



Metro Crisis Coordination Program (MCCP)

2011 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 2011 MCCP responded to over 100 after hour calls for support from consumers, families, guardians, residential staff, and hospital emergency rooms.

In 2011 MCCP exercised, MRPCG approved, host county concurrence for 16 crisis beds (MORA – 4, Meridian - 8, MSOCS - 4). In 2012 the MRPCG will be considering possible options for reestablishing transition bed supports as part of the region's overall resource pool.

Again in 2011 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 2011 MCCP provided over 25 trainings (not including training associated with a referral) for various providers working with people with disabilities, training over 850 individuals. Among the groups trained by MCCP were; school district personnel, ARRM members, hospital emergency room social workers, hospital psychiatric unit staff and nurses. 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 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 over 45 various counties throughout Minnesota. A recent visit to the site revealed over 125 possible placements options listed in over 40 different counties by over 45 different providers.

In 2011 MCCP worked closely and collaboratively with Anoka Metro Regional Treatment Center (AMRTC) as a dedicated unit with services and supports specifically for persons with developmental disabilities was finalized. The unit is within AMRTC's facility and can serve up to 12 people (18 yr old +). The unit serves the entire state of Minnesota.

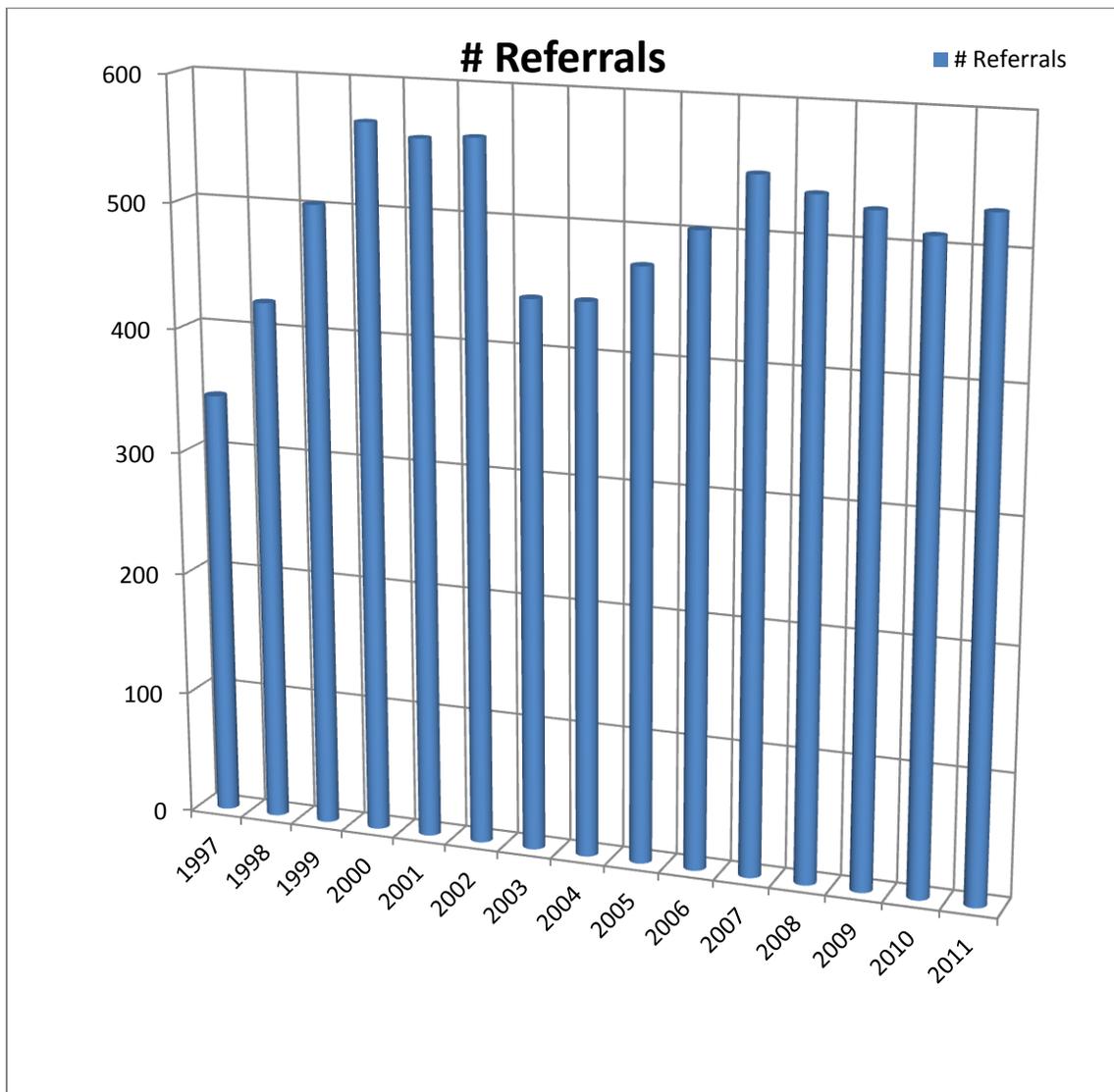
MCCP initially met weekly with AMRTC to offer ideas regarding the overall crisis system, possible challenges they might face, provide training to AMRTC staff and shared assessments and crisis plan formats. MCCP continues to meet monthly with AMRTC and has helped and will continue to help with the transition of persons being served at AMRTC back to community based residential placement.

