



# Metro Crisis Coordination Program (MCCP)

## 2014 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. 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 2014 MCCP responded to over 90 after hour calls for support from consumers, families, guardians, residential staff, and hospital emergency rooms.

**In** 2014 MCCP made referrals and coordinated admissions for 16 crisis beds (MORA – 4, Meridian - 8, MSOCS - 4) and four transition beds (Meridian - 4) as part of the region's overall resource pool.

**Training** in 2014 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** 2014 MCCP provided over 25 trainings (not including training associated with a referral) for various providers working with people with disabilities, training over 500 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](http://www.metrocrisis.org)

**MCCP** continues to monitor, update and provide the required support for the residential opening list ([www.mn-ddsupportservices.com](http://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 intellectual and developmental disabilities (IDD) residential system. The opening list started in 1999 and has had over

330 different providers post thousands of individual listings in over 45 counties throughout Minnesota.

**Starting** in 2013 and continuing in 2014 MCCP worked to increase the availability of psychiatric consultations for people with 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 consultations and a psychiatrist who works with Hennepin County for adolescent consultations.

**The** procedure for psychiatric consultations is 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 consultations and based on a variety of prioritization factors schedules the consults. In 2014 MCCP was able to provide 29 consults (15 adults and 14 children) for a total of 47 consultations since the support was initiated. In 2015 MCCP will continue to work to provide even greater access to psychiatric consultations.

# Referrals Metro Crisis Coordination Program (MCCP)

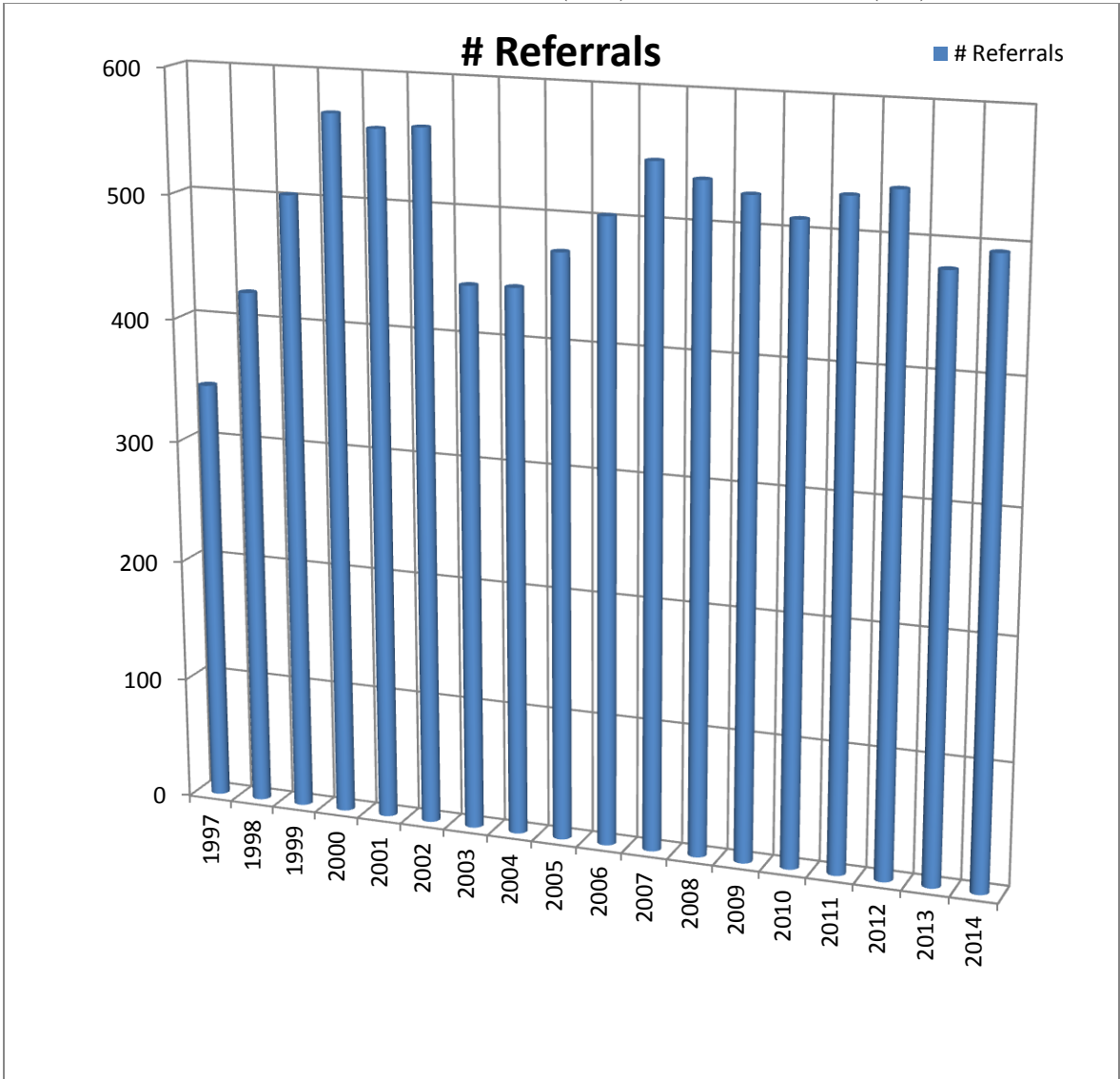
(Anoka, Carver, Dakota, Hennepin, Ramsey, Scott & Washington)

