



Metro Crisis Coordination Program (MCCP)

2016 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 intellectual and developmental disabilities (IDD) 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. Every year MCCP responds to numerous after hour calls for support from consumers, families, guardians, residential staff, crisis call centers and hospital emergency rooms. MCCP provides additional supports as indicated following crisis calls.

MCCP in 2016 with MRPCG approval, coordinated referrals for 16 crisis beds (MORA – 4, Meridian - 8, MSOCS - 4) and 4 transition beds (Meridian).

Training in 2016 remained an important part of MCCP's service to the region. Topics of training included behavior support strategies, functions of challenging behavior (participants learned about the functions of challenging behaviors/how to

match interventions to the identified function), proactive approaches (focusing on approaches that may 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 better understanding of psychotropic medications and the effects. Additional topics included mental health issues and IDD, crisis de-escalation techniques, medical issues that can effect adaptive behavior, issues encountered with aging and dementia, sexuality and IDD, Fetal Alcohol Syndrome/Effects (FAS/FAE) and how changes in sensory needs may impact behavior.

In 2016, the groups trained by MCCP included: school district personnel, ARRM members, hospital emergency room social workers, industry trade organizations, hospital psychiatric unit staff and nurses. MCCP provided training for county case managers regarding the logistics and breadth of the region's crisis system. Topics included expectations of service supports, access and the importance of 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

The MRCPG in 2015 approved a substantial upgrade to the residential opening list website <http://mnopenings.org/> included in the upgrades are new search criteria and the ability to search by a radius to a specific zip code or other locations. The list remains accessible for use by parents, counties, professionals, providers and anyone interested in knowing more about open placements in the IDD residential system throughout

Minnesota. The original opening list started in 1999 and has had almost 400 providers post thousands of individual listings in over 50 counties throughout Minnesota.

Starting in 2013, MCCC has worked to increase the availability of psychiatric consultations for people with IDD that are supported through MCCC. There has been and remains a shortage of psychiatrists who work with people with IDD. MCCC was able to establish agreements with a Psychiatrist working with Community Based Services within the State of Minnesota for adult consultations and a Psychiatrist who works with Hennepin County for child/adolescent consultations.

The procedure for psychiatric consultations is that the individual must be receiving MCCC supports and then, upon request, the person is placed in a "pool" for a consult - as demand typically exceeds availability. The MCCC Nurse manages the referrals for consultations and based on a variety of prioritization factors, schedules the consults. In 2016 MCCC provided 25 consults (15 adults and 10 children) for a total of 106 consultations since the support was initiated. In 2017 MCCC will continue to work to provide increased access to psychiatric consultations.

Psychiatric Consultations Coordinated through MCCC in 2013-2016

Year	2013		2014		2015		2016		2013-2016	
	Adult	Child	Adult	Child	Adults	Child	Adult	Child	Adult	Child
Anoka	3		2	1	6	5	5		16	6
Carver	1			2		1	1		2	3
Dakota	2		1	2	3	3	1	2	7	7
Hennepin	5	3	6	7	4	3	3	3	18	16
Ramsey	4		3			3	4	3	11	6
Scott			2		1		1	2	4	2
Washington			1	2	4	1			5	3
Total	15	3	15	14	18	16	15	10	63	43

In mid-year 2015 MCCP increased resource to the Information and Referral services MCCP offers. One of the resources added was the Community Crisis Service Coordination (CCSC) position which offers support to permanent team members during crisis bed placement, those within the crisis pool and in conjunction with the following;

- Attendance at team meetings while an individual is in crisis bed
- As indicated, clarification of county directives regarding length of stay -currently a 45-day target
- Offer possible placement leads for case management follow up
- Guidance/Assistance with understanding processes encountered when pursuing and/or securing a long-term placement - moratorium exceptions, unlicensed sites, new developments, etc.
- Update Steering Committee on the progress of placement efforts

A summary of some of the work completed by this position is below.

