Metro Crisis Coordination Program (MCCP)

2012 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 complete, region wide data. MCCP continues to provide 24 hour telephone crisis triage. In 2012 MCCP responded to over 125 after hour calls for support from consumers, families, guardians, residential staff, and hospital emergency rooms.

In 2012 MCCP exercised, MRPCG approved, host county concurrence for 16 crisis beds (MORA – 4, Meridian - 8, MSOCS - 4). In 2012 the MRPCG approved the reestablishment of four transition beds as part of the region's overall resource pool. The service is targeted to be online in the third quarter of 2013.

Again in 2012 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 2012 MCCP provided over 25 trainings (not including training associated with a referral) for various providers working with people with disabilities, training over 750 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 I.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 counties throughout Minnesota. A recent visit to the site revealed over 55 possible placement options listed in over 22 different counties by over 25 different providers.

In 2012 MCCP continued to work closely and collaboratively with Anoka Metro Regional Treatment Center (AMRTC) as their dedicated unit with services and supports specifically for persons with developmental disabilities continued operations. 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.

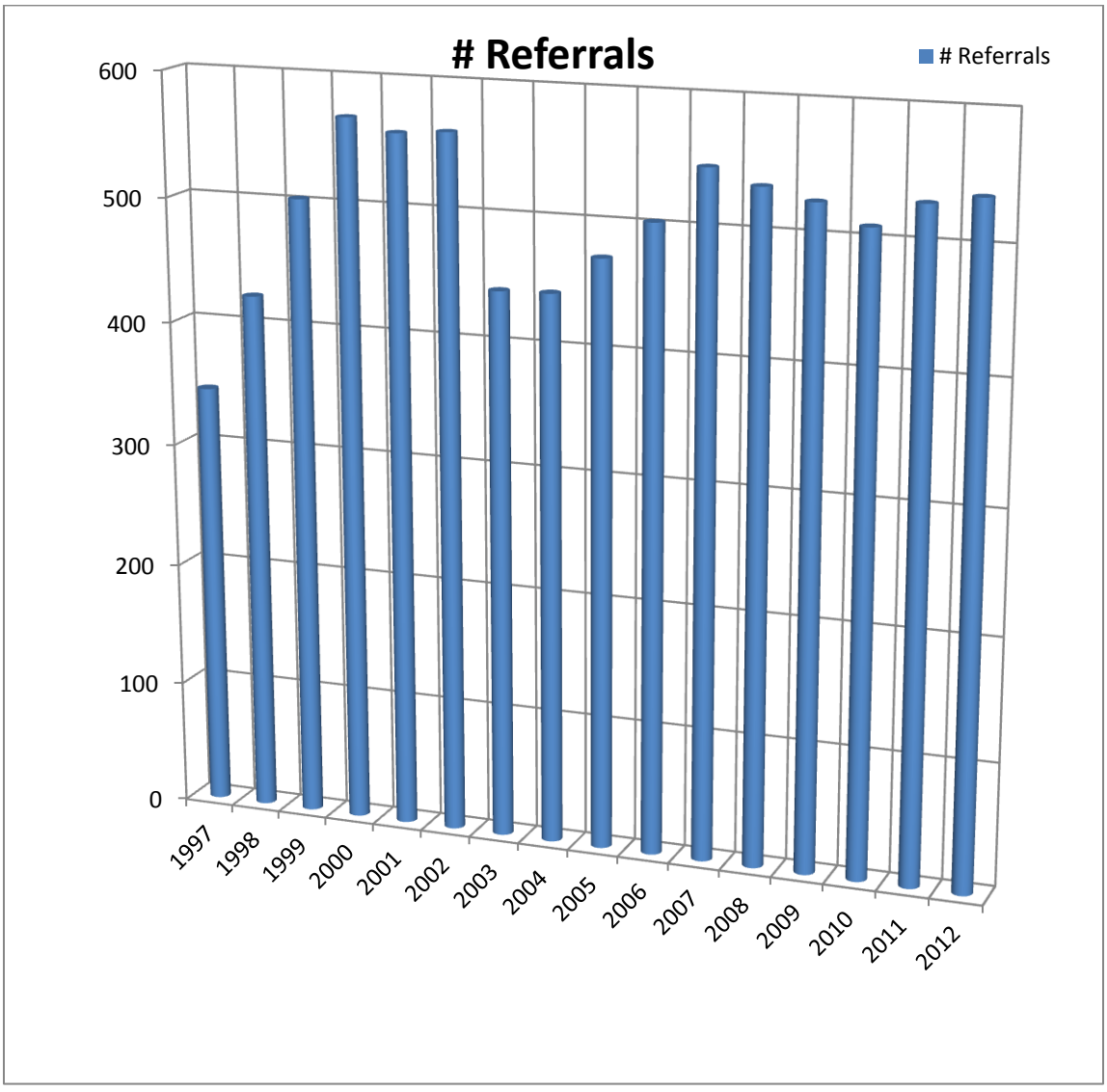
MCCP initially met weekly with AMRTC to offer ideas regarding the overall crisis system, possible challenges they might face, provide training to AMRTC staff and share assessments and crisis plan formats. MCCP continues to meet frequently with AMRTC and has helped and will continue to help with the transition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

