



Metro Crisis Coordination Program (MCCP)

2010 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 2010 MCCP responded to over 125 after hour calls for support from consumers, families, guardians, residential staff, and hospital emergency rooms.

In 2010 MCCP exercised, MRPCG approved, host county concurrence for 16 crisis beds (MORA – 4, Meridian - 8, MSOCS - 4). In 2009 there were changes in the reimbursement for ICF/MR beds that were used either for crisis or transition placements. These changes effected participating providers ability to continue to offer crisis and transition bed service in their ICF/MR beds in 2010. Transition beds were affected most dramatically. MORA continues to offer crisis beds in their ICF/MR.

Again in 2010 training 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 approaches (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 behavior in an effort to help everyone remain safe) and medication as an intervention. Additional topics included mental health issues and developmental disabilities, crisis de-escalation techniques, medical issues that can affect adaptive behavior, issues encountered with aging and dementia, sexuality and developmental disabilities, Fetal Alcohol Syndrome/Effects (FAS/FAE) and how changes in sensory needs may impact behavior.

In 2010 MCCP provided over 25 trainings (not including training associated with a referral) for various providers working with people with disabilities, training over 1000 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 trainings for county case managers regarding the crisis system including expectations and access and MCCP remains available whenever requested to do so. MCCP also provided trainings for parents of people with disabilities and training for consumers regarding stress management techniques, appropriate boundaries and dealing with grief and loss. Listings of trainings offered by MCCP can be found by visiting the MCCP website at www.metrocrisis.org

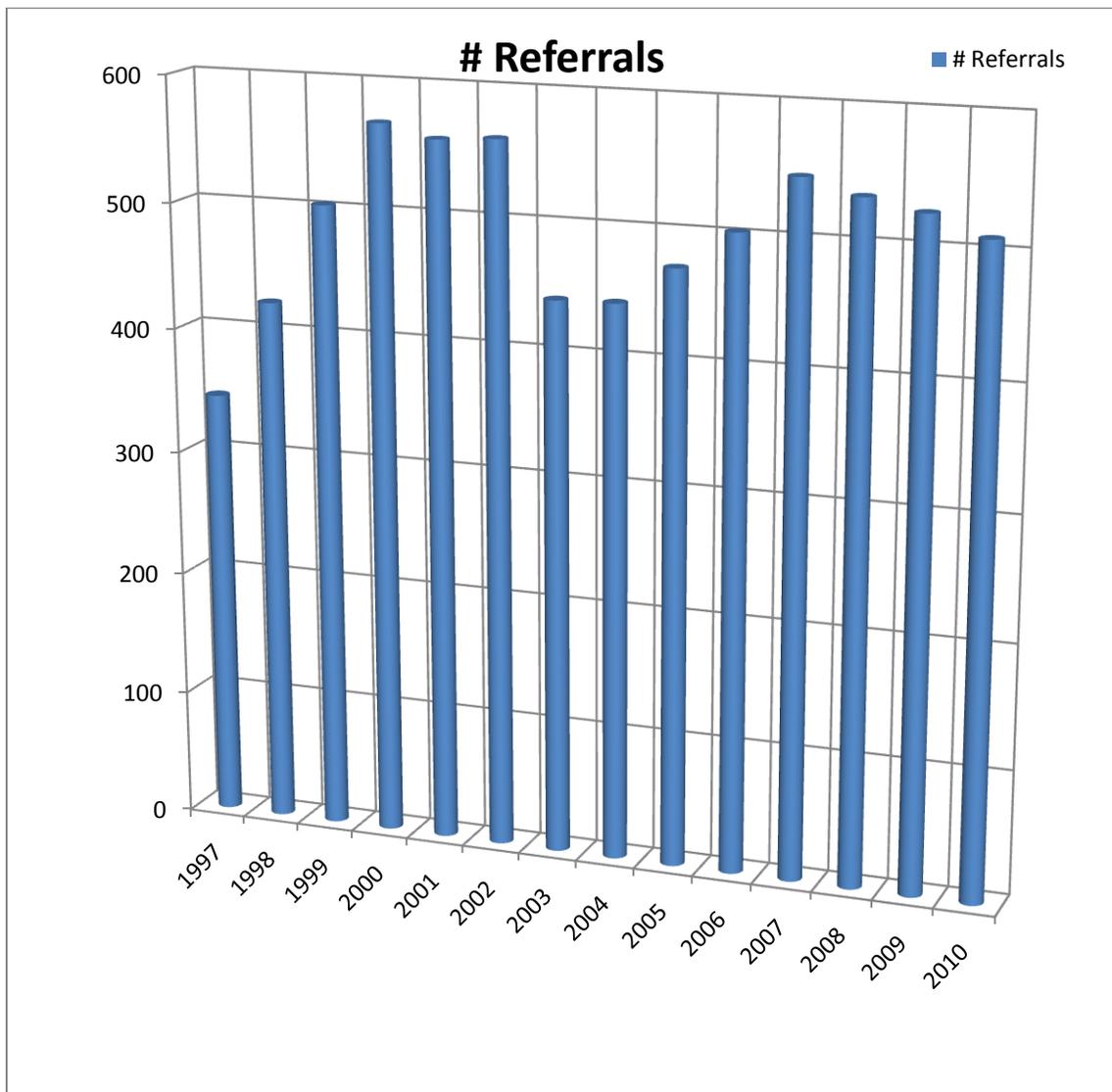
MCCP continues to monitor, update and provide the required support for the residential opening list (www.mn-ddsupportservices.com) to remain available to others. The list is accessible for use by parents, counties, professionals, providers and anyone interested in knowing more about open placements in the D.D. residential system. The opening list started in 1999 and has had over 325 different providers post thousands of individual listings in 39 various counties throughout Minnesota. A recent visit to the site revealed over 250 possible placements options listed in 30 different counties by 37 different providers. The ability to sort by funding stream was added as a feature in 2010.

