



Metro Crisis Coordination Program (MCCP)

2013 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 service 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 2013 MCCP responded to over 100 after hour calls for support from consumers, families, guardians, residential staff, and hospital emergency rooms.

In 2013 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 started October 1st 2013 and is provided by Meridian (4 beds).

Training in 2013 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 2013 MCCP provided over 30 trainings (not including training associated with a referral) for various providers working with people with disabilities, training over 600 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 training for county case managers regarding the crisis system. Topics included expectations, access and prevention. 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.

In 2013 MCCP continued 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.

Throughout 2013 but particularly in the 3rd and 4th quarter of 2013 MCCP worked to increase the availability of psychiatric consults for people with intellectual and developmental disabilities (IDD) that are supported through MCCP. There has been and remains a shortage of psychiatrists who work with people with IDD. MCCP was able to establish agreements with a psychiatrist working with Community Based Services of the State of Minnesota for adult consults and a psychiatrist who works with Behavioral Health Services (BHSI) in Eagan for adolescent consultations.

The procedure for psychiatric consults is that the individual must be receiving MCCP supports and then upon request the person is placed in a "pool" for a consult - as demand typically exceeds availability. The MCCP nurse manages the referrals for consults and based on a variety of prioritization factors schedules the consults. In 2013 MCCP was able to provide 18 consults (15 adults and 3 children) and in 2014 is working to provide over 40 consults.

Referrals Metro Crisis Coordination Program (MCCP)

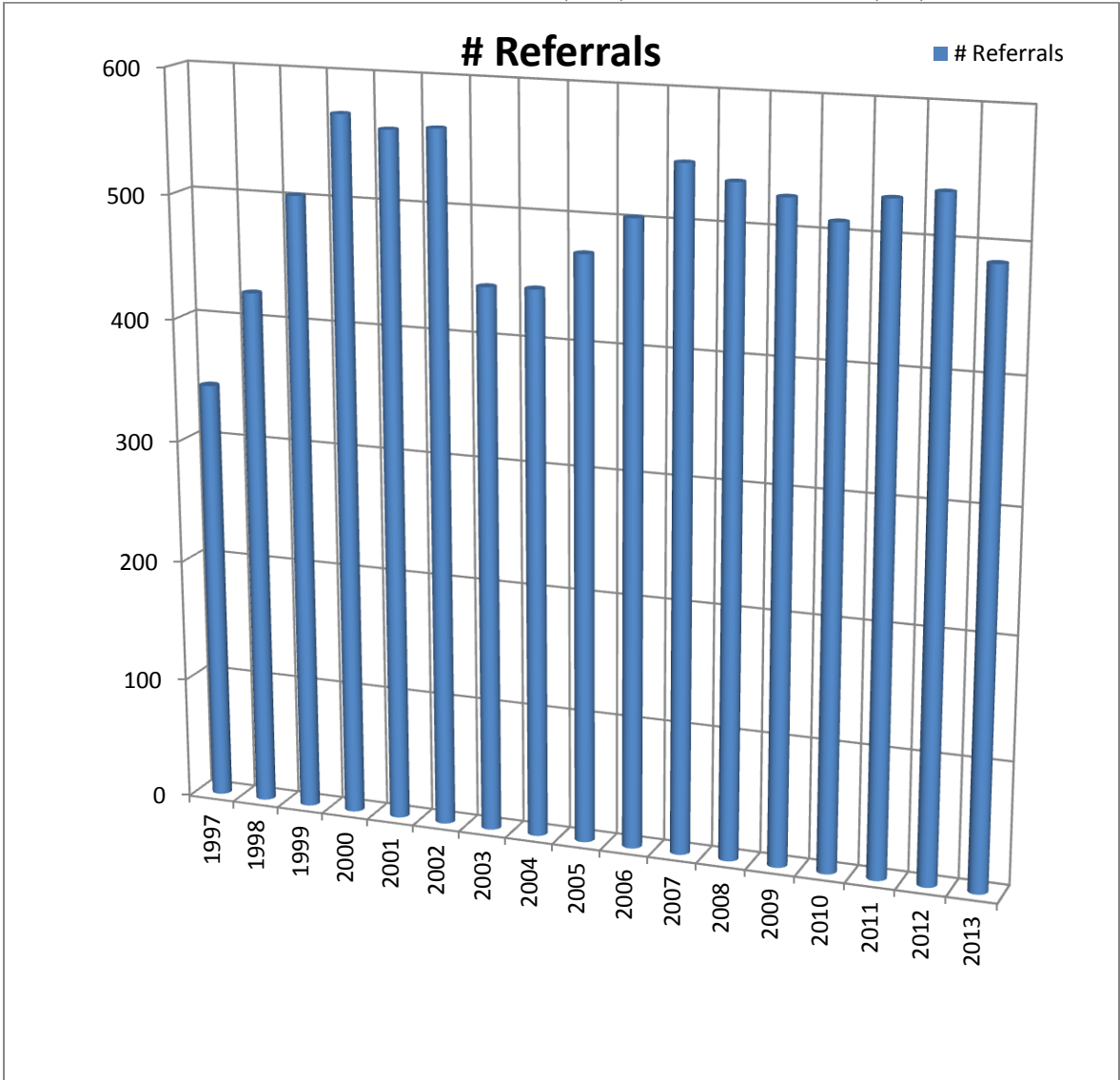
(Anoka, Carver, Dakota, Hennepin, Ramsey, Scott & Washington)