MCCP has recently begun a collaborative effort with Allina Health, Department of Human Services, State Operated Services and Hennepin County to review the services provided in Allina Health's psychiatric units to individuals with intellectual and developmental disabilities (IDD). One goal is to better ensure that those individuals with IDD who are served in those settings get the best supports possible as well as have their admission and length of stay driven by clinical indicators. Allina's Metro hospitals include Abbott Northwestern, Buffalo, Cambridge, Mercy, St. Francis, United and Unity

Referrals Metro Crisis Coordination Program (MCCP)
(Anoka, Carver, Dakota, Hennepin, Ramsey, Scott & Washington)
1997-2012

Year	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	16Year Total
Total Referrals	*345*	*423*	*503*	*569*	*559*	*562*	*442*	*443*	*473*	*503*	*547*	*535*	*526*	*510*	*530*	*537*	*8,007*

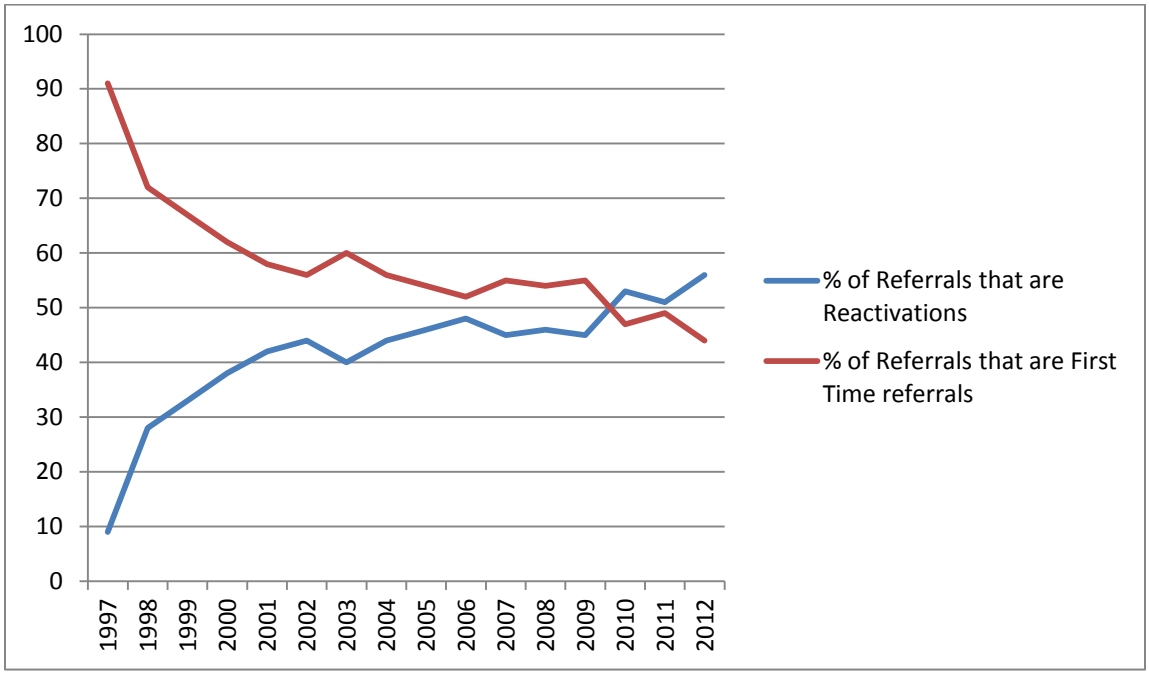
Referrals include Information and Referral (I & R) and Technical Assistance (T.A.) Referrals