2010 “Numbers”

Referrals Metro Crisis Coordination Program (MCCP) (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott & Washington) 1997-2010

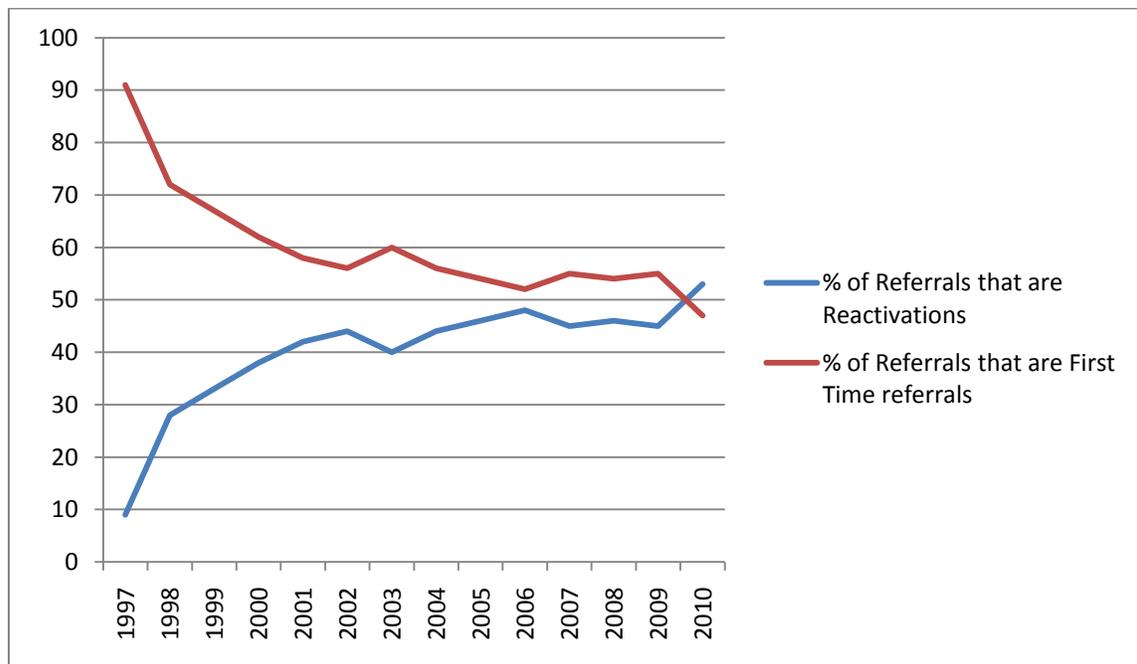
Year	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	13 Year Total
Total Referrals	345	423	503	569	559	562	442	443	473	503	547	535	526	510	6,940

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



In 2010 there were 510 referrals representing a 3% decrease in referrals from 2009 (526). Referrals by county were as follows; Anoka = 51, Carver = 5, Dakota = 44, Hennepin = 267, Ramsey = 66, Scott = 17, Washington = 41 and there were 19 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.