## 1997-2014

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

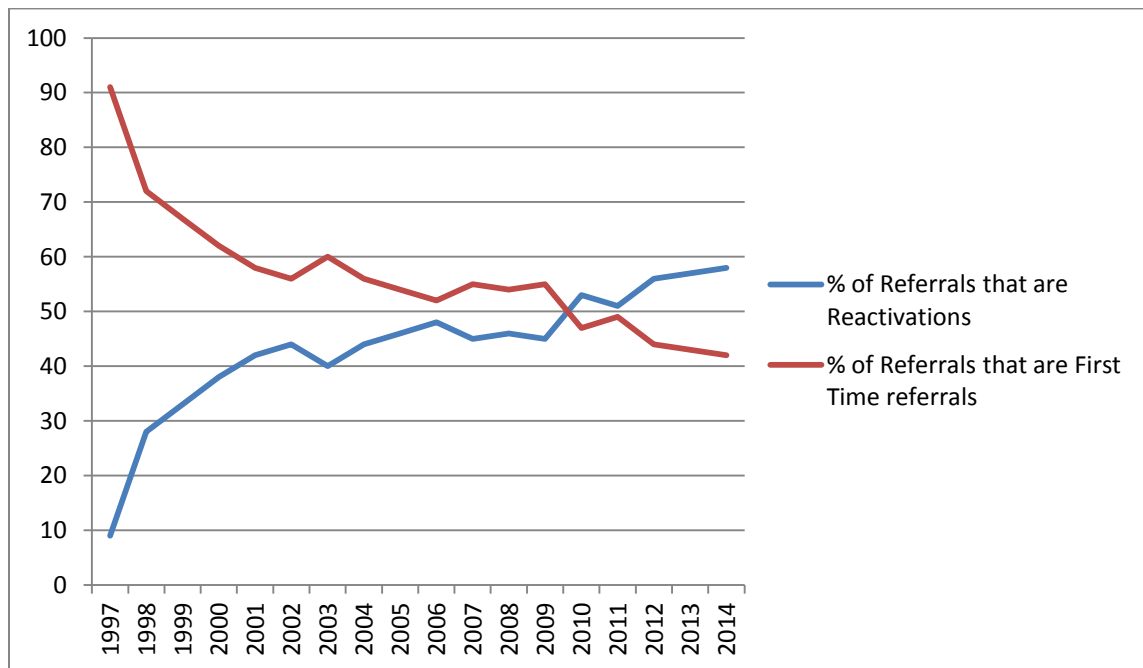
Year	2007	2008	2009	2010	2011	2012	2013	2014	18 Year Total
<b>Total Referrals</b>	547	535	526	510	530	537	480	495	8,982

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



**In** 2014 there were 495 referrals representing a 3% increase in referrals from 2013 (480). Referrals by county; Anoka = 69, Carver = 14, Dakota = 51, Hennepin = 218, Ramsey = 71, Scott = 27, Washington = 33 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 on a “as available” basis.

**Reactivation Referrals versus First Time Referrals**



**Reactivation** referrals in the last five years have comprised over 50% of all referrals in each year. In 2014 58% 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 makes follow up calls after cases close in 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. In 2014 MCCC made 230 follow up calls 6 months after a case had closed.

