



2018 Annual Report

Metro Crisis Coordination Program (MCCP)

Prepared for the
Metro Regional
Crisis Planning
Group
(MRCPG)

Metro Crisis Coordination Program Overview

The Metro Crisis Coordination Program (MCCP) began operation in 1996. MCCP coordinates the collaborative effort of providing behavioral crisis services between the seven metropolitan counties of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington.

MCCP serves as the single point of entry, within the metropolitan area, for individuals with intellectual and neurodevelopmental disorders seeking behavioral crisis support services. These services strive to preserve and maintain the individual in their residential and work/educational setting through cost effective, positive resources. The resources are comprised of MCCP personnel and other licensed crisis service vendors, to implement the persons goals and meet their needs, as identified and supported by the Metro Region Crisis Provider Group (MRCPG).

2018 In-Depth

In 2018 MCCP succeeded in moving toward the targets set in 2017 of helping develop and coordinate additional crisis beds for the metropolitan region. With supports from the Department of Human Services (DHS), Disability Services Division (DSD) and MRCPG, an additional 24 Intellectual Disabilities (ID) (8 child/adolescent & 16 adult) and 4 Mental Health/Community Access for Disabilities Inclusion (MH/CADI) (child/adolescent) beds were brought on board. This brings the total crisis beds to 40, along with 4 transition beds. The breakdown is:

CRISIS BEDS for ID	CRISIS BEDS for MH	TRANSITION BEDS for ID
24 adult 12 child/adolescent	4 child/adolescent	4 adult

MCCP built a team of four specialists to achieve this goal, while continuing their charge to coordinate the referral process, supporting the crisis providers, and the individual teams, from admission through discharge. This MCCP team mentors the new crisis home providers, and began hosting quarterly meetings to help facilitate an interactive professional relationship among the metro crisis home providers. Monthly, MCCP reports to and updates the seven county steering committee on the status of the crisis homes as well as referrals, admissions, and discharges. In 2018 a focus of the providers was to begin establishing uniformity across providers/counties/DHS/DSD in the areas of Best Practices and stands of expectations.

In 2018 MCCP began expanding supports through a pilot project providing technical assistance and crisis bed coordination to individuals with mental health needs. These referrals consist of individuals who are on a CADI waiver.

Training in 2018 remained an important part of MCCP's service to the region. A key portion of this included training school personnel, ARRM members, industry trade organizations, day program/vocational/employment, and residential staff.

In addition, MCCP provided specialized training for County Case Managers regarding the logistics and breadth of the region's crisis system. This year at the Mt. Olivet Rolling Acres (MORA) Conference, representatives from MCCP participated in a panel discussion on bridging gaps between providers and emergency services in their communities. A listing of trainings offered by MCCP can be found by visiting the MCCP website at www.metrocrisis.org

The residential openings list website <http://mnopenings.org/> continues to be of great benefit to parents, county Case Managers, other professionals, providers and anyone interested in knowing more about open placements in the IDD residential system throughout Minnesota. Overall the website has had almost 400 providers post thousands of individual openings in over 50 counties throughout Minnesota.

MCCP continues to provide child/adolescent, and adult psychiatric consultation services. This service is available due to the established agreement between MCCP and the consulting psychiatrists. Our current child/adolescent psychiatrist works within the private practice sector, and the adult psychiatrist works with the State of Minnesota Community Based Services. Both physicians provide this supportive service on a bimonthly basis. The MCCP nurse continues to manage the “pool” of requests from the active MCCP technical assistance referrals, according to availability within the referral timeframe, along with a variety of prioritization factors. In 2018 MCCP provided 23 consults (15 adult, 8 child/adolescent) for a total of 156 combined consults since onset of this service in 2013.