In 2012 there were 537 referrals representing a 1.3% increase in referrals from 2011 (530). Referrals by county were as follows; Anoka = 55, Carver = 17, Dakota =

57, Hennepin = 269, Ramsey = 74, Scott = 22, Washington = 36 and there were 7 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.

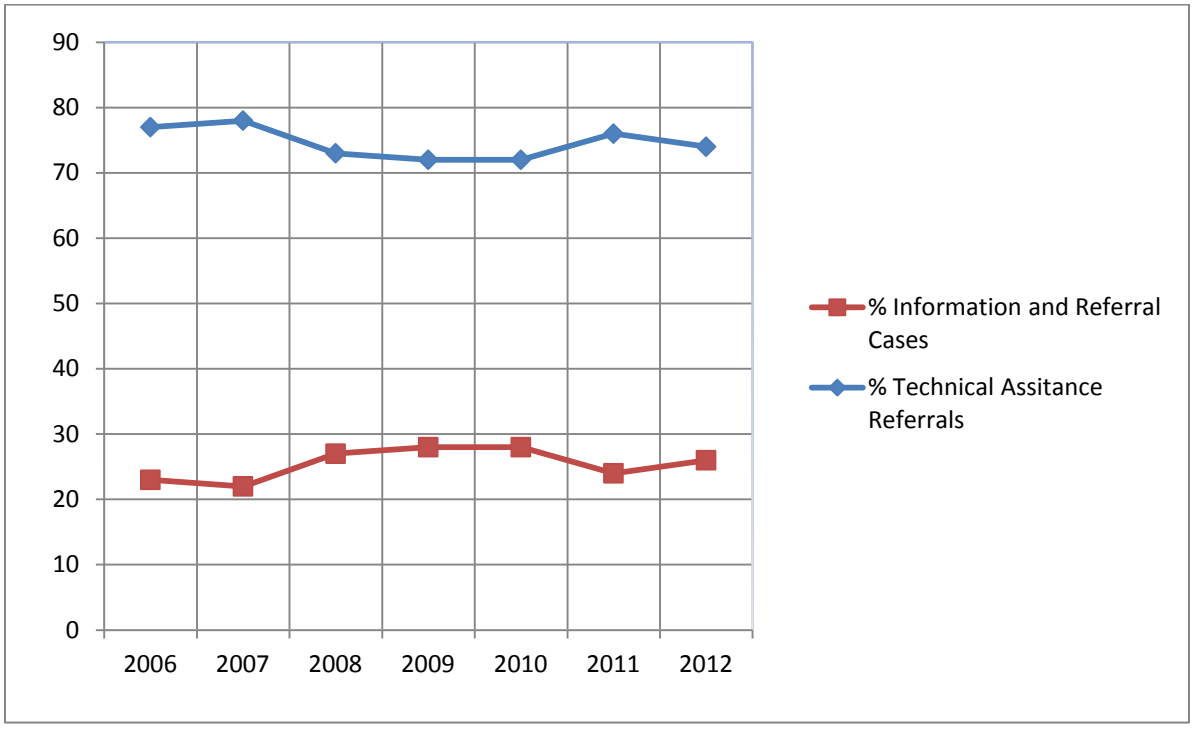
Reactivation Referrals versus First Time Referrals



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 (257 follow up calls made in 2012), 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 Referrals