2011 “Numbers”

Referrals Metro Crisis Coordination Program (MCCP) (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott & Washington) 1997-2011

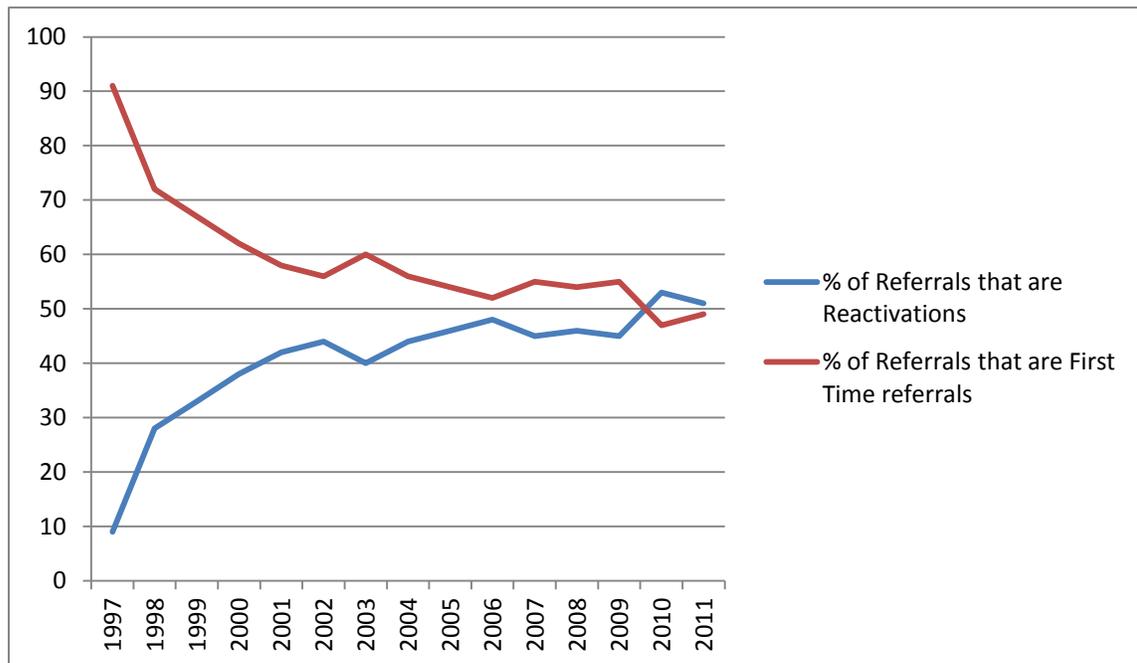
Year	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	15 Year Total
Total Referrals	345	423	503	569	559	562	442	443	473	503	547	535	526	510	530	7,470

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



In 2011 there were 530 referrals representing a 3.9% increase in referrals from 2010 (510). Referrals by county were as follows; Anoka = 53, Carver = 11, Dakota = 57, Hennepin = 302, Ramsey = 58, Scott = 10, Washington = 27 and there were 12 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.