Other Key Data

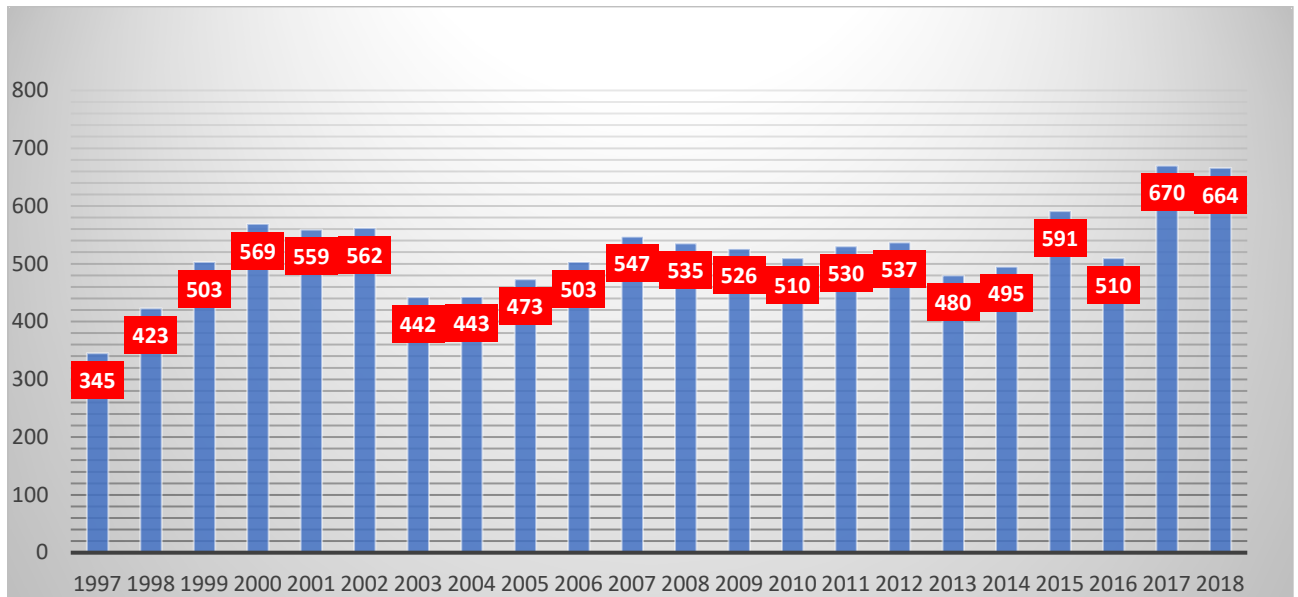
Data is provided bi-annually to the MRCPG, and monthly to the seven metro county steering committee. Information supplied includes utilization data broken out per type of service (Technical Assistance and Staff Augmentation) by county and aggregate, projected use, crisis/transition bed utilization by vendor, and individuals waiting in the crisis bed placement pool.

Total Number of Referrals 1997-2018

Year	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Total Referrals	345	423	503	569	559	562	442	443	473	503	547	535	526