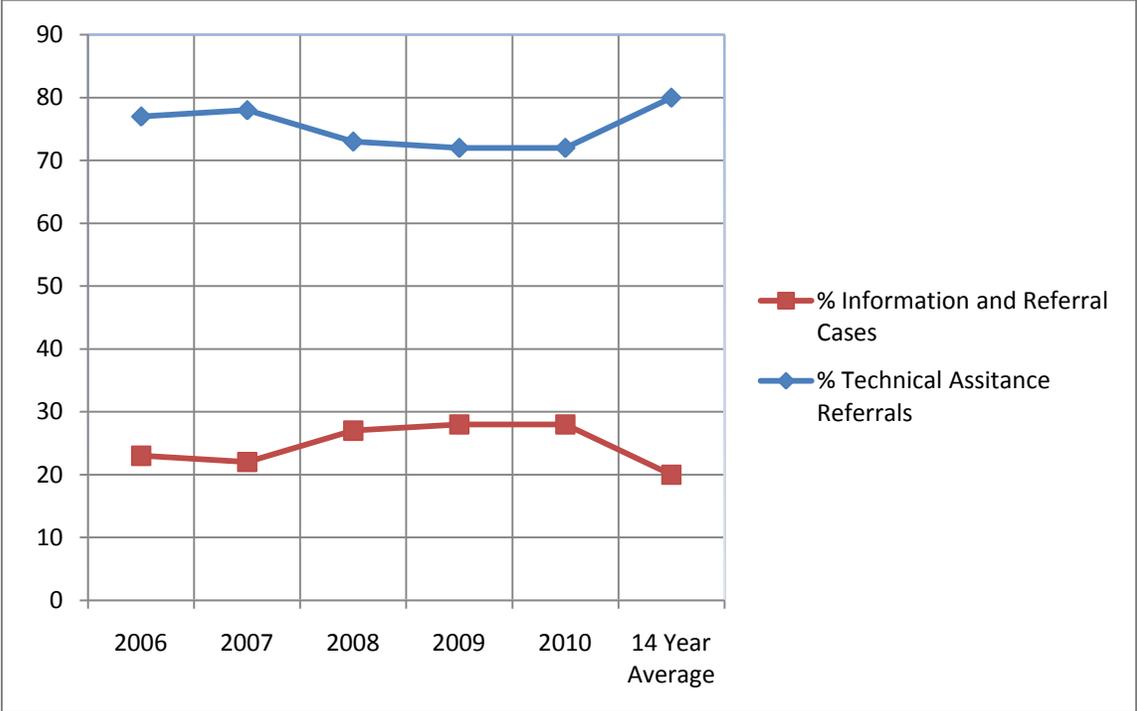
Reactivation Referrals versus First Time Referrals



Reactivations prior to 2010, over the previous nine years, had been over 40% of total referrals and had fluctuated between 40% and 48% a year. Last year there was an 8% increase in the reactivation rate from 2009 (45% to 53%). 2010 was the first year there were more reactivation referrals than first time referrals. 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,

availability of systemic resources and supports, etc. MCCP, through 6 month follow up calls (515 follow up calls made in 2010), 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