1997-2013

Year	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Total Referrals	345	423	503	569	559	562	442	443	473	503

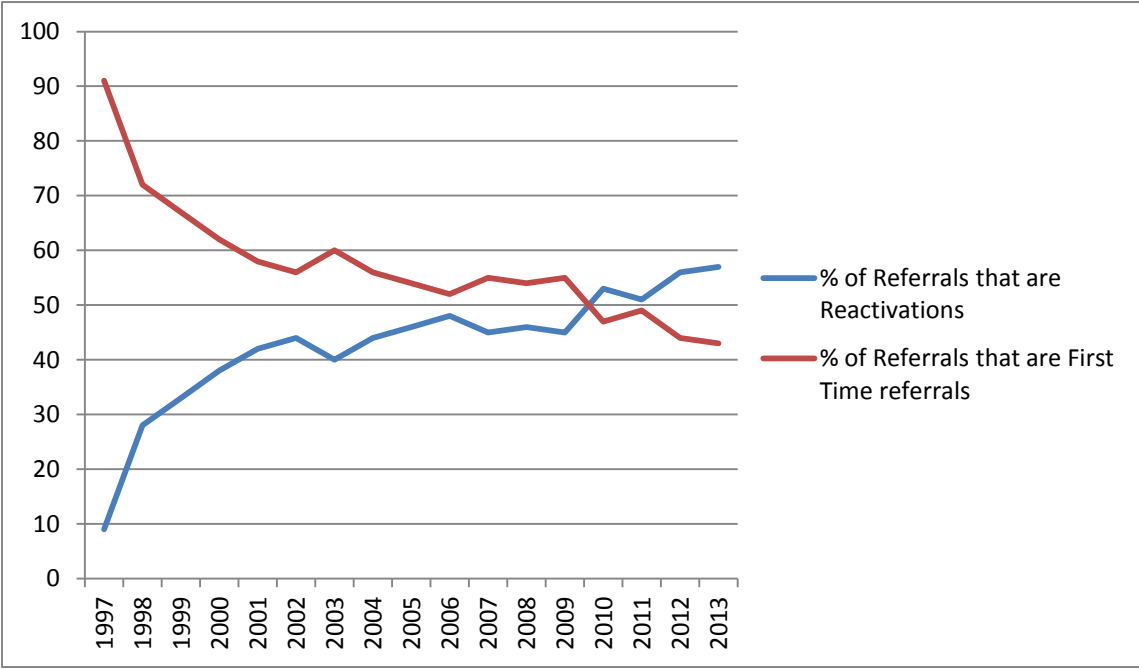
Year	2007	2008	2009	2010	2011	2012	2013	17 Year Total
Total Referrals	547	535	526	510	530	537	480	8,487

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



In 2013 there were 480 referrals representing a 10% decrease in referrals from 2012 (537). Referrals by county were as follows; Anoka = 67, Carver = 12, Dakota = 50, Hennepin = 233, Ramsey = 65, Scott = 22, Washington = 21 and there were 10 referrals regarding individuals whose county of financial responsibility is a county outside the metro region. Services to other counties is provided on a “as available” basis.