Community Crisis Services Coordinator (CCSC)

01/01/16-12/31/16

Total # of cases where CCSC was involved - **113**

Hennepin	Ramsey	Scott	Dakota	Anoka	Washington	Carver
49	21	9	15	10	4	5

Total # of placements finalized based on referral provided by CCSC (**24** different providers) - **38**

Hennepin	Ramsey	Scott	Dakota	Anoka	Washington	Carver
17	5	3	6	5	1	1

Total # of pending placements based on referral provided by CCSC (**9** different providers) - **12**

Hennepin	Ramsey	Scott	Dakota	Anoka	Washington	Carver
6	3	1	1	0	0	1

Total # of placements finalized based on referral provided by CCSC when in Crisis/Transition Bed - **25**

Hennepin	Ramsey	Scott	Dakota	Anoka	Washington	Carver
13	3	1	5	3	0	0

Total # of placements that diverted a crisis/transition bed (CM found 14/27 - CCSC found 13/27) - **27**

Hennepin	Ramsey	Scott	Dakota	Anoka	Washington	Carver
11	3	3	2	4	2	2

Total # of placements that diverted a crisis/transition bed based on referral provided by CCSC - **13**

Hennepin	Ramsey	Scott	Dakota	Anoka	Washington	Carver
4	2	2	1	2	1	1

In 2017 MCCP will be working both with the MRCPG and Disability Services

Division of Department of Human Services to coordinate the addition of up to 20+ new crisis beds in the metro area. The beds will likely service individuals on Developmental

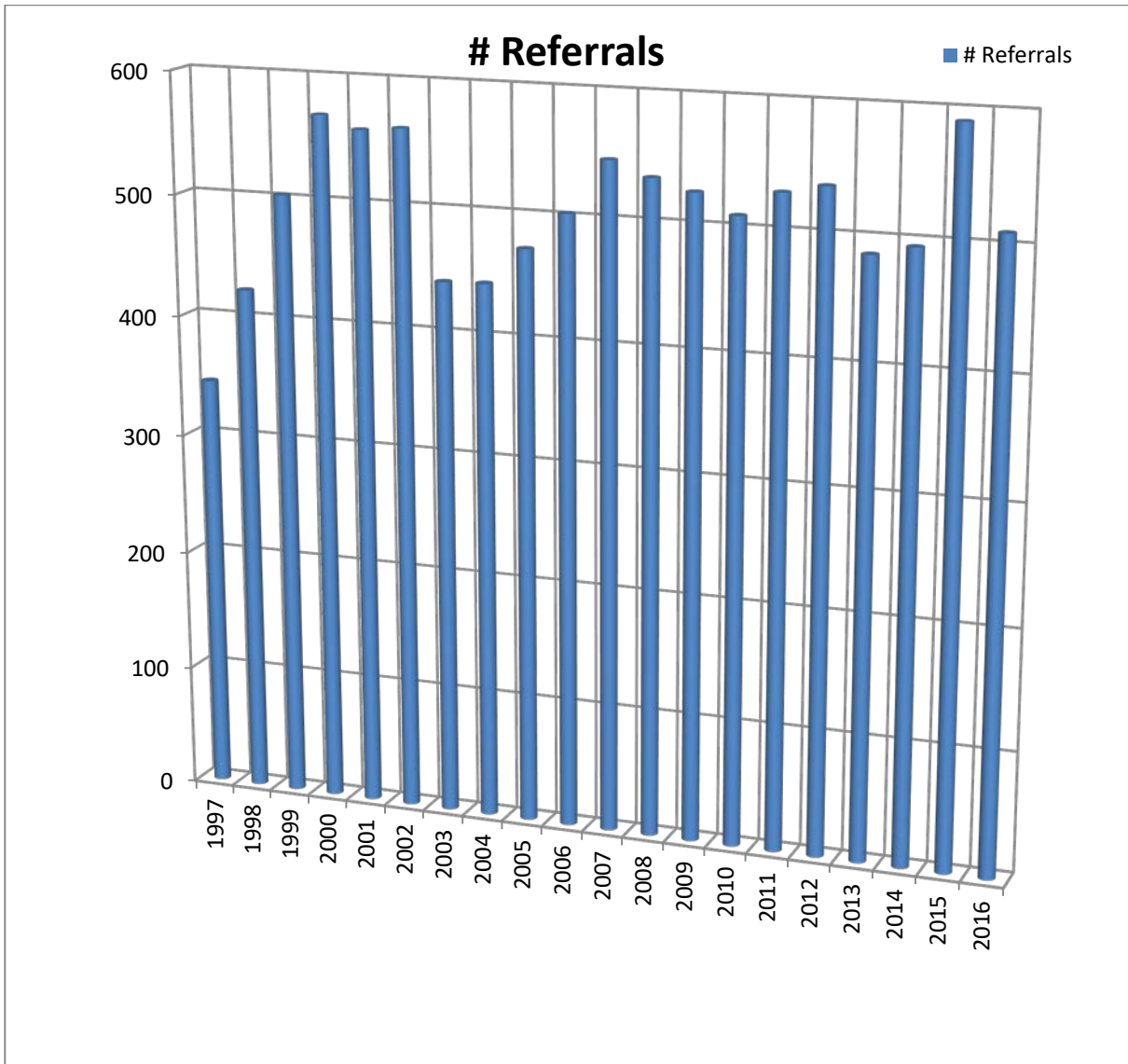
Disability waivers as well as start providing crisis supports to individuals on CADI
waivers.