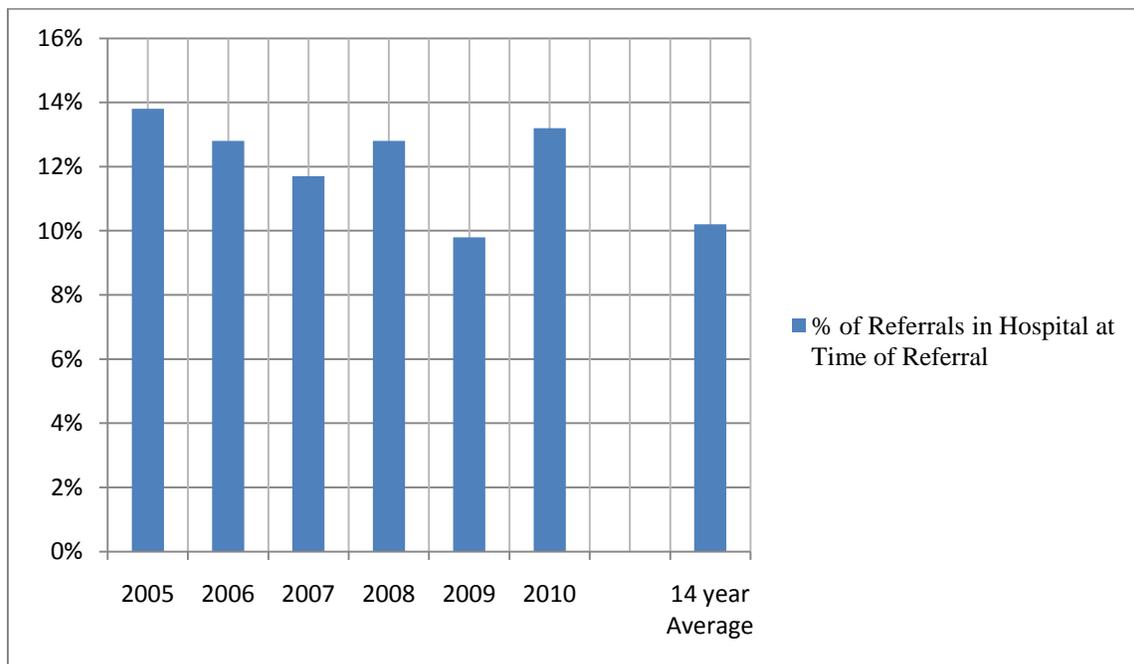


The percentage of Technical Assistance (TA) referrals versus Information and Referral (I & R) remained constant in 2010 compared to 2009 (72% T.A. in 2010 and 72% in 2009) . During the last 6 years (2005-2010) the % of I and R cases has been higher (25%) than the 14 year average (19%). Prevention through 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 2010 there were 28 referrals made requesting both T.A and I & R. at the time of referral and the disposition of those cases were as follows;

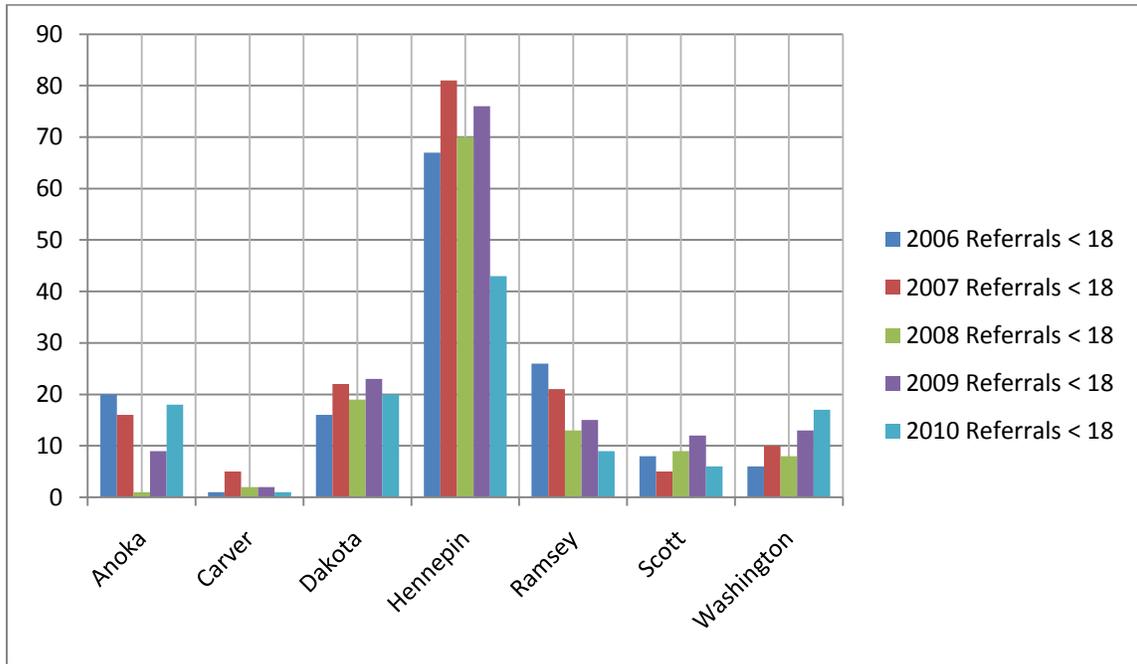
	Referrals requesting both T.A. and I & R at time of referral	Case concluded without need for crisis bed	Case concluded following crisis bed placement	Case concluded following transition bed placement
2008	19	13 (68%)	5 (26%)	1 (6%)
2009	29	19 (66%)	10 (34%)	0 (0%)
2010	28	19 (68%)	8 (29%)	1 (3%)