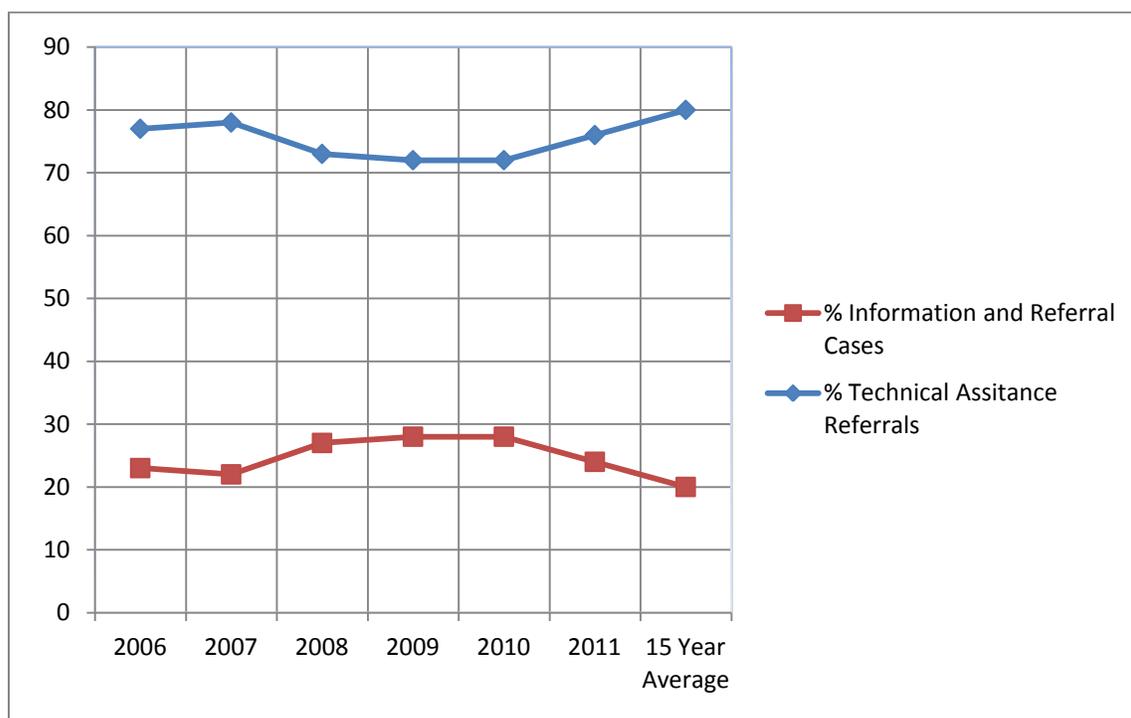
Reactivation Referrals versus First Time Referrals



Reactivations prior to 2010 and 2011 had been averaging 40% of total referrals and in the nine years prior had fluctuated between 40% and 48% a year. In 2010 there was an 8% increase in the reactivation totals from 2009 (45% to 53%). In 2011 reactivation was 2% less but was the second 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 (after MCCP case closure) follow up calls (218 follow up calls made in 2011), 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