Metro Crisis Coordination Program (MCCP) Referrals
(Anoka, Carver, Dakota, Hennepin, Ramsey, Scott & Washington)
1997-2016

Year	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Total Referrals	345	423	503	569	559	562	442	443	473	503	547

Year	2008	2009	2010	2011	2012	2013	2014	2015	2016	20 Year Total
Total Referrals	535	526	510	530	537	480	495	591	510	10,083

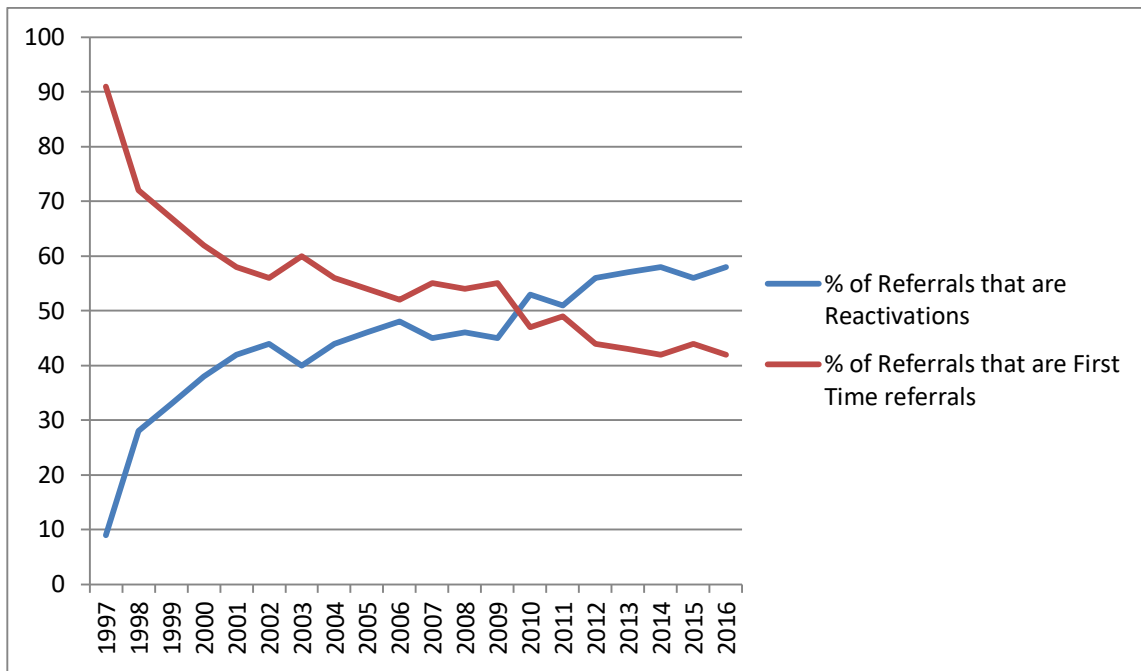
Referrals include Information and Referral (I & R) and Technical Assistance (T.A.)