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



In 2010 13% of referrals were made with the referred individual in the hospital at the time of referral. This is a 3% increase from 2009 and is almost 3% more than the 14 year average.

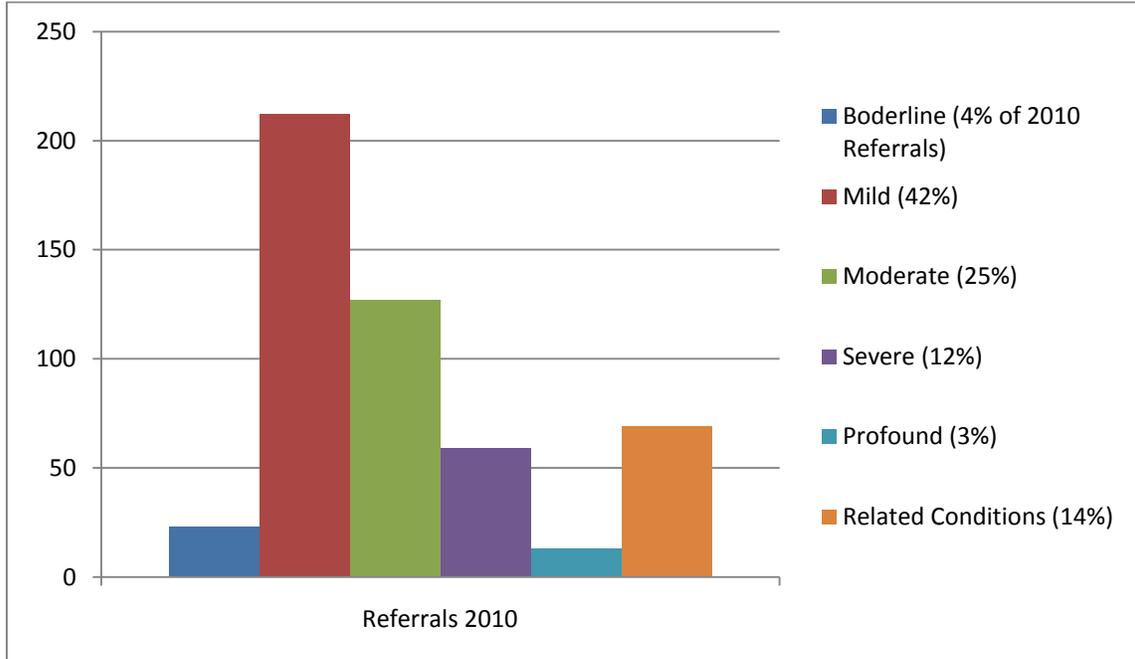
Total Referrals of Persons Younger than 18 years old



	2008	2009	2010	14 year average
% of Total Referrals < 18	23%	29%	24%	30%

The percentage of referrals of those 18 and younger decreased in 2010 to 24%. That was a 1% increase from 2008 (23%) and is below the 14 year average which is 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 2010



The functioning levels of those referred to MCCP in 2010 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	2008 MCCP Referrals	2009 MCCP Referrals	2010 MCCP Referrals
Borderline/Mild	85%	39%	43%	46%
Moderate	10%	27%	28%	25%
Severe	3%-4%	16%	13%	12%
Profound	1%-2%	2%	2%	3%
% of all Referrals made with diagnosis of Related Conditions		16%	14%	14%
Total	100%	100%	100%	100%