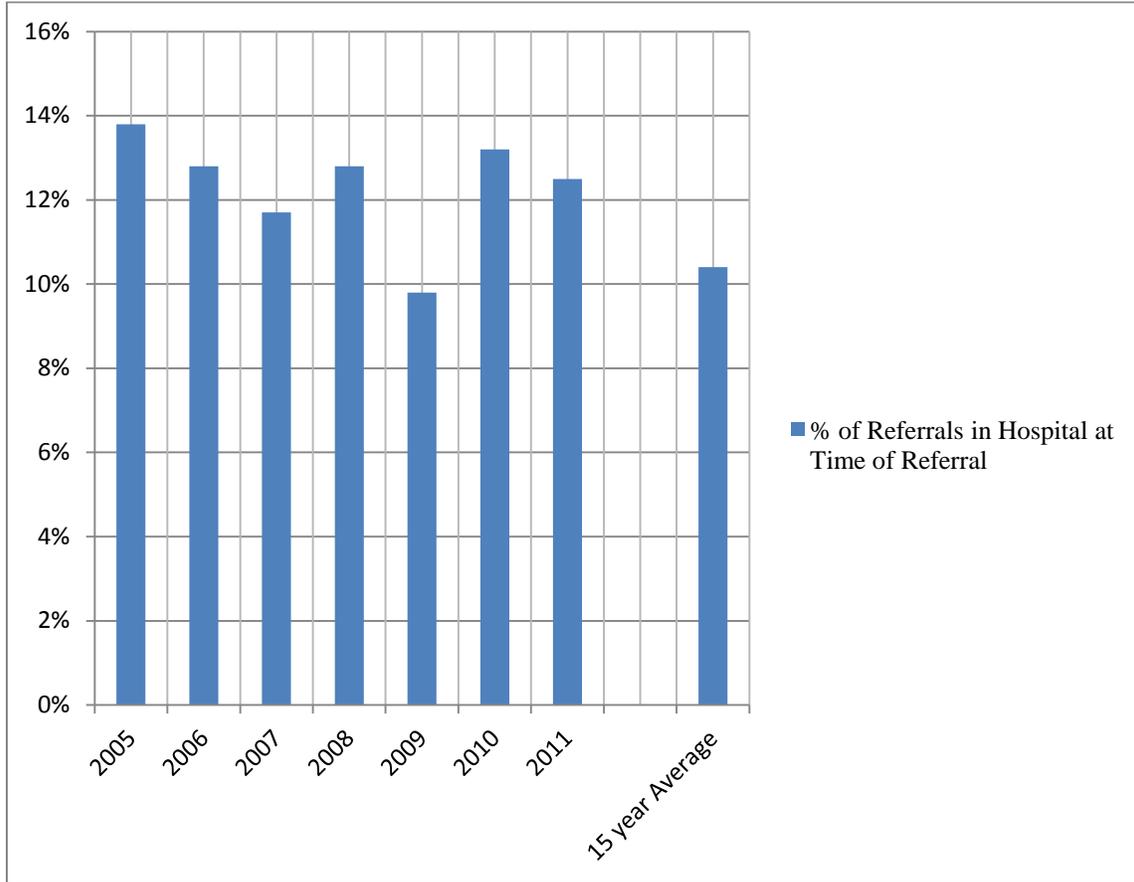
The percentage of Technical Assistance (TA) referrals versus Information and Referral (I & R) increased in 2011 compared to 2010 (76% T.A. in 2011 and 72% in 2010) . Prevention through T.A. remains a priority as the actual cost of a 45 day stay in

a crisis bed and the actual cost of a typical TA referral is approximately 9 to 1 (\$30,000 versus \$3,500).

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 2011 there were 49 referrals made requesting both T.A and I & R. at the time of referral and the disposition of those cases were as follows;

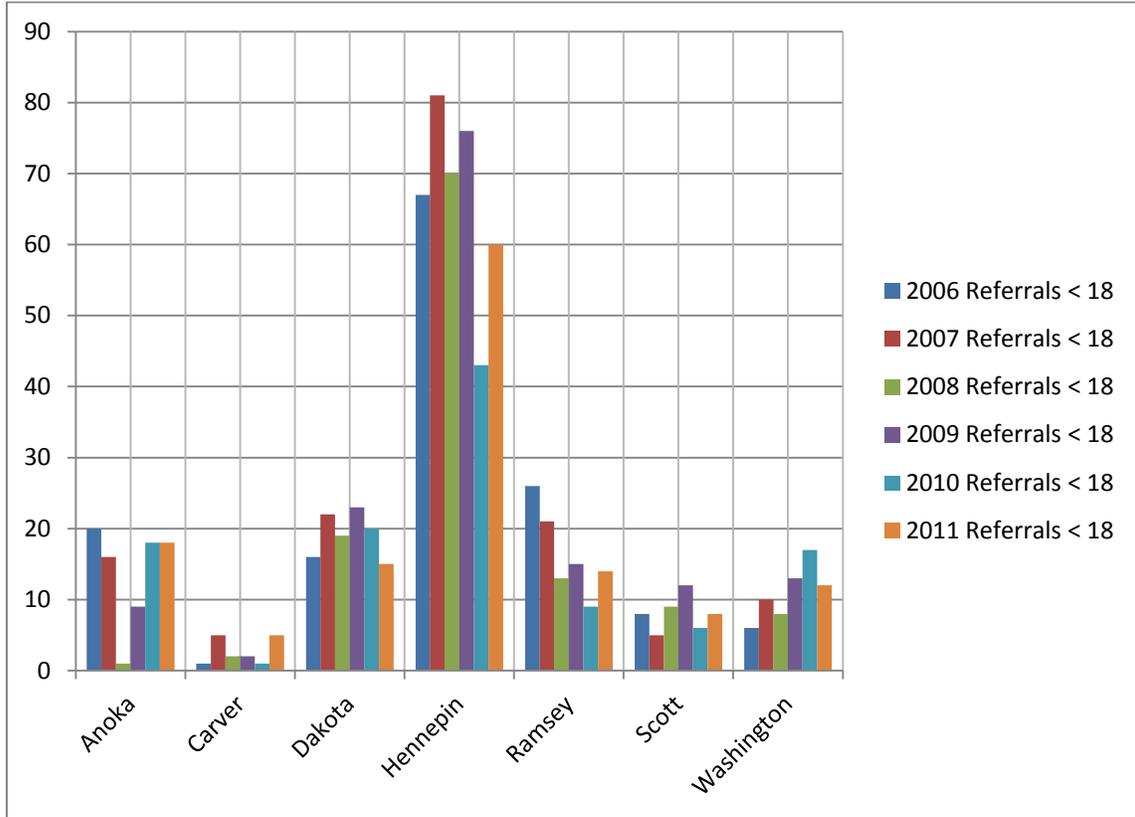
	Referrals requesting both T.A. and I & R at time of referral	Case concluded without utilization of crisis bed	Case concluded following crisis bed placement	Case concluded following transition bed placement / other placement
2008	19	13 (68%)	5 (26%)	1 (6%)
2009	29	19 (66%)	10 (34%)	0 (0%)
2010	28	19 (68%)	8 (29%)	1 (3%)
2011	49	35 (71%)	13 (27%)	1 (2%)