In 2016 there were 510 referrals representing a 13% decrease in referrals from 2015 (591). Referrals by county were as follows; Anoka = 96, Carver = 13, Dakota = 57, Hennepin = 199, Ramsey = 67, Scott = 29, Washington = 45 and there were 4 referrals regarding individuals whose county of financial responsibility is a county outside the metro region. Services to other counties is provided on an “as available” basis.

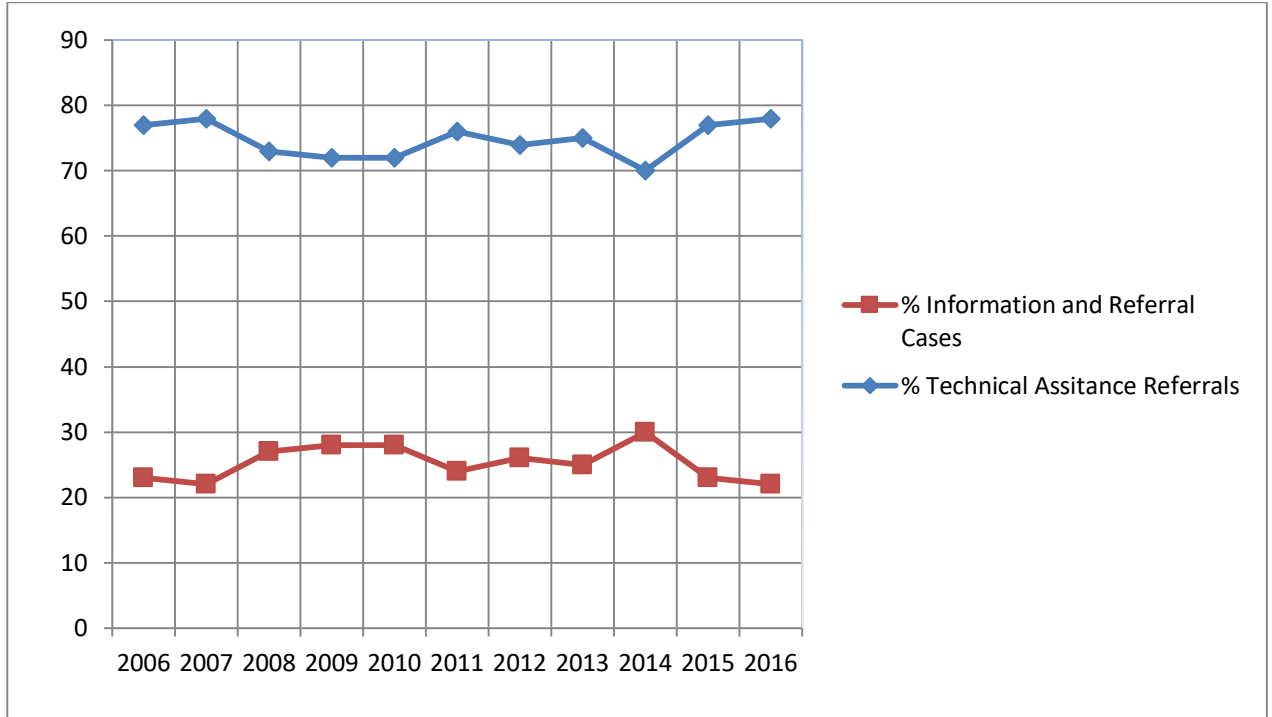
In November 2016 MCCP received the 10,000th referral since service began in 1997 and at the end of 2016 had received 10,083 referrals in total over twenty years.