Dedicated Crisis Bed Occupancy in 2010 was 88%. 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	2010 Occupancy
Dakota	84%	88%	78%	87%
Meridian - Golden Hills (Children)	74%	77%	88%	83%
Meridian – Edgewood (Adults)				94%
Minnehaha	81%	82%	79%	87%
Average	80%	83%	82%	88%
Variable Bed Occupancy (2.75 a Day Target)	110%	103%	113%	117%

During 2010 the average length of placement in a crisis home (averaging both dedicated and variable crisis bed placements) was 55 days. The 2010 average is the same as 2009. The increase of 7 days in 2009 and 2010 over the 2008 average of 48 days on average results in 16 fewer crisis bed placements being available over each year.

Crisis Home	Average Length of Stay 2008	Average Length of Stay 2009	Average Length of Stay 2010
Dakota	64 Days	62 Days	54 Days
Meridian – Golden Hills (Children)	47 Days	50 Days	59 Days
Meridian – Edgewood (Adults)			64 Days
Minnehaha	46 Days	51 Days	54 Days
Pine City	47 Days	46 Days	50 Days
Special Services Program (SSP)	51 Days	66 Days	66 Days
Other Crisis Homes	40 Days	49 Days	56 Days
Average for all Crisis Homes	48 Days	55 Days	55 Days

Year	2008	2009	2010
% of Crisis Bed Placements over 90 Days	8%	11%	15%
% of Crisis Bed Placements 45 Days or less	59%	55%	33%

Average Time Waiting for a Crisis or Transition Bed

Children	2007	2008	2009	2010
Average # of Children waiting each day	1	.8	1.6	1.7
Range	0-4	0-3	0-5	0-6
% of Days with a Child waiting for a crisis bed	54%	59%	73%	77%
Adults	2007	2008	2009	2010
Average # of Adults waiting each day	4.6	1.5	1.8	5.9
Range	0-12	0-7	0-12	0-17
% of Days with a Adult waiting for a crisis bed	96%	59%	68%	86%

During 2010 there was an increase in the average number of children waiting for a crisis bed from 1.6 per day in 2009 to 1.7 per day in 2010. 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 a greater increase than did children from 1.8 per day in 2009 to 5.9 per day in 2010. The range of those waiting increased as did the days with an adult waiting for a crisis bed. Increases in length of stays in crisis beds typically increases the number of persons waiting for crisis beds.

2010 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	2010 Results
# 1 = 3.5/5 (goal 70%)	3.81 (76%)	3.80 (76%)	3.77 (75%)	3.69 (74%)	3.77 (75%)
# 2 = 2.8/3 (goal 93%)	2.62 (87%)	2.59 (86%)	2.52 (84%)	2.56 (85%)	2.72 (91%)
# 3 = 3.5/5 (goal 70%)	3.56 (71%)	3.63 (73%)	3.60 (72%)	3.54 (71%)	3.65 (73%)

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	2010 Results
# 1 = 2.5/3 (goal 83%)	2.90 (97%)	2.73 (91%)
# 2 = 75%	97%	97%
# 3 = 3.3/5 (goal 66%)	4.07 (81%)	4.37 (87%)

MCCP made 516 6 month follow-up calls in 2010 with 297 responses from team members for a response rate of 58%

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 2010

610 Surveys were sent out in 2010. 170 were returned (28%)
Rating scale is 1 to 5 with 5 being very satisfied

Case Managers

198 surveys sent and 79 received (40%)
Overall satisfaction with MCCP services and supports 4.60
Highest satisfaction was ease of making referrals 4.94
Lowest satisfaction in MCCP's ability to coordinate additional supports and resources 4.38

Families

147 surveys sent and 29 received (20%)
Overall satisfaction with MCCP services and supports 4.68
Highest satisfaction was in response time of MCCP getting back to you 4.88
Lowest satisfaction in MCCP's ability to coordinate additional supports and resources 4.60

Residential Programs

113 surveys sent and 36 received (32%)
Overall satisfaction with MCCP services and supports 4.22
Highest satisfaction was ease of making referrals 4.54
Lowest satisfaction in helpfulness of follow-up offered by MCCP 4.08

Day Programs/Schools

77 surveys sent and 18 received (23%)
Overall satisfaction with MCCP services and supports 4.72
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.)