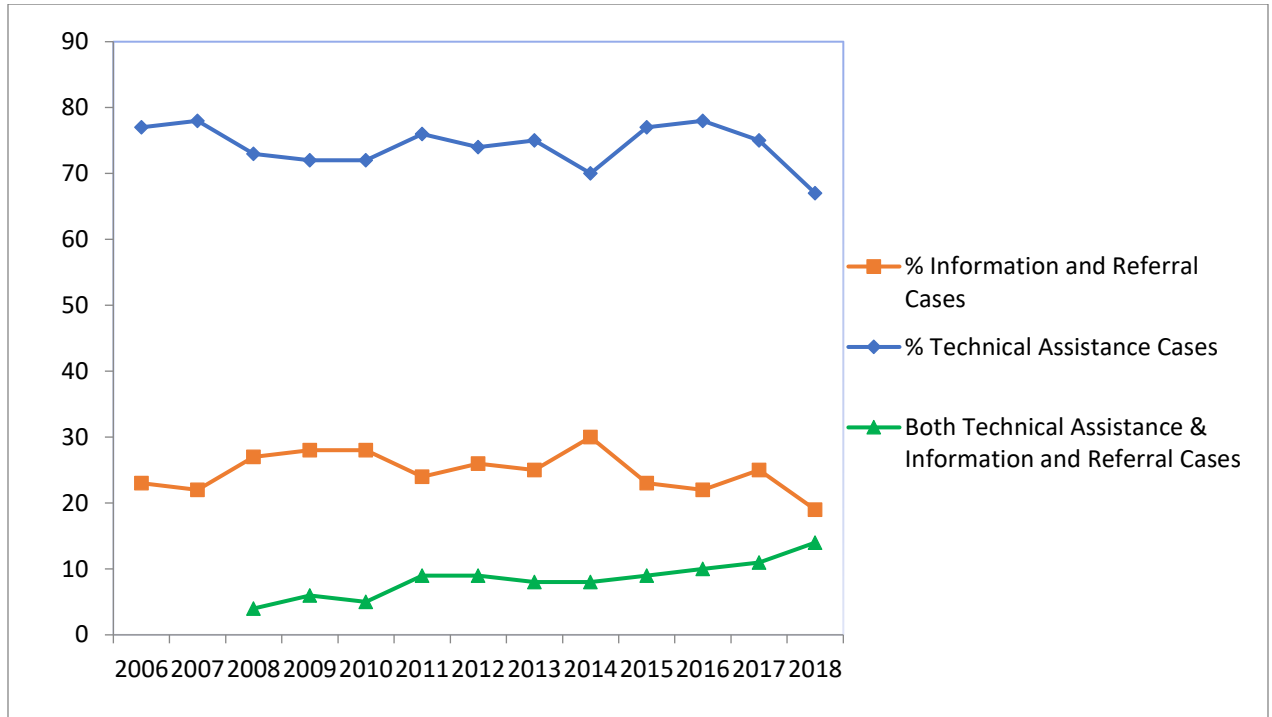
Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	22 Year Total
Total Referrals	510	530	537	480	495	591	510	670	664	11,417

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



In 2018 there were 664 referrals representing a very slight (.9 %) decrease in referrals from 2017 (670). At the end of 2018 MCCP had received 11,417 referrals in total over twenty-two years.

**% of Referrals by Services Requested:
(TA Only, I & R Only, TA - I & R Combined)**



The percentage of Technical Assistance (TA) referrals versus Information and Referral (I & R) slightly decreased in 2018 compared to 2017 (67% T.A. in 2018 and 75% in 2017). 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 12 to 1.

Efforts and focus continue with providing T.A. whenever appropriate and possible, including when I and R referrals are made and a bed is not immediately available. In doing so, the T.A. support assists to help de-escalate the behavioral crisis, prevents hospitalization, loss of placement, and at times, has diverted the need for crisis placement. In 2018 there was a 30% increase in the number of referrals made requesting both T.A. and I & R (95 total) at the time of intake and the disposition of those cases were as follows;

Technical Assistance/Crisis Bed Referral Requests at Onset of Case

	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
2008	19	13 (68%)	5 (26%)
2009	29	19 (66%)	10 (34%)
2010	28	19 (68%)	8 (29%)
2011	49	35 (71%)	13 (27%)
2012	51	38 (75%)	12 (23%)
2013	38	27 (71%)	8 (21%)
2014	40	34 (85%)	5 (12%)
2015	54	38 (70%)	14 (26%)
2016	53	45 (85%)	7 (13%)
2017	73	44 (60%)	29 (40%)
2018	95	60 (63%)	35 (37%)

*On occasion, cases concluded with the individual transitioning to an alternative placement (i.e. hospital, treatment center, transition home).