Reactivation Referrals versus First Time Referrals



Reactivation referrals in the last seven years have comprised over 50% of all referrals in each year. In 2016 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, through 6-month follow up calls (after case closure), 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 stable in 2016 compared to 2015 (78% T.A. in 2016 and 77% in 2015) . 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 10 to 1.

Efforts and focus continues with providing T.A. whenever appropriate and possible, including when I and R referral's are made and a bed is not immediately available. In 2016 there were 53 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 (i.e. residential treatment)
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%)
2015	54	38 (70%)	14 (26%)	2 (4%)
2016	53	45 (85%) Note 5 of the 45 referrals that closed w/o crisis bed placement moved to a new placement	7 (13%)	1 (2%)

Crisis Bed Occupancy

Dedicated Crisis Bed	2007 Occupancy	2008 Occupancy	2009 Occupancy	2010 Occupancy	2011 Occupancy	2012 Occupancy	2013 Occupancy	2014 Occupancy	2015 Occupancy	2016 Occupancy
Dakota	84%	88%	78%	87%	89%	82%	88%	75%	59%	73%
Meridian - Golden Hills (Children)	74%	77%	88%	83%	93%	87%	91%	86%	95%	94%

Meridian – Edgewood (Adults)				94%	95%	97%	93%	96%	95%	95%
Meridian - Kentucky (Transition)							87%	91%	95%	82%
Minnehaha	81%	82%	79%	87%						
Average	80%	83%	82%	88%	92%	89%	90%	88%	86%	86%
Variable Bed Occupancy (Target established each year based on budget)	110%	103%	113%	117%	82%	110%	87%	48%	54%	126%

During 2016, the average length of placement in a crisis home (averaging both dedicated and variable crisis bed placements) was 120 days. The 2016 average is 26 days more than 2015. The increase of 72 days in average length of stay from 2008 to 2016 results in approximately *5 fewer* crisis bed placements being available in a year per each crisis bed. A 45 day stay allows 8 placements per bed and a 120 day stay allow 3 placements per bed per year. In a 20-bed resource scenario you would have on average *100 less placements* available given the current average length of stay in a year.

Crisis Bed Length of Stay

2008-2012

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

(Adults)					
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 (Adults)	47 Days	46 Days	50 Days	54 Days	60 Days
Special Services Program (SSP -16. & up)	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 Length of Stay

2013-2016

Crisis Home	Average Length of Stay 2013	Average Length of Stay 2014	Average Length of Stay 2015	Average Length of Stay 2016

Dakota (Adults)	71 Days	68 Days	86 Days	81 Days
Meridian – Golden Hills (Children)	102 Days	104 Days	82Days	152 Days
Meridian – Edgewood (Adults)	80 Days	161 Days	107 Days	198 Days
Minnehaha				
Pine City (Adults)	79 Days	123 Days	39 Days	130 Days (3 placements)
Special Services Program (SSP-16 & up)	67 Days	114 Days	120 Days	93 Days
Other Crisis Homes	88 Days	39 Days	23Days	
Average for all Crisis Homes	78 Days	105 Days	94 Days	120 Days
Average Length of Stay Adults	75 Days	98 Days	99 Days	100 Days
Average Length of Stay Children	90 Days	124 Days	82 Days	175 Days

Crisis Bed Placements over 90 days and under 45 days

Year	2008	2009	2010	2011	2012	2013	2014	2015	2016
% of Crisis Bed Placements over 90 Days	8%	11%	15%	19%	30%	26%	42%	37%	48%
% of Crisis Bed Placements 45 Days or less	59%	55%	33%	41%	32%	36%	29%	22%	26%