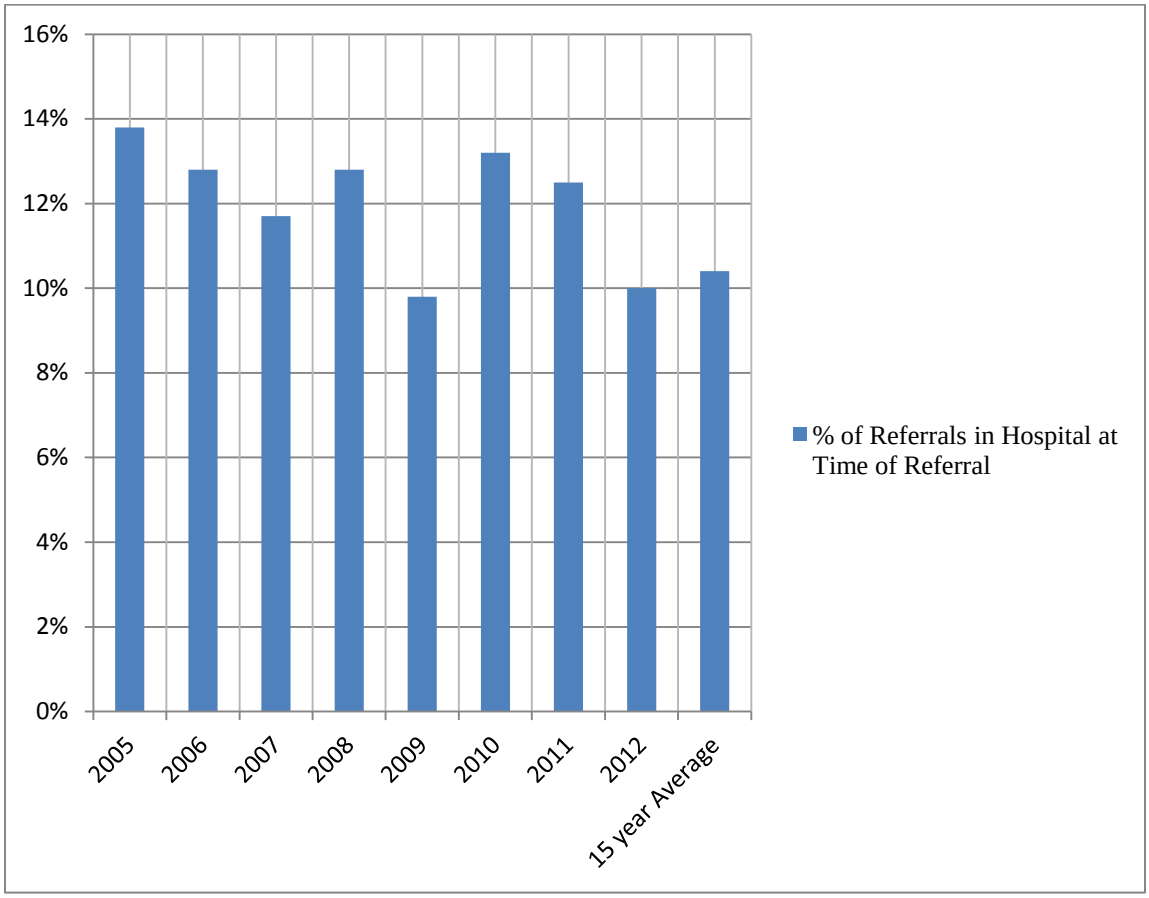


The percentage of Technical Assistance (TA) referrals versus Information and Refferal (I & R) decreased slightly in 2012 compared to 2011 (74% T.A. in 2012 and 76% in 2011) . Prevention through T.A. remains a priority as the actual cost of a 45 day stay in a crisis bed and the actual cost of a typical 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 imediately available. In 2012 there were 51 referrals made requesting both T.A and I & R. at the time of referral and the disposition of those cases were as follows;