Crisis Bed Occupancy

Crisis Homes for Individuals Supported by IDD Case Management:

Dedicated Crisis Bed	2007 Occupancy	2008 Occupancy	2009 Occupancy	2010 Occupancy	2011 Occupancy	2012 Occupancy	2013 Occupancy	2014 Occupancy	2015 Occupancy	2016 Occupancy	2017 Occupancy	2018 Occupancy
Dakota	84%	88%	78%	87%	89%	82%	88%	75%	59%	73%	81%	78%
Meridian - Golden Hills (Children)	74%	77%	88%	83%	93%	87%	91%	86%	95%	94%	89%	89%
Minnehaha	81%	82%	79%	87%								
Meridian – Edgewood (Adults)				94%	95%	97%	93%	96%	95%	95%	84%	89%
Meridian - Kentucky (Transition)							87%	91%	95%	82%	85%	91%
Genesis (Adults)												92%
Snyder (Adult)												66%
Rudolph (Children)												72%
Rudolph (Adults)												80%
Owakihi (Children)												97%
Wingspan (Adults)												53%
Variable Beds	110%	103%	113%	117%	82%	110%	87%	48%	54%	126%	0%	0%
Average	80%	83%	82%	88%	92%	89%	90%	88%	86%	86%	85%	81%

(variable bed target established each year based on budget)

The CADI Andover Youth Support Home (AYSH) opened in October with a 46% occupancy for 2018.

Crisis Bed Average Length of Stay

Crisis Homes for Individuals Supported by IDD Case Management:

Crisis Home	2008	2009	2010	2011	2012
Dakota (Adults)	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 (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 Home	2013	2014	2015	2016	2017	2018
Dakota (Adults)	71 Days	68 Days	86 Days	81 Days	82 Days	115 Days
Meridian – Golden Hills (Children)	102 Days	104 Days	82Days	152 Days	65 Days	93 Days
Meridian – Edgewood (Adult)	80 Days	161 Days	107 Days	198 Days	58 Days	100 Days
Genesis – (Adult)					88 Days	84 Days
Snyder – (Adult)					65 Days	69 Days
Rudolph (Adult)						146 Days
Rudolph – (Children)					60 Days	132 Days
Owakihi – (Children)					94 Days	129 Days
Wingspan (Adult)						130 Days
AYSH (Children) (CADI)						117 Days
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	72 Days	111 Days
Average Length of Stay (Adults)	75 Days	98 Days	99 Days	100 Days	73 Days	107 Days
Average Length of Stay (Children)	90 Days	124 Days	82 Days	175 Days	71 Days	118 Days

2018 Satisfaction Survey Results

MCCP’s performance measurements include three questions posed on the satisfaction surveys sent out by MCCP upon closing T.A. cases. Target one 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 for Satisfaction Survey	2006	2007	2008	2009	2010	2011
# 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 2012-2018

Targets for Satisfaction Survey	2012	2013	2014	2015	2016	2017	2018
# 1 = 3.5/5 (goal 70%)	3.76 (75%)	3.73 (75%)	3.72 (74%)	3.75 (75%)	3.70 (74%)	3.22 (64%)	3.7 (74%)
# 2 = 2.8/3 (goal 93%)	2.81 (94%)	2.71 (90%)	2-67 (89%)	2-69 (90%)	2.66 (89%)	2.00 (66%)	2.46 (82%)
# 3 = 3.5/5 (goal 70%)	3.64 (73%)	3.61 (72%)	3.50 (70%)	3.55 (71%)	3.49 (70%)	3.49 (70%)	3.52 (70%)

Complete Survey Results

664 surveys sent. 209 returned (31%). *Rating scale 1 to 5, 5 being very satisfied.*

Case Managers

212 surveys sent and 105 received (50%)

Overall satisfaction with MCCP services and supports 4.6

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

Lowest satisfaction: Ability of MCCP staff to coordinate additional supports and resources 4.4

Families

178 surveys sent and 30 received (17%)

Overall satisfaction with MCCP services and supports 4.4

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

Lowest satisfaction: Ability of the MCCP staff to coordinate additional supports and resources 4.2

Residential Programs

122 surveys sent and 17 received (14%)

Overall satisfaction with MCCP services and supports 4.7

Highest satisfaction: Ability of MCCP staff to coordinate additional supports and resources 4.9

Lowest satisfaction: Ease of making the initial referral 4.6

Day Programs/Schools

105 surveys sent and 35 received (33%)

Overall satisfaction with MCCP services and supports 4.2

Highest satisfaction: Ease of making the initial referral 4.9

Lowest satisfaction: Helpfulness of the recommendations offered by the MCCP staff 4.1

Other (Conservators, Hospital, Psychologists, etc.)