Crisis or Transition Bed Demand

Children	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016

Average # of Children waiting each day	1	.8	1.6	1.7	5.3	5.8	11.5	10.3	9.5	11.8
Range	0-4	0-3	0-5	0-6	0-14	0-12	3-17	3-16	1-15	1-20
% of Days with a Child waiting for a crisis bed	54%	59%	73%	77%	95%	92%	100%	100%	100%	100%
Adults	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Average # of Adults waiting each day	4.6	1.5	1.8	5.9	9.5	9.0	16.7	14.4	19.8	20.6
Range	0-12	0-7	0-12	0-17	0-18	1-19	1-32	3-25	11-28	12-28
% of Days with an Adult waiting for a crisis bed	96%	59%	68%	86%	99%	100%	100%	100%	100%	100%

During 2016 there again was an increase in the average number of children waiting for a crisis bed. The range of those waiting for a bed increased and the days with children waiting for a crisis bed remained constant at 100%. Adults waiting for a crisis bed saw a less significant increase from 2015 to 2016 than with children. The range of those adults waiting also increased, and again every day of 2016 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. “Safety net” concerns involving

the ability to access, the right size of the resource and some efficacy questions also impact the community crisis system, especially residentially.

2016 Satisfaction Survey Results

MCCP’s 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?”

Survey Results 2006-2011

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%)

Survey Results 2012-2016

Targets from Satisfaction Survey	2012 Results	2013 Results	2014 Results	2015 Results	2016 Results
# 1 = 3.5/5 (goal 70%)	3.76 (75%)	3.73 (75%)	3.72 (74%)	3.75 (75%)	3.70 (74%)
# 2 = 2.8/3 (goal 93%)	2.81 (94%)	2.71 (90%)	2.67 (89%)	2.69 (90%)	2.66 (89%)
# 3 = 3.5/5 (goal 70%)	3.64 (73%)	3.61 (72%)	3.50 (70%)	3.55 (71%)	3.49 (70%)

In addition, the 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	2015 Results	2016 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%)	2.81 (94%)	2.78 (93%)
# 2 = 75%	97%	97%	91%	92%	95%	84%	88%	87%
# 3 = 3.3/5 (goal 66%)	4.07 (81%)	4.37 (87%)	4.30 (86%)	4.06 (81%)	4.87 (97%)	4.39 (88%)	4.29 (86%)	4.24 (85%)

MCCP always makes 6-month post case closure follow-up calls with a response rate from team members averaging in the 10% - 15% range.

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 projected S.A./T.A. aggregate) and crisis/transition bed utilization by vendor. Additional data is provided as relevant and requested.

Metro Crisis Coordination Program (MCCP) Satisfaction Survey Results 2016

849 Surveys were sent out in 2016. 162 were returned (19%)

Rating scale is 1 to 5 with 5 being very satisfied

Case Managers

254 surveys sent and 73 received (29%)

Overall satisfaction with MCCP services and supports 4.7

Highest satisfaction: Response time before MCCP got back to you 4.8

Lowest satisfaction: Ability of MCCP staff to coordinate additional supports and resources 4.5

Families

204 surveys sent and 30 received (15%)

Overall satisfaction with MCCP services and supports 4.6

Highest satisfaction: Ease of making the initial referral 4.8

Lowest satisfaction: Helpfulness of the follow-up offered by the MCCP staff 4.4

Residential Programs

148 surveys sent and 23 received (16%)

Overall satisfaction with MCCP services and supports 4.5

Highest satisfaction: Response time before MCCP staff got back to you 4.8

Lowest satisfaction: Ease of making the initial referral 4.3

Day Programs/Schools

130 surveys sent and 21 received (16%)

Overall satisfaction with MCCP services and supports 4.8

Highest satisfaction: Ease of making the initial referral 5.0

Lowest satisfaction: Helpfulness of the recommendations offered by the MCCP staff 4.6

Other (Conservators, Hospital, Psychologists, etc.)