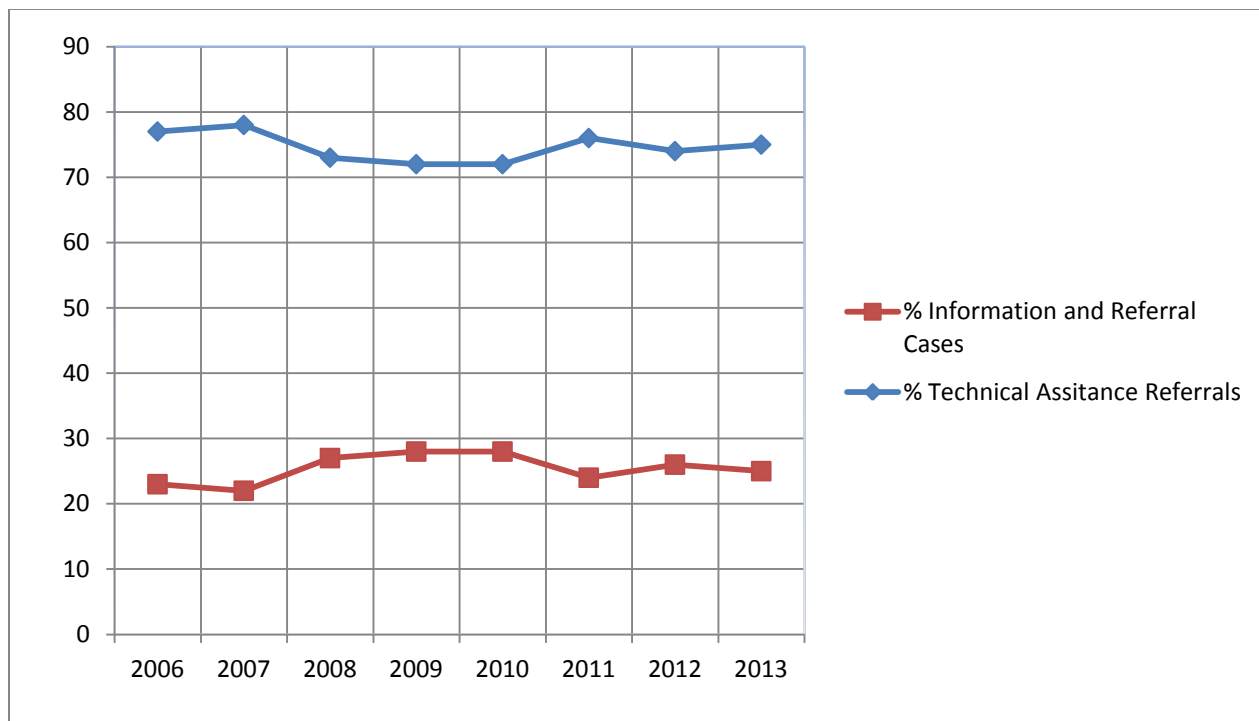
Reactivation Referrals versus First Time Referrals



Reactivation referrals in the last four years have comprised over 50% of all referrals in each year. In 2013 57% of referrals were reactivations. 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 (223 follow up calls made in 2013), 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