37 surveys sent and 8 received (22%)
Overall satisfaction with MCCP services and supports 5.00
Highest satisfaction was helpfulness of recommendations, ability of MCCP to communicate effectively with you, ability of MCCP to coordinate additional resources and helpfulness of follow-up offered by MCCP 5.00
Lowest satisfaction in ease of making a referral and response time before MCCP staff got back to them 4.83

Clients (Rating scale is 1 to 3 with 3 being very happy)
38 surveys sent and 0 received (0%)

**Metro Crisis Coordination Program (MCCP)
Satisfaction Survey Results
2010**

Case Managers

MCCP helped develop crisis plan/specific behavioral recommendations 83% (63 of 76)

Plan implemented/carried out 2.66 (1= not at all, 2 = partially, 3= completely)

Any responsibility for carrying out crisis plan/recommendations 38% (19 of 49)

Anticipate the need for follow-up support to implement plan 19% (10 of 54)

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

MCCP's services resolved the crisis situation 3.93

MCCP's services will prevent future crises 3.80

MCCP's services were clearly explained 4.54

I had enough information to make choices about crisis services 4.50

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

yes 80% (58 of 73)

Should MCCP's services have helped prevent client being removed from living or

work situation yes 81% (55 of 68)

Families

MCCP helped develop crisis plan/specific behavioral recommendations 86% (24 of 28)

Plan implemented/carried out 2.82 (1= not at all, 2 = partially, 3= completely)

Any responsibility for carrying out crisis plan/recommendations 62% (16 of 26)

Anticipate the need for follow-up support to implement plan 24% (6 of 25)

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

MCCP's services resolved the crisis situation 3.65

MCCP's services will prevent future crises 3.76

MCCP's services were clearly explained 4.27

I had enough information to make choices about crisis services 4.14

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

yes 73% (19 of 26)

Should MCCP's services have helped prevent client being removed from living or

work situation yes 70% (16 of 23)

Residential programs

MCCP helped develop crisis plan/specific behavioral recommendations 83% (29 of 35)

Plan implemented/carried out 2.79 (1= not at all, 2 = partially, 3= completely)

Any responsibility for carrying out crisis plan/recommendations 73% (24 of 33)

Anticipate the need for follow-up support to implement plan 21% (7 of 34)

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

MCCP's services resolved the crisis situation 3.33

MCCP's services will prevent future crises 3.11

MCCP's services were clearly explained 4.25
I had enough information to make choices about crisis services 4.05
MCCP's services helped prevent client being removed from living or work situation
yes 76% (26 of 34)
Should MCCP's services have helped prevent client being removed from living or
work situation yes 66% (18 of 27)

Day programs/Schools

MCCP helped develop crisis plan/specific behavioral recommendations 82% (14 of 17)
Plan implemented/carried out 2.73 (1= not at all, 2 = partially, 3= completely)
Any responsibility for carrying out crisis plan/recommendations 82% (14 of 17)
Anticipate the need for follow-up support to implement plan 6% (1 of 16)

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 3.55
MCCP's services were clearly explained 4.47
I had enough information to make choices about crisis services 4.57
MCCP's services helped prevent client being removed from living or work situation
yes 63% (10 of 16)
Should MCCP's services have helped prevent client being removed from living or
work situation yes 53% (8 of 15)

Other (conservators, hospitals, psychologists, etc.)

MCCP helped develop crisis plan/specific behavioral recommendations 71% (5 of 7)
Plan implemented/carried out 2.60 (1= not at all, 2 = partially, 3= completely)
Any responsibility for carrying out crisis plan/recommendations 50% (3 of 6)
Anticipate the need for follow-up support to implement plan, yes, 83 % (5 of 6)

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

MCCP's services resolved the crisis situation 4.71
MCCP's services will prevent future crises 4.57
MCCP's services were clearly explained 4.50
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 86% (6 of 7)
Should MCCP's services have helped prevent client being removed from living or
work situation yes 80% (4 of 5)