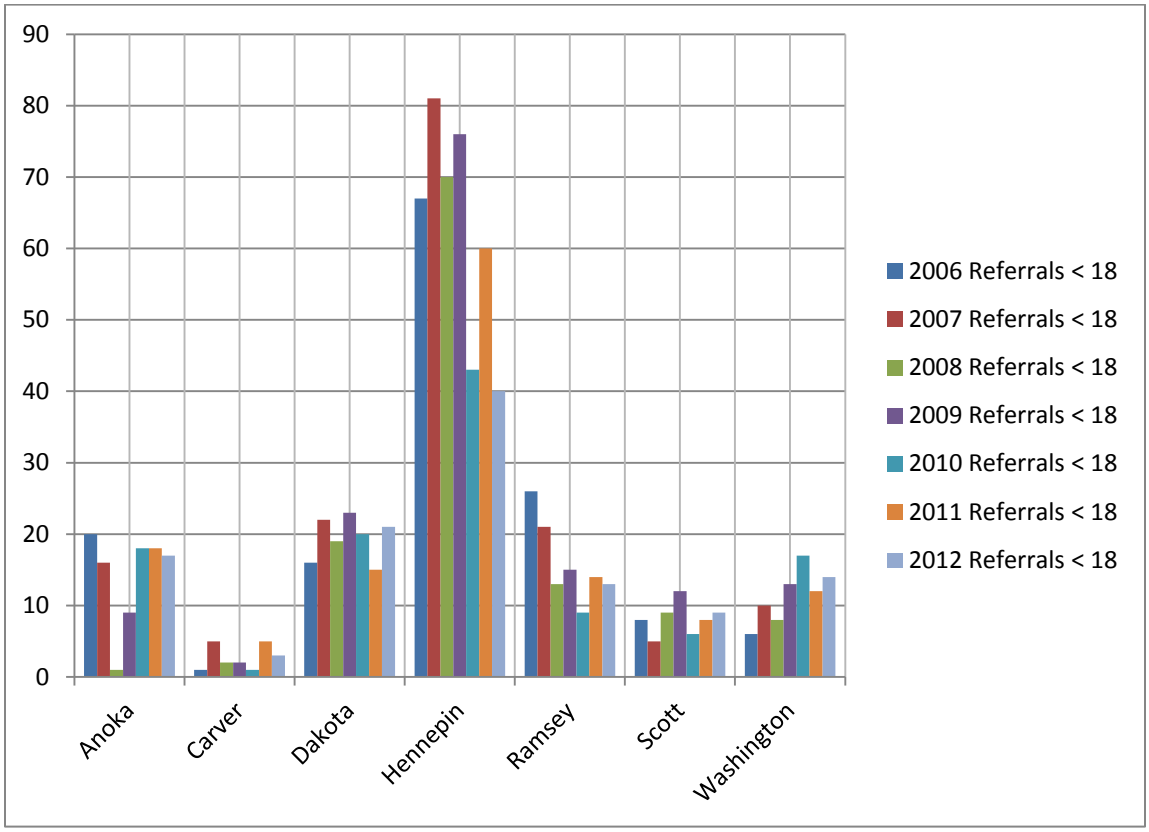
	Referrals requesting both T.A. and I & R at time of referral	**Case concluded without utilization of crisis bed**	**Case concluded following crisis bed placement**	**Case concluded following transition bed placement / other placement**
2008	19	13 (68%)	5 (26%)	1 (6%)
2009	29	19 (66%)	10 (34%)	0 (0%)
2010	28	19 (68%)	8 (29%)	1 (3%)
2011	49	35 (71%)	13 (27%)	1 (2%)
2012	51	38 (75%)	12 (23%)	1 (2%)

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



In 2012 10.0% of refferals were made with the referred individual in the hospital at the time of referral. This is a decrease of 2.5% from 2011 and is .4% below the 15 year average (10.4%).