51 surveys sent 10 received (20%)

Overall satisfaction with MCCP services and supports 5.0

Highest satisfaction: Ease of making the initial referral and response time before MCCP staff got back to you 5.0

Lowest satisfaction: Ability of the MCCP staff to coordinate additional supports and resources 4.8

Client

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

62 surveys sent and 5 received (1%)

Highest satisfaction: MCCP staff listening, explained what they can do for me, ways to help me, around when I wanted to talk to them and availability and help in the future 3.0

**Metro Crisis Coordination Program (MCCP)
Additional Satisfaction Survey Results
2016**

Case Managers

MCCP helped develop crisis plan/specific behavioral recommendations 86% (57 of 66)

Plan implemented/carried out 2.8 (1 = not at all, 2 = partially, 3 = completely)

Any responsibility for carrying out crisis plan/recommendations 27% (18 of 67)

Anticipate the need for follow-up support to implement plan 21% (14 of 68)

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

MCCP's services resolved the crisis 4.0

MCCP's services will prevent future crises 3.8

MCCP's services were clearly explained 4.6

I had enough information to make choices about crisis services 4.6

MCCP's services helped prevent client being removed from living or work situation yes 76% (52 of 68)

Should MCCP's services have helped client being removed from living or work situation yes 62% (41 of 66)

Families

MCCP helped develop crisis plan/specific behavioral recommendations 87% (26 of 30)

Plan implemented/carried out 2.6 (1 = not at all, 2 = partially, 3 = completely)

Any responsibility for carrying out crisis plan/recommendations 52% (15 of 29)

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

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

MCCP's services resolved the crisis 3.7

MCCP's services will prevent future crises 3.5

MCCP's services were clearly explained 4.5

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 78% (18 of 23)

Should MCCP's services have helped client being removed from living or work situation yes 69% (18 of 26)

Residential Programs

MCCP helped develop crisis plan/specific behavioral recommendations 89% (17 of 19)

Plan implemented/carried out 2.7 (1 = not at all, 2 = partially, 3 = completely)

Any responsibility for carrying out crisis plan/recommendations 82% (18 of 22)

Anticipate the need for follow-up support to implement plan 14% (3 of 22)

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

MCCP's services resolved the crisis 3.2

MCCP's services will prevent future crises 3.3

MCCP's services were clearly explained 4.2

I had enough information to make choices about crisis services 4.1

MCCP's services helped prevent client being removed from living or work situation yes 84% (16 of 19)

Should MCCP's services have helped client being removed from living or work situation yes 50% (9 of 18)

Day programs/Schools

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

Plan implemented/carried out 2.5 (1 = not at all, 2 = partially, 3 = completely)

Any responsibility for carrying out crisis plan/recommendations 60% (12 of 20)

Anticipate the need for follow-up support to implement plan 10% (2 of 20)

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

MCCP's services resolved the crisis 3.9

MCCP's services will prevent future crises 3.4

MCCP's services were clearly explained 4.6

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 65% (13 of 20)

Should MCCP's services have helped client being removed from living or work situation yes 39% (7 of 18)

Others (conservators, hospitals, psychologists, etc.)

MCCP helped develop crisis plan/specific behavioral recommendations 75% (6 of 8)

Plan implemented/carried out 2.8 (1 = not at all, 2 = partially, 3 = completely)

Any responsibility for carrying out crisis plan/recommendations 33% (3 of 9)

Anticipate the need for follow-up support to implement plan 11% (1 of 9)

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

MCCP's services resolved the crisis 3.9

MCCP's services will prevent future crises 4.1

MCCP's services were clearly explained 4.9

I had enough information to make choices about crisis services 4.8

MCCP's services helped prevent client being removed from living or work situation yes 80% (4 of 5)

Should MCCP's services have helped client being removed from living or work situation yes 75% (3 of 4)