**Efforts** and focus continues on providing T.A. whenever appropriate and possible including when I and R referral's are made and a crisis bed is not immediately available. In 2014 there were 40 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%)
2014	40	34 (85%)	5 (12%)	1 (3%)

### Crisis Bed Occupancy

<b>Dedicated Crisis Bed</b>	<b>2007 Occupancy</b>	<b>2008 Occupancy</b>	<b>2009 Occupancy</b>	<b>2010 Occupancy</b>	<b>2011 Occupancy</b>	<b>2012 Occupancy</b>	<b>2013 Occupancy</b>	<b>2014 Occupancy</b>
MSOCS - Dakota	84%	88%	78%	87%	89%	82%	88%	75%
Meridian - Golden Hills (Children)	74%	77%	88%	83%	93%	87%	91%	86%
Meridian – Edgewood (Adults) Opened - 2010				94%	95%	97%	93%	96%
Meridian - Kentucky (Transition)							87%	91%
MSOCS - Minnehaha Closed - 2010	81%	82%	79%	87%				
<b>Average</b>	<b>80%</b>	<b>83%</b>	<b>82%</b>	<b>88%</b>	<b>92%</b>	<b>89%</b>	<b>90%</b>	<b>88%</b>
<b>Variable Bed Occupancy</b> (Target established each year based on budget)	<b>110%</b>	<b>103%</b>	<b>113%</b>	<b>117%</b>	<b>82%</b>	<b>110%</b>	<b>87%</b>	<b>48%</b>

**During** 2014 the average length of placement in a crisis home (averaging both dedicated and variable crisis bed placements) was 105 days. The 2014 average is 27 days longer than 2013. The increase of 57 days in average length of stay from 2008 to 2014 results in approximately 67 fewer crisis bed placements being available in a year.



### Crisis Bed Length of Stay

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	Average Length of Stay 2014
Dakota (Adults)	64 Days	62 Days	54 Days	95 Days	63 Days	71 Days	68 Days
Meridian – Golden Hills (Children)	47 Days	50 Days	59 Days	61 Days	75 Days	102 Days	104 Days
Meridian – Edgewood (Adults)			64 Days	81 Days	95 Days	80 Days	161 Days
Minnehaha	46 Days	51 Days	54 Days				
Pine City (Adults)	47 Days	46 Days	50 Days	54 Days	60 Days	79 Days	123 Days
Special Services Program (SSP -12yrs. and over)	51 Days	66 Days	66 Days	81 Days	72 Days	67 Days	114 Days
Other Crisis Homes	40 Days	49 Days	56 Days	62 Days	46 Days	88 Days	39 Days
Average for all Crisis Homes	48 Days	55 Days	55 Days	74 Days	71 Days	78 Days	105 Days
Average Length of Stay Adults				79 Days	71 Days	75 Days	98 Days
Average Length of Stay Children				69 Days	72 Days	90 Days	124 Days

### Crisis Bed Placements over 90 days and under 45 days

Year	2008	2009	2010	2011	2012	2013	2014
% of Crisis Bed Placements over 90 Days	8%	11%	15%	19%	30%	26%	42%
% of Crisis Bed Placements 45 Days or less	59%	55%	33%	41%	32%	36%	29%

### Crisis or Transition Bed Demand

<b>Children</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Average # of Children waiting each day</b>	1	.8	1.6	1.7	5.3	5.8	11.5	10.3
<b>Range</b>	0-4	0-3	0-5	0-6	0-14	0-12	3-17	3-16
<b>% of Days with a Child waiting for a crisis bed</b>	54%	59%	73%	77%	95%	92%	100%	100%
<b>Adults</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Average # of Adults waiting each day</b>	4.6	1.5	1.8	5.9	9.5	9.0	16.7	14.4
<b>Range</b>	0-12	0-7	0-12	0-17	0-18	1-19	1-32	3-25
<b>% of Days with a Adult waiting for a crisis bed</b>	96%	59%	68%	86%	99%	100%	100%	100%

**During** 2014 there was a slight decrease in the average number of children waiting for a crisis bed. The range of those waiting for a bed decreased slightly and the days with children waiting for a crisis bed remained constant at 100%. Adults waiting for a crisis bed also saw a slight decrease from 2013 to 2014. The range of those waiting decreased slightly however again every day of 2014 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.

## 2014 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	2014 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%)	3.72 (74%)
# 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%)	2.67 (89%)
# 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%)	3.50 (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	2012 Results	2013 Results	2014 Results
# 1 = 2.5/3 (goal 83%)	2.90 (97%)	2.73 (91%)	2.76 (92%)	2.87 (95%)	2.88 (96%)	2.74 (91%)
# 2 = 75%	97%	97%	91%	92%	95%	84%
# 3 = 3.3/5 (goal 66%)	4.07 (81%)	4.37 (87%)	4.30 (86%)	4.06 (81%)	4.87 (97%)	4.39 (88%)

MCCP made 230 6 month follow-up calls in 2014 with 28 responses from team members for a response rate of 12%

**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 2014**

882 Surveys were sent out in 2014. 168 were returned (19%)

*Rating scale is 1 to 5 with 5 being very satisfied*

### **Case Managers**

263 surveys sent and 66 received (25%)

