)

Any responsibility for carrying out crisis plan/recommendations yes 18% (11 of 60)

Anticipate the need for follow-up support to implement plan yes 20% (12 of 61)

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

MCCP's services resolved the crisis situation 3.71

MCCP's services will prevent future crises 3.65

MCCP's services were clearly explained 4.44

I had enough information to make choices about crisis services 4.39

MCCP's services helped prevent client being removed from living or work situation
yes 79% (51 of 65)

Should MCCP's services have helped prevent client being removed from living or
work situation yes 72% (44 of 61)

Families

MCCP helped develop crisis plan/specific behavioral recommendations 92% (23 of 25)

Plan implemented/carried out 2.48 (1= not at all, 2 = partially, 3= completely)

Any responsibility for carrying out crisis plan/recommendations yes 58% (14 of 24)

Anticipate the need for follow-up support to implement plan yes 43% (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 3.86

MCCP's services will prevent future crises 3.58

MCCP's services were clearly explained 4.43

I had enough information to make choices about crisis services 4.36

MCCP's services helped prevent client being removed from living or work situation
yes 76% (16 of 21)

Should MCCP's services have helped prevent client being removed from living or
work situation yes 68% (13 of 19)

Residential programs

MCCP helped develop crisis plan/specific behavioral recommendations 97% (30 of 31)

Plan implemented/carried out 2.81 (1= not at all, 2 = partially, 3= completely)

Any responsibility for carrying out crisis plan/recommendations yes 94% (30 of 32)

Anticipate the need for follow-up support to implement plan yes 22% (7 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 3.63

MCCP's services will prevent future crises 3.51

MCCP's services were clearly explained 4.31
I had enough information to make choices about crisis services 4.31
MCCP's services helped prevent client being removed from living or work situation
yes 67% (20 of 30)
Should MCCP's services have helped prevent client being removed from living or
work situation yes 50% (14 of 28)

Day programs/Schools

MCCP helped develop crisis plan/specific behavioral recommendations 88% (15 of 17)
Plan implemented/carried out 2.77 (1= not at all, 2 = partially, 3= completely)
Any responsibility for carrying out crisis plan/recommendations yes 72% (13 of 18)
Anticipate the need for follow-up support to implement plan yes 18% (3 of 17)

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

MCCP's services resolved the crisis situation 3.53
MCCP's services will prevent future crises 3.20
MCCP's services were clearly explained 4.33
I had enough information to make choices about crisis services 4.25
MCCP's services helped prevent client being removed from living or work situation
yes 82% (14 of 17)
Should MCCP's services have helped prevent client being removed from living or
work situation yes 31% (5 of 16)

Other (conservators, hospitals, psychologists, etc.)

MCCP helped develop crisis plan/specific behavioral recommendations 75% (3 of 4)
Plan implemented/carried out 2.67 (1= not at all, 2 = partially, 3= completely)
Any responsibility for carrying out crisis plan/recommendations yes 75% (3 of 4)
Anticipate the need for follow-up support to implement plan yes 33 % (1 of 3)

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

MCCP's services resolved the crisis situation 3.50
MCCP's services will prevent future crises 3.25
MCCP's services were clearly explained 4.25
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 67% (2 of 3)
Should MCCP's services have helped prevent client being removed from living or
work situation yes 67% (2 of 3)