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



In 2011 12.5% of refferals were made with the referred individual in the hospital at the time of referral. This is a slight decrease of .5% from 2010 and is 2.1% more than the 15 year average (10.4%).

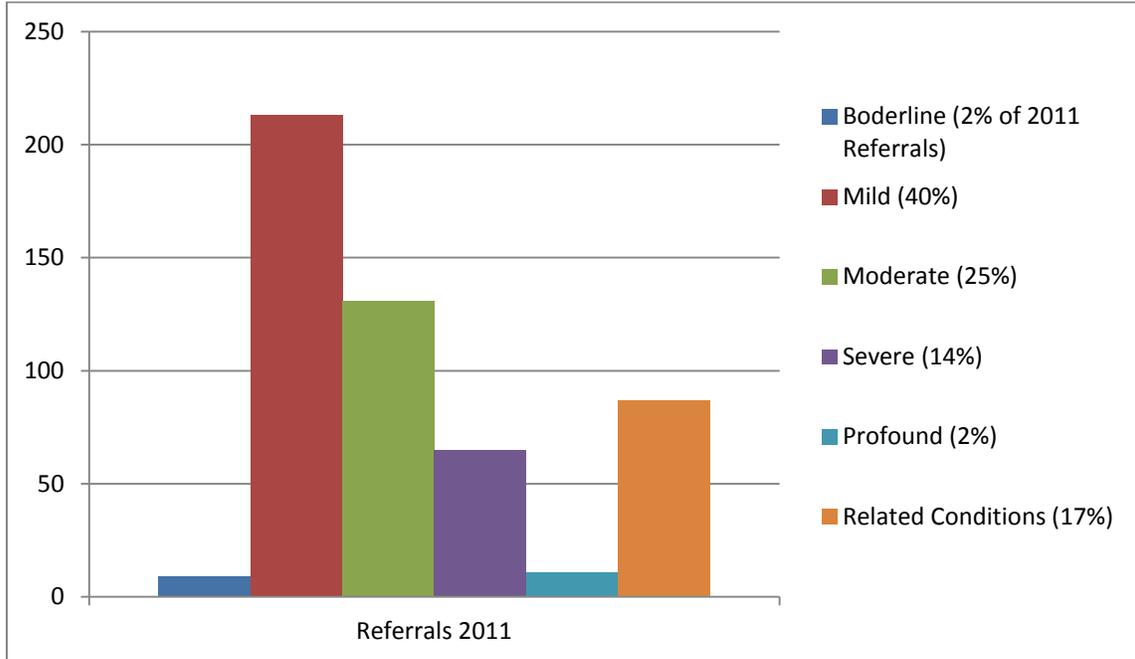
Total Referrals of Persons Younger than 18 years old



	2008	2009	2010	2011	15 year average
% of Total Referrals < 18	23%	29%	24%	25%	30%

The percentage of referrals of those 18 and younger increased slightly in 2011 to 25%. That was a 1% increase from 2010 (24%) 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 2011