Overall satisfaction with MCCP services and supports 4.65

Highest satisfaction was ease of making referrals 4.87

Lowest satisfaction was ability of MCCP staff to coordinate additional supports and resources 4.49

### **Families**

213 surveys sent and 43 received (20%)

Overall satisfaction with MCCP services and supports 4.5

Highest satisfaction was ease of making referral 4.72

Lowest satisfaction in helpfulness of follow up offered by the MCCP 4.17

### **Residential Programs**

176 surveys sent and 21 received (12%)

Overall satisfaction with MCCP services and supports 4.62

Highest satisfaction was to convey recommendations to the appropriate team members 4.62

Lowest satisfaction ability of MCCP to coordinate additional resources/supports 4.43

### **Day Programs/Schools**

140 surveys sent and 24 received (17%)

Overall satisfaction with MCCP services and supports 4.33

Highest satisfaction was ease of making referral 4.78

Lowest satisfaction was helpfulness of the recommendations offered by the MCCP staff 3.88

### **Other (Conservators, Hospital, Psychologists, etc.)**

42 surveys sent 7 received (17%)

Overall satisfaction with MCCP services and supports 4.71

Highest satisfaction was ease of making a referral, response time before MCCP got back to you, and ability of MCCP staff to communicate effectively with you 5.0

Lowest satisfaction was helpfulness of the follow up offered by the MCCP staff 4.33

### **Client**

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

48 surveys sent and 7 received (15%)

Highest satisfaction in how MCCP staff listened to what I was concerned about and how I would feel about MCCP staff helping me again 3.00

**Metro Crisis Coordination Program (MCCP)  
Additional Satisfaction Survey Results  
2014**

**Case Managers**

MCCP helped develop crisis plan/specific behavioral recommendations 80% (51 of 64)  
Plan implemented/carried out 2.66 (1 = not at all, 2 = partially, 3 = completely)  
Any responsibility for carrying out crisis plan/recommendations 21% (13 of 63)  
Anticipate the need for follow-up support to implement plan 7% (4 of 60)

***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 3.69  
MCCP's services were clearly explained 4.55  
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 71% (47 of 66)  
Should MCCP's services have helped client being removed from living or work situation yes 61% (36 of 59)

**Families**

MCCP helped develop crisis plan/specific behavioral recommendations 88% (36 of 41)  
Plan implemented/carried out 2.72 (1 = not at all, 2 = partially, 3 = completely)  
Any responsibility for carrying out crisis plan/recommendations 50% (21 of 42)  
Anticipate the need for follow-up support to implement plan 19% (7 of 37)

***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 3.54  
MCCP's services were clearly explained 4.28  
I had enough information to make choices about crisis services 4.20  
MCCP's services helped prevent client being removed from living or work situation yes 68% (25 of 37)  
Should MCCP's services have helped client being removed from living or work situation yes 64% (21 of 33)

**Residential Programs**

MCCP helped develop crisis plan/specific behavioral recommendations 95% (19 of 20)  
Plan implemented/carried out 2.71 (1 = not at all, 2 = partially, 3 = completely)  
Any responsibility for carrying out crisis plan/recommendations 81% (17 of 21)  
Anticipate the need for follow-up support to implement plan 14% (3 of 21)

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

MCCP's services resolved the crisis situation 3.57

MCCP's services will prevent future crises 3.20

MCCP's services were clearly explained 4.19

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 59% (10 of 17)

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

**Day programs/Schools**

MCCP helped develop crisis plan/specific behavioral recommendations 77% (17 of 22)

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

Any responsibility for carrying out crisis plan/recommendations 57% (13 of 23)

Anticipate the need for follow-up support to implement plan 0% (0 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 3.47

MCCP's services will prevent future crises 3.24

MCCP's services were clearly explained 4.40

I had enough information to make choices about crisis services 4.06

MCCP's services helped prevent client being removed from living or work situation yes 67% (12 of 18)

Should MCCP's services have helped client being removed from living or work situation yes 69% (9 of 13)

**Others (conservators, hospitals, psychologists, etc.)**

MCCP helped develop crisis plan/specific behavioral recommendations 100% (5 of 5)

Plan implemented/carried out 2.60 (1 = not at all, 2 = partially, 3 = completely)

Any responsibility for carrying out crisis plan/recommendations 71% (5 of 7)

Anticipate the need for follow-up support to implement plan 14% (1 of 7)

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

MCCP's services resolved the crisis situation 3.00

MCCP's services will prevent future crises 3.20

MCCP's services were clearly explained 4.40

I had enough information to make choices about crisis services 4.4

MCCP's services helped prevent client being removed from living or work situation yes 33% (1 of 3)

Should MCCP's services have helped client being removed from living or work situation yes 67% (2 of 3)