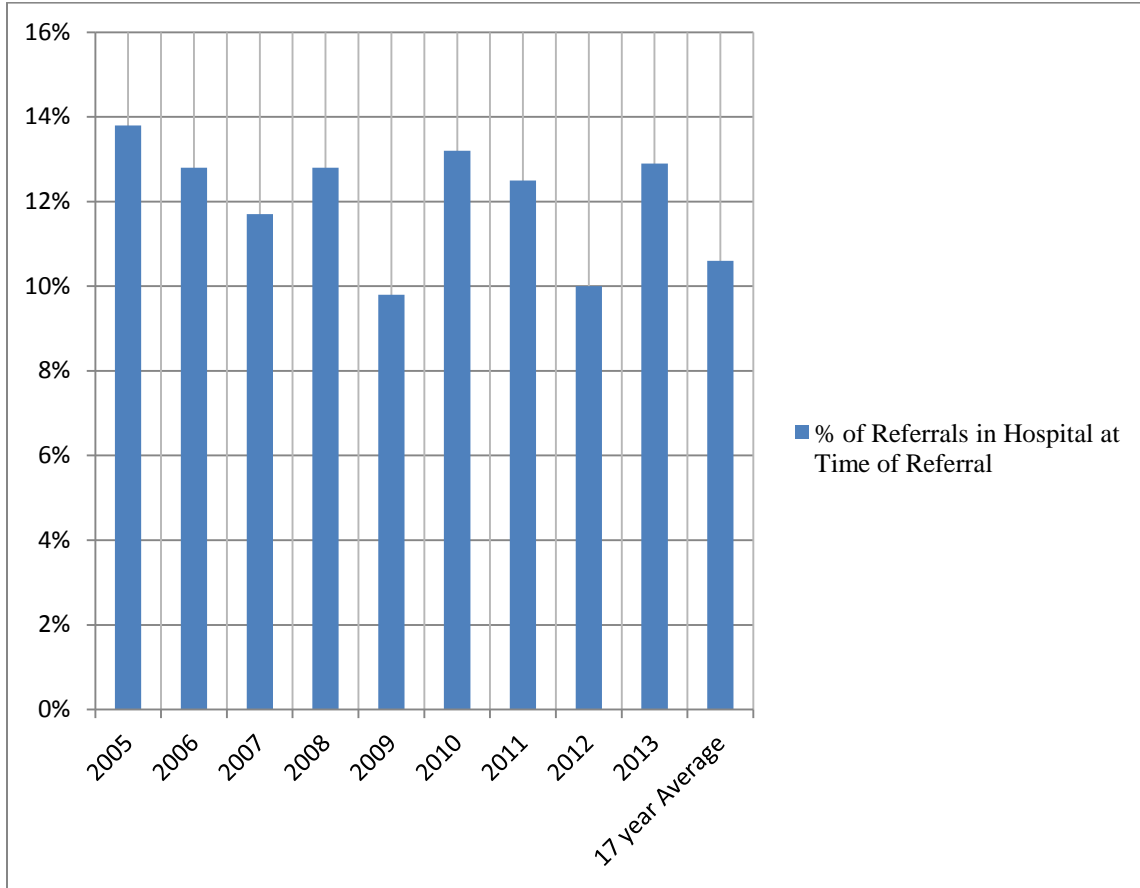
The percentage of Technical Assistance (TA) referrals versus Information and Referral (I & R) increased slightly in 2013 compared to 2012 (75% T.A. in 2013 and 74% in 2012). Prevention through T.A. remains a priority as the actual cost of a 45 day stay in a crisis bed and the actual cost of a typical T.A. referral is approximately 9 to 1.

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

available. In 2013 there were 38 referrals made requesting both T.A. and I & R at the time of referral and the disposition of those cases were as follows;

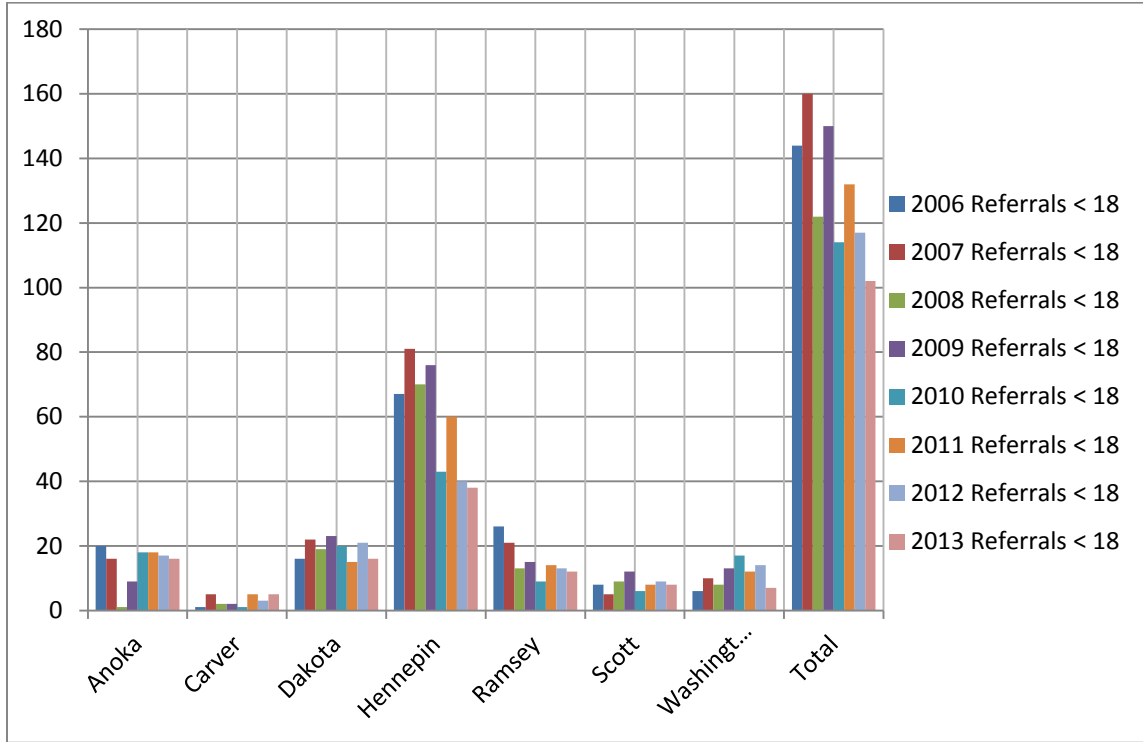
	Referrals requesting both T.A. and I & R at time of referral	Case concluded without utilization of crisis bed	Case concluded following crisis bed placement	Case concluded following transition bed placement / other placement
2008	19	13 (68%)	5 (26%)	1 (6%)
2009	29	19 (66%)	10 (34%)	0 (0%)
2010	28	19 (68%)	8 (29%)	1 (3%)
2011	49	35 (71%)	13 (27%)	1 (2%)
2012	51	38 (75%)	12 (23%)	1 (2%)
2013	38	27 (71%)	8 (21%)	3 (8%)