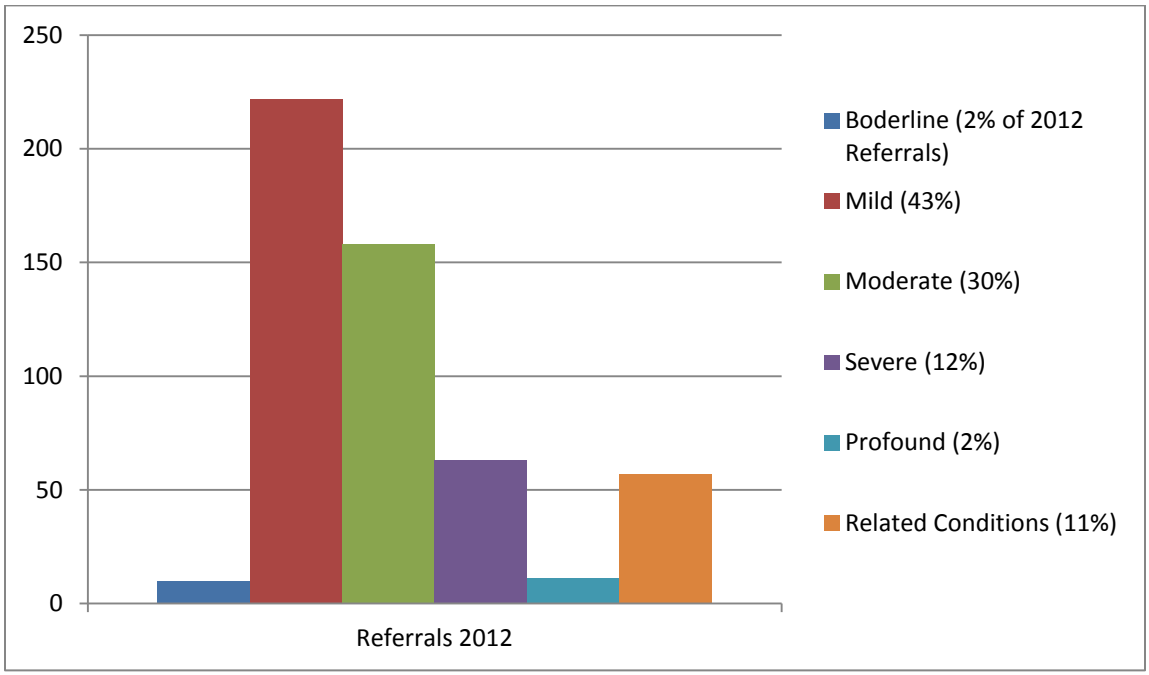
Total Referrals of Persons Younger than 18 years old



	2008	2009	2010	2011	2012	16 year average
% of Total Referrals < 18	23%	29%	24%	25%	22%	**29%**

The percentage of referrals of those younger than18 decreased slightly in 2012 to 22%. That was a 3% decrease from 2011 (25%) and is below the 16 year average which is 29%. 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 2012



The functioning levels of those referred to MCCP in 2012 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 and less borderline/mild ranges than the average.

Functioning Levels within Mental Retardation	**"Average" Prevalence**	**2008 MCCP Referrals**	**2009 MCCP Referrals**	**2010 MCCP Referrals**	**2011 MCCP Referrals**	**2012 MCCP Referrals**
Borderline/Mild	85%	39%	43%	46%	42%	45%
Moderate	10%	27%	28%	25%	25%	30%
Severe	3%-4%	16%	13%	12%	14%	12%
Profound	1%-2%	2%	2%	3%	2%	2%
% of all Referrals made with diagnosis of Related Conditions		16%	14%	14%	17%	11%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Crisis Bed Occupancy

Dedicated Crisis Bed	2007 Occupancy	2008 Occupancy	2009 Occupancy	2010 Occupancy	2011 Occupancy	2012 Occupancy
Dakota	84%	88%	78%	87%	89%	82%
Meridian - Golden Hills (Children)	74%	77%	88%	83%	93%	87%
Meridian – Edgewood (Adults)				94%	95%	97%
Minnehaha	81%	82%	79%	87%		
Average	**80%**	**83%**	**82%**	**88%**	**92%**	**89%**
Variable Bed Occupancy (2.75 a Day Target)	**110%**	**103%**	**113%**	**117%**	**82%**	**110%**

During 2012 the average length of placement in a crisis home (averaging both dedicated and variable crisis bed placements) was 71 days. The 2012 average is 3 days less than 2011. However the increase of 23 days in average length of stay from 2008 to 2012 results in approximately 39 fewer crisis bed placements being available in a year.