35 surveys sent 19 received (54%)

Overall satisfaction with MCCP services and supports 4.7

Highest satisfaction: Ability of the MCCP staff to communicate effectively with you 4.7

Lowest satisfaction: Response time before MCCP staff got back to you 4.6

Client

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

12 surveys sent and 3 received (25%)

Highest satisfaction: Staff explained what they could do to help, MCCP staff listening, looked for ways to help me, around when I wanted to talk to them and if I needed them.

Additional Results

Case Managers

MCCP helped develop crisis plan/specific behavioral considerations 69% (68 of 98)

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

Any responsibility for carrying out crisis plan/recommendations 24% (23 of 97)

Anticipate the need for follow-up support to implement plan 13% 12 of (12 of 96)

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

MCCP's services resolved the crisis situation 3.6

MCCP's services will prevent future crises 3.6

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 68% (65 out of 95)

Should MCCP's services have helped client being removed from living or work situation yes 79% (65 out of 82)

Families

MCCP helped develop crisis plan/specific behavioral considerations 72% (21 of 29)

Plan implemented/carried out (1 = not at all, 2 = partially, 3 = completely) 2.3

Any responsibility for carrying out crisis plan/recommendations 55% (16 of 29)

Anticipate the need for follow-up support to implement plan 31% (8 of 26)

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

MCCP's services resolved the crisis situation 3.6

MCCP's services will prevent future crises 3.4

MCCP's services were clearly explained 4.5

I had enough information to make choices about crisis services 4.2

MCCP's services helped prevent client being removed from living or work situation yes 75% (21 of 28)

Should MCCP's services have helped client being removed from living or work situation yes 90% (18 of 20)

Residential Programs

MCCP helped develop crisis plan/specific behavioral considerations 75% (12 of 16)

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

Any responsibility for carrying out crisis plan/recommendations 88% (14 of 16)

Anticipate the need for follow-up support to implement plan 33% (5 of 15)

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

MCCP's services resolved the crisis situation 4.2

MCCP's services will prevent future crises 3.7

MCCP's services were clearly explained 5

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 57% (8 of 14)

Should MCCP's services have helped client being removed from living or work situation yes 46% (6 of 13)

Day Programs/Schools

MCCP helped develop crisis plan/specific behavioral considerations 79% (27 of 34)

Plan implemented/carried out (1 = not at all, 2 = partially, 3 = completely) 2.3

Any responsibility for carrying out crisis plan/recommendations 74% (25 of 34)

Anticipate the need for follow-up support to implement plan 17% (6 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 3.0

MCCP's services will prevent future crises 3.1

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 52% (15 of 29)

Should MCCP's services have helped client being removed from living or work situation yes 39% (11 of 28)

Others (conservators, hospitals, psychologists, etc.)

MCCP helped develop crisis plan/specific behavioral considerations 100% (19 of 19)

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

Any responsibility for carrying out crisis plan/recommendations 63% (12 of 19)

Anticipate the need for follow-up support to implement plan 17% (3 of 18)

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

MCCP's services resolved the crisis situation 4.1

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 88% (14 of 16)

Should MCCP's services have helped client being removed from living or work situation yes 77% (10 of 13)

Client

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

12 surveys sent and 3 received (25%)

Highest satisfaction: Staff explained what they could do to help, MCCP staff listening, looked for ways to help me, around when I wanted to talk to them and if I needed them.