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



In 2013 12.9% of refferals were made with the individual in the hospital at the time of referral. This is an increase of 2.9% from 2012 and is 2.3% above the 17 year average (10.6%).

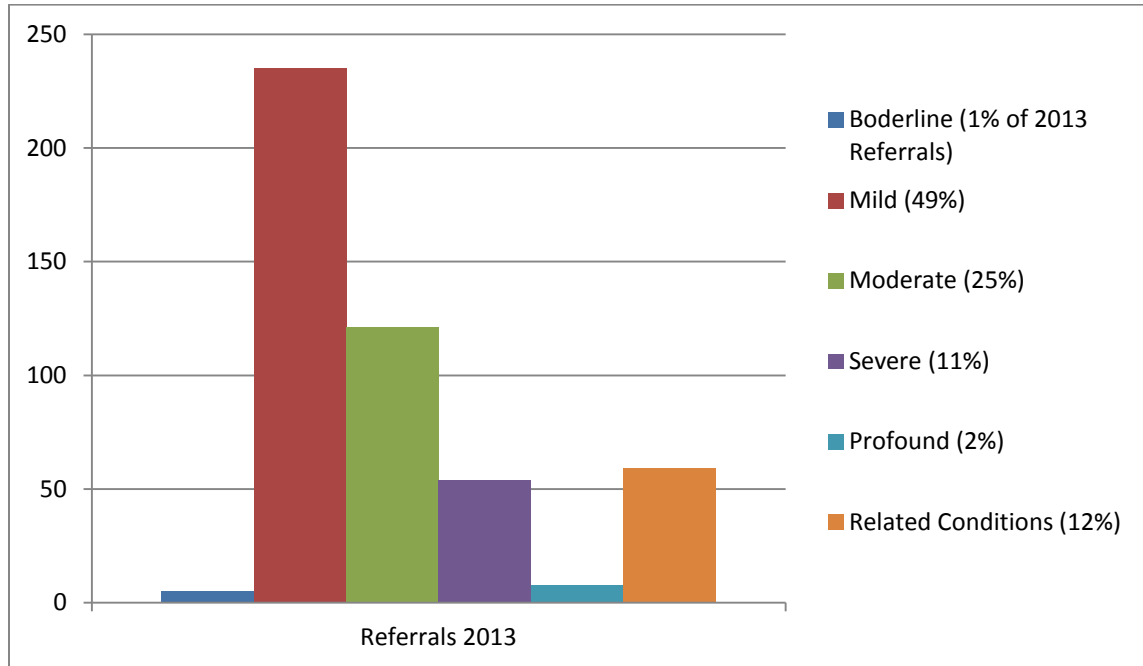
Total Referrals of Persons Younger than 18 years old



	2008	2009	2010	2011	2012	2013	17 year average
% total referrals younger than 18	23%	29%	24%	25%	22%	22%	29%