Crisis Home	Average Length of Stay 2008	Average Length of Stay 2009	Average Length of Stay 2010	Average Length of Stay 2011	Average Length of Stay 2012
Dakota	64 Days	62 Days	54 Days	95 Days	63 Days
Meridian – Golden Hills (Children)	47 Days	50 Days	59 Days	61 Days	75 Days
Meridian – Edgewood (Adults)			64 Days	81 Days	95 Days
Minnehaha	46 Days	51 Days	54 Days		
Pine City	47 Days	46 Days	50 Days	54 Days	60 Days
Special Services Program (SSP)	51 Days	66 Days	66 Days	81 Days	72 Days
Other Crisis Homes	40 Days	49 Days	56 Days	62 Days	46 Days
Average for all Crisis Homes	48 Days	55 Days	55 Days	74 Days	71 Days
Average Length of Stay Adults				79 Days	71 Days
Average Length of Stay Children				69 Days	72 Days

Crisis Bed Placements over 90 days and under 45 days

Year	2008	2009	2010	2011	2012
% of Crisis Bed Placements over 90 Days	8%	11%	15%	19%	30%
% of Crisis Bed Placements 45 Days or less	59%	55%	33%	41%	32%

Crisis or Transition Bed Demand

Children	2007	2008	2009	2010	2011	2012
Average # of Children waiting each day	1	.8	1.6	1.7	5.3	5.8
Range	0-4	0-3	0-5	0-6	0-14	0-12
% of Days with a Child waiting for a crisis bed	54%	59%	73%	77%	95%	92%
Adults	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
Average # of Adults waiting each day	4.6	1.5	1.8	5.9	9.5	9.0
Range	0-12	0-7	0-12	0-17	0-18	1-19
% of Days with a Adult waiting for a crisis bed	96%	59%	68%	86%	99%	100%

During 2012 the large increase in the average number of children waiting for a crisis bed first seen in 2011 continued. The range of those waiting for a bed decreased slightly as did the days with children waiting for a crisis bed. Adults waiting for a crisis bed saw a similar continuation of increase from 2011 to 2012. The range of those waiting increased and every day of 2012 there was 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.

2012 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	2012 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%)	3.76 (75%)
# 2 = 2.8/3 (goal 93%)	2.62 (87%)	2.59 (86%)	2.52 (84%)	2.56 (85%)	2.72 (91%)	2.53(84%)	2.81 (94%)
# 3 = 3.5/5 (goal 70%)	3.56 (71%)	3.63 (73%)	3.60 (72%)	3.54 (71%)	3.65 (73%)	3.49 (70)%	3.64 (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	2011 Results	2012 Results
# 1 = 2.5/3 (goal 83%)	2.90 (97%)	2.73 (91%)	2.76 (92%)	2.87 (95%)
# 2 = 75%	97%	97%	91%	92%
# 3 = 3.3/5 (goal 66%)	4.07 (81%)	4.37 (87%)	4.30 (86%)	4.06 (81%)

MCCP made 257 6 month follow-up calls in 2012 with 36 responses from team members for a response rate of 14%

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
2012

785 Surveys were sent out in 2012. 222 were returned (28%)
Rating scale is 1 to 5 with 5 being very satisfied

Case Managers
247 surveys sent and 97 received (39%)
Overall satisfaction with MCCP services and supports 4.73
Highest satisfaction was ease of making referrals 4.89
Lowest satisfaction in ability of the MCCP staff to coordinate additional supports/resources 4.36

Families
183 surveys sent and 41 received (22%)
Overall satisfaction with MCCP services and supports 4.55
Highest satisfaction was ability of the MCCP staff to convey recommendations to the appropriate team members 4.78
Lowest satisfaction in ability of the MCCP staff to communicate effectively with you 4.43

Residential Programs
158 surveys sent and 40 received (25%)
Overall satisfaction with MCCP services and supports 4.38
Highest satisfaction was ease of making referral 4.70
Lowest satisfaction was helpfulness of recommendations offered by the MCCP staff 4.33

Day Programs/Schools
112 surveys sent and 26 received (23%)
Overall satisfaction with MCCP services and supports 4.15
Highest satisfaction was ease of making referral 4.89
Lowest satisfaction in ability of the MCCP staff to coordinate additional support and services 3.85

Other (Conservators, Hospital, Psychologists, etc.)
43 surveys sent 12 received (28%)
Overall satisfaction with MCCP services and supports 4.82
Highest satisfaction was helpfulness of the recommendations offered by the MCCP staff 4.83
Lowest satisfaction in ability of the MCCP staff to coordinate additional support and services 4.58