The functioning levels of those referred to MCCP in 2011 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	2011 MCCP Referrals
Borderline/Mild	85%	39%	43%	46%	42%
Moderate	10%	27%	28%	25%	25%
Severe	3%-4%	16%	13%	12%	14%
Profound	1%-2%	2%	2%	3%	2%
% of all Referrals made with diagnosis of Related Conditions		16%	14%	14%	17%
Total	100%	100%	100%	100%	100%

Crisis Bed Occupancy

Dedicated Crisis Bed	2007 Occupancy	2008 Occupancy	2009 Occupancy	2010 Occupancy	2011 Occupancy
Dakota	84%	88%	78%	87%	89%
Meridian - Golden Hills (Children)	74%	77%	88%	83%	93%
Meridian – Edgewood (Adults)				94%	95%
Minnehaha	81%	82%	79%	87%	
Average	80%	83%	82%	88%	92%
Variable Bed Occupancy (2.75 a Day Target)	110%	103%	113%	117%	82%

During 2011 the average length of placement in a crisis home (averaging both dedicated and variable crisis bed placements) was 74 days. The 2011 average is 19 days longer than 2010. The increase of 26 days in average length of stay from 2008 to 2011 results in over 40 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	Average Length of Stay 2011
Dakota	64 Days	62 Days	54 Days	95 Days
Meridian – Golden Hills (Children)	47 Days	50 Days	59 Days	61 Days
Meridian – Edgewood (Adults)			64 Days	81 Days
Minnehaha	46 Days	51 Days	54 Days	
Pine City	47 Days	46 Days	50 Days	54 Days
Special Services Program (SSP)	51 Days	66 Days	66 Days	81 Days
Other Crisis Homes	40 Days	49 Days	56 Days	62 Days
Average for all Crisis Homes	48 Days	55 Days	55 Days	74 Days
Average Length of Stay Adults				79 Days
Average Length of Stay Children				69 Days

Crisis Bed Placements over 90 days and under 45 days

Year	2008	2009	2010	2011
% of Crisis Bed Placements over 90 Days	8%	11%	15%	19%
% of Crisis Bed Placements 45 Days or less	59%	55%	33%	41%

Crisis or Transition Bed Demand

Children	2007	2008	2009	2010	2011
Average # of Children waiting each day	1	.8	1.6	1.7	5.3
Range	0-4	0-3	0-5	0-6	0-14
% of Days with a Child waiting for a crisis bed	54%	59%	73%	77%	95%
Adults	2007	2008	2009	2010	2011
Average # of Adults waiting each day	4.6	1.5	1.8	5.9	9.5
Range	0-12	0-7	0-12	0-17	0-18
% of Days with a Adult waiting for a crisis bed	96%	59%	68%	86%	99%

During 2011 there was a large increase in the average number of children waiting for a crisis bed from 1.7 per day in 2010 to 5.3 per day in 2011. The range of those waiting for a bed increased as well and the days without any children waiting for a crisis bed decreased. Adults waiting for a crisis bed saw a similar increase as did children from 5.9 per day in 2010 to 9.5 per day in 2011. 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.

2011 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	2011 Results
# 1 = 3.5/5 (goal 70%)	3.81 (76%)	3.80 (76%)	3.77 (75%)	3.69 (74%)	3.77 (75%)	3.67 (73%)
# 2 = 2.8/3 (goal 93%)	2.62 (87%)	2.59 (86%)	2.52 (84%)	2.56 (85%)	2.72 (91%)	2.53(84%)
# 3 = 3.5/5 (goal 70%)	3.56 (71%)	3.63 (73%)	3.60 (72%)	3.54 (71%)	3.65 (73%)	3.49 (70)%

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	2011 Results
# 1 = 2.5/3 (goal 83%)	2.90 (97%)	2.73 (91%)	2.76 (92%)
# 2 = 75%	97%	97%	91%
# 3 = 3.3/5 (goal 66%)	4.07 (81%)	4.37 (87%)	4.30 (86%)

MCCP made 218 6 month follow-up calls in 2011 with 149 responses from team members for a response rate of 68%

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 2011

535 Surveys were sent out in 2011. 148 were returned (28%)
Rating scale is 1 to 5 with 5 being very satisfied

Case Managers

163 surveys sent and 49 received (30%)
Overall satisfaction with MCCP services and supports 4.59
Highest satisfaction was ease of making referrals 4.94
Lowest satisfaction in ability of MCCP staff to coordinate additional supports/resources 4.24