The percentage of referrals of those younger than 18 remained the same in 2013 at 22%. The 16 year average remained at 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 2013 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	2008 MCCP Referrals	2009 MCCP Referrals	2010 MCCP Referrals	2011 MCCP Referrals	2012 MCCP Referrals	2013 MCCP Referrals
Borderline/Mild	39%	43%	46%	42%	45%	50%
Moderate	27%	28%	25%	25%	30%	25%
Severe	16%	13%	12%	14%	12%	11%
Profound	2%	2%	3%	2%	2%	2%
% of all Referrals made with diagnosis of Related Conditions	16%	14%	14%	17%	11%	12%
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	2013 Occupancy
Dakota	84%	88%	78%	87%	89%	82%	88%
Meridian - Golden Hills (Children)	74%	77%	88%	83%	93%	87%	91%
Meridian – Edgewood (Adults)				94%	95%	97%	93%
Meridian - Kentucky (Transition)							87%
Minnehaha	81%	82%	79%	87%			
Average	80%	83%	82%	88%	92%	89%	90%
Variable Bed Occupancy (Target established each year based on budget)	110%	103%	113%	117%	82%	110%	87%

During 2013 the average length of placement in a crisis home (averaging both dedicated and variable crisis bed placements) was 78 days. The 2013 average is 7 days more than 2012. However the increase of 30 days in average length of stay from 2008 to 2013 results in approximately 45 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	Average Length of Stay 2013
Dakota	64 Days	62 Days	54 Days	95 Days	63 Days	71 Days
Meridian – Golden Hills (Children)	47 Days	50 Days	59 Days	61 Days	75 Days	102 Days
Meridian – Edgewood (Adults)			64 Days	81 Days	95 Days	80 Days
Minnehaha	46 Days	51 Days	54 Days			
Pine City	47 Days	46 Days	50 Days	54 Days	60 Days	79 Days
Special Services Program (SSP)	51 Days	66 Days	66 Days	81 Days	72 Days	67 Days
Other Crisis Homes	40 Days	49 Days	56 Days	62 Days	46 Days	88 Days
Average for all Crisis Homes	48 Days	55 Days	55 Days	74 Days	71 Days	78 Days
Average Length of Stay Adults				79 Days	71 Days	75 Days
Average Length of Stay Children				69 Days	72 Days	90 Days

Crisis Bed Placements over 90 days and under 45 days

Year	2008	2009	2010	2011	2012	2013
% of Crisis Bed Placements over 90 Days	8%	11%	15%	19%	30%	26%
% of Crisis Bed Placements 45 Days or less	59%	55%	33%	41%	32%	36%

Crisis or Transition Bed Demand

Children	2007	2008	2009	2010	2011	2012	2013
Average # of Children waiting each day	1	.8	1.6	1.7	5.3	5.8	11.5
Range	0-4	0-3	0-5	0-6	0-14	0-12	3-17
% of Days with a Child waiting for a crisis bed	54%	59%	73%	77%	95%	92%	100%
Adults	2007	2008	2009	2010	2011	2012	2013
Average # of Adults waiting each day	4.6	1.5	1.8	5.9	9.5	9.0	16.7
Range	0-12	0-7	0-12	0-17	0-18	1-19	1-32
% of Days with a Adult waiting for a crisis bed	96%	59%	68%	86%	99%	100%	100%

During 2013 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 increased 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 2012 to 2013. The range of those waiting increased and every day of 2013 there was an adult and child waiting for a crisis bed. An increase in length of stays in crisis beds typically increases the number of persons waiting for crisis beds.

2013 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	2013 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%)	3.73 (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%)	2.71 (90%)
# 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%)	3.61 (72%)

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	2013 Results
# 1 = 2.5/3 (goal 83%)	2.90 (97%)	2.73 (91%)	2.76 (92%)	2.87 (95%)	2.88 (96%)
# 2 = 75%	97%	97%	91%	92%	95%
# 3 = 3.3/5 (goal 66%)	4.07 (81%)	4.37 (87%)	4.30 (86%)	4.06 (81%)	4.87 (97%)

MCCP made 223 6 month follow-up calls in 2013 with 38 responses from team members for a response rate of 17%

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
2013**

822 Surveys were sent out in 2013. 174 were returned (21%)
Rating scale is 1 to 5 with 5 being very satisfied

Case Managers

255 surveys sent and 77 received (30%)
Overall satisfaction with MCCP services and supports 4.59
Highest satisfaction was ease of making referrals 4.89
Lowest satisfaction in helpfulness of follow up offered by the MCCP 4.45

Families

202 surveys sent and 26 received (13%)
Overall satisfaction with MCCP services and supports 4.75
Highest satisfaction was ease of making referral 4.79
Lowest satisfaction in helpfulness of follow up offered by the MCCP 4.36

Residential Programs

150 surveys sent and 24 received (16%)
Overall satisfaction with MCCP services and supports 4.33
Highest satisfaction was effective communication 4.58
Lowest satisfaction ability of MCCP to coordinate additional resources/supports 4.09

Day Programs/Schools

113 surveys sent and 22 received (20%)
Overall satisfaction with MCCP services and supports 4.59
Highest satisfaction was ease of making referral 4.90
Lowest satisfaction ability of MCCP to coordinate additional resources/supports 4.58

Other (Conservators, Hospital, Psychologists, etc.)