Clients *(Rating scale 1 to 3 with 3 being very happy)*
42 surveys sent and 6 received (14%)
Most happy with how MCCP staff listened to me, was available to talk when I wanted to talk to them and willing to have MCCP help me again 3.0
Lowest satisfaction was how MCCP tried to find other ways to help me and explain assistance 2.73

Additional Satisfaction Survey Results
2012

Case Managers
MCCP helped develop crisis plan/specific behavioral recommendations 86% (78 of 91)
Plan implemented/carried out 2.84 (1 = not at all, 2 = partially, 3 = completely)
Any responsibility for carrying out crisis plan/recommendations 14% (12 of 85)
Anticipate the need for follow-up support to implement plan 10% (8 of 83)

Rating scale is 1 to 5 with 1 being strongly disagree and 5 being strongly agree
MCCP's services resolved the crisis situation 3.89
MCCP's services will prevent future crises 3.73
MCCP's services were clearly explained 4.63
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% (65 of 78)
Should MCCP's services have helped client being removed from living or work situation yes 77% (59 of 77)

Families
MCCP helped develop crisis plan/specific behavioral recommendations 82% (32 of 39)
Plan implemented/carried out 2.78 (1 = not at all, 2 = partially, 3 = completely)
Any responsibility for carrying out crisis plan/recommendations 36% (16 of 44)
Anticipate the need for follow-up support to implement plan 26% (9 of 35)

Rating scale is 1 to 5 with 1 being strongly disagree and 5 being strongly agree
MCCP's services resolved the crisis situation 3.84
MCCP's services will prevent future crises 3.80
MCCP's services were clearly explained 4.50
I had enough information to make choices about crisis services 4.44
MCCP's services helped prevent client being removed from living or work situation yes 79% (30 of 38)
Should MCCP's services have helped client being removed from living or work situation yes 67% (22 of 33)

Residential Programs
MCCP helped develop crisis plan/specific behavioral recommendations 87% (33 of 38)
Plan implemented/carried out 2.75 (1 = not at all, 2 = partially, 3 = completely)
Any responsibility for carrying out crisis plan/recommendations 95% (36 of 38)
Anticipate the need for follow-up support to implement plan less than 1% (1 of 36)

Rating scale is 1 to 5 with 1 being strongly disagree and 5 being strongly agree
MCCP's services resolved the crisis situation 3.51
MCCP's services will prevent future crises 3.46
MCCP's services were clearly explained 4.50
I had enough information to make choices about crisis services 4.43
MCCP's services helped prevent client being removed from living or work situation yes 82% (28 of 34)
Should MCCP's services have helped client being removed from living or work situation yes 81% (26 of 32)

Day programs/Schools
MCCP helped develop crisis plan/specific behavioral recommendations 75% (18 of 24)
Plan implemented/carried out 2.75 (1 = not at all, 2 = partially, 3 = completely)
Any responsibility for carrying out crisis plan/recommendations 77% (20 of 26)
Anticipate the need for follow-up support to implement plan 17% (4 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 3.26
MCCP's services will prevent future crises 3.00
MCCP's services were clearly explained 4.08
I had enough information to make choices about crisis services 3.77
MCCP's services helped prevent client being removed from living or work situation yes 71% (17of 24)
Should MCCP's services have helped client being removed from living or work situation yes
51% (10 of 19)

Others (conservators, hospitals, psychologists, etc.)
MCCP helped develop crisis plan/specific behavioral recommendations 92% (11 of 12)
Plan implemented/carried out 3.00 (1 = not at all, 2 = partially, 3 = completely)
Any responsibility for carrying out crisis plan/recommendations 58 % (7 of 12)
Anticipate the need for follow-up support to implement plan 18% (2 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 4.42
MCCP's services will prevent future crises 4.33
MCCP's services were clearly explained 4.92
I had enough information to make choices about crisis services 4.58
MCCP's services helped prevent client being removed from living or work situation yes 75% (9 of 12)
Should MCCP's services have helped client being removed from living or work situation yes
50% (6 of 12)