Families

137 surveys sent and 33 received (24%)
Overall satisfaction with MCCP services and supports 4.66
Highest satisfaction was ability of MCCP to convey recommendations to team members 4.81
Lowest satisfaction in ability of the MCCP staff to coordinate additional services/supports 4.39

Residential Programs

110 surveys sent and 24 received (22%)
Overall satisfaction with MCCP services and supports 4.39
Highest satisfaction was ability of MCCP to convey recommendations to team members 4.54
Lowest satisfaction in ability of the MCCP staff to coordinate additional supports/resources 4.22

Day Programs/Schools

66 surveys sent and 21 received (32%)
Overall satisfaction with MCCP services and supports 4.20
Highest satisfaction ability of MCCP staff to convey recommendations to team members 4.45
Lowest satisfaction in helpfulness of the recommendations offered by the MCCP staff 3.90

Other (Conservators, Hospital, Psychologists, etc.)

25 surveys sent 6 received (24%)
Overall satisfaction with MCCP services and supports 4.92
Highest satisfaction MCCP's effective communication, MCCP coordinating additional resources, ease of making the initial referral, MCCP response time 5.00
Lowest satisfaction in helpfulness of the recommendations offered by the MCCP staff 4.67

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

34 surveys sent and 15 received (44%)

Highest satisfaction was happy with MCCP's ability to explain what MCCP might be able to do to help, how MCCP staff listened, available to talk and willing to have MCCP help me again 3.0

Lowest satisfaction was how MCCP tried to find other ways to help me 2.86

Additional Satisfaction Survey Results 2011

Case Managers

MCCP helped develop crisis plan/specific behavioral recommendations 92% (44 of 48)

Plan implemented/carried out 2.49 (1 = not at all, 2 = partially, 3 = completely)

Any responsibility for carrying out crisis plan/recommendations 34% (16 of 47)

Anticipate the need for follow-up support to implement plan 19% (8 of 43)

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

MCCP's services resolved the crisis situation 3.82

MCCP's services will prevent future crises 3.63

MCCP's services were clearly explained 4.65

I had enough information to make choices about crisis services 4.53

MCCP's services helped prevent client being removed from living or work situation yes 74% (32 of 43)

Should MCCP's services have helped client being client removed from living or work situation yes 67% (28 of 42)

Families

MCCP helped develop crisis plan/specific behavioral recommendations 91% (20 of 22)

Plan implemented/carried out 2.59 (1 = not at all, 2 = partially, 3 = completely)

Any responsibility for carrying out crisis plan/recommendations 75% (24 of 32)

Anticipate the need for follow-up support to implement plan 24% (7 of 29)

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

MCCP's services resolved the crisis situation 3.70

MCCP's services will prevent future crises 3.47

MCCP's services were clearly explained 4.5

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 90% (27 of 30)

Should MCCP's services have helped client being client removed from living or work situation yes 86% (24 of 28)

Residential Programs

MCCP helped develop crisis plan/specific behavioral recommendations 92% (22 of 24)

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

Any responsibility for carrying out crisis plan/recommendations 91% (20 of 22)

Anticipate the need for follow-up support to implement plan 8% (2 of 24)

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 3.38

MCCP's services were clearly explained 4.42

I had enough information to make choices about crisis services 4.29

MCCP's services helped prevent client being removed from living or work situation yes 54% (13 of 24)

Should MCCP's services have helped client being client removed from living or work situation yes 58% (14 of 24)

Day programs/Schools

MCCP helped develop crisis plan/specific behavioral recommendations 70% (14 of 20)

Plan implemented/carried out 2.58 (1 = not at all, 2 = partially, 3 = completely)

Any responsibility for carrying out crisis plan/recommendations 75% (15 of 20)

Anticipate the need for follow-up support to implement plan 5% (1 of 20)

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

MCCP's services resolved the crisis situation 3.27

MCCP's services will prevent future crises 3.11

MCCP's services were clearly explained 4.05

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 53% (9 of 17)

Should MCCP's services have helped client being client removed from living or work situation yes 44% (7 of 16)

Others (Conservators, Hospitals, Psychologists, etc.)

MCCP helped develop crisis plan/specific behavioral recommendations 83% (5 of 6)

Plan implemented/carried out 2.80 (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 0% (0 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 4.33

MCCP's services will prevent future crises 4.17

MCCP's services were clearly explained 4.83

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 67% (4 of 6)

Should MCCP's services have helped client being client removed from living or work situation yes 33% (2 of 6)