56 surveys sent 15 received (27%)
Overall satisfaction with MCCP services and supports 4.67
Highest satisfaction was ease of making a referral 4.73
Lowest satisfaction was effective communication 4.27

Client

(Rating scale 1 to 3 with 3 being very happy)
46 surveys sent and 10 received (22%)
Most happy with how MCCP staff listened to me, was available to talk when I wanted to talk to them, explained the assistance offered and in willingness to have MCCP help me again 3.00

**Metro Crisis Coordination Program (MCCP)
Additional Satisfaction Survey Results
2013**

Case Managers

MCCP helped develop crisis plan/specific behavioral recommendations 81% (56 of 89)

Plan implemented/carried out 2.77 (1 = not at all, 2 = partially, 3 = completely)

Any responsibility for carrying out crisis plan/recommendations 19% (13 of 69)

Anticipate the need for follow-up support to implement plan 13% (8 of 63)

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

MCCP's services resolved the crisis situation 3.77

MCCP's services will prevent future crises 3.71

MCCP's services were clearly explained 4.49

I had enough information to make choices about crisis services 4.48

MCCP's services helped prevent client being removed from living or work situation yes 84% (53 of 63)

Should MCCP's services have helped client being removed from living or work situation 70% (28 of 40)

Families

MCCP helped develop crisis plan/specific behavioral recommendations 96% (23 of 24)

Plan implemented/carried out 2.84 (1 = not at all, 2 = partially, 3 = completely)

Any responsibility for carrying out crisis plan/recommendations 44% (11 of 25)

Anticipate the need for follow-up support to implement plan 32% (7 of 22)

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 3.42

MCCP's services were clearly explained 4.54

I had enough information to make choices about crisis services 4.30

MCCP's services helped prevent client being removed from living or work situation yes 74% (17 of 23)

Should MCCP's services have helped client being removed from living or work situation 56% (10 of 18)

Residential Programs

MCCP helped develop crisis plan/specific behavioral recommendations 83% (20 of 24)

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

Any responsibility for carrying out crisis plan/recommendations 92% (22 of 24)

Anticipate the need for follow-up support to implement plan 18% (4 of 22)

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

MCCP's services resolved the crisis situation 3.24

MCCP's services will prevent future crises 3.20

MCCP's services were clearly explained 4.13

I had enough information to make choices about crisis services 4.15
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 removed from living or work
situation 47% (8 of 17)

Day programs/Schools

MCCP helped develop crisis plan/specific behavioral recommendations 91% (19 of 21)
Plan implemented/carried out 2.56 (1 = not at all, 2 = partially, 3 = completely)
Any responsibility for carrying out crisis plan/recommendations 91% (19 of 21)
Anticipate the need for follow-up support to implement plan 24% (4 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 3.70
MCCP's services will prevent future crises 3.38
MCCP's services were clearly explained 4.59
I had enough information to make choices about crisis services 4.32
MCCP's services helped prevent client being removed from living or work situation yes
64% (14 of 22)
Should MCCP's services have helped client being removed from living or work
situation 50% (8 of 16)

Others (conservators, hospitals, psychologists, etc.)

MCCP helped develop crisis plan/specific behavioral recommendations 100% (15 of 15)
Plan implemented/carried out 2.57 (1 = not at all, 2 = partially, 3 = completely)
Any responsibility for carrying out crisis plan/recommendations 64 % (9 of 14)
Anticipate the need for follow-up support to implement plan 23% (3 of 13)

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

MCCP's services resolved the crisis situation 4.31
MCCP's services will prevent future crises 4.46
MCCP's services were clearly explained 4.73
I had enough information to make choices about crisis services 4.54
MCCP's services helped prevent client being removed from living or work situation yes
93% (13 of 14)
Should MCCP's services have helped client being removed from living or work
situation 86% (12 of 14)