



2019 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 person's goals and meet their needs, as identified and supported by the Metro Region Crisis Provider Group (MRCPG).

2019 In-Depth

In 2019 the MCCP Information and Referral Team (MCCP I&R) continued working on the goal initiated in 2018 to support and coordinate additional crisis beds within the metropolitan region. With the support of the Department of Human Services (DHS), Disability Services Division (DSD), and MRCPG, an additional 24 crisis beds for those on the DD waiver as well as 4 crisis beds for children on the CADI waiver were added to the crisis support system, bringing the total to 40 crisis beds and 4 transition beds.

Crisis Beds Adult IDD	Crisis Beds Child IDD	Crisis Beds Child MH	Transition Beds Adult IDD
24	12	4	4

MCCP’s team of 4 specialists continued to support this goal in conjunction with their charge to coordinate the crisis bed referral process, supporting both the crisis providers and individual teams from admission through discharge. The MCCP I&R team mentors the crisis bed providers - assisting them with ongoing training and resources as well as facilitating quarterly provider meetings to build a more interactive professional community amongst them.

The I&R team has focused on providing a framework for crisis home providers geared towards increasing and maintaining the overall quality and consistency of services. They worked with the providers to bring clarification around both “Best Practices” and “Provider Expectations.” Additional focus was placed on increasing the quality of transition planning both prior to, during, and post discharge to foster added success for individuals when leaving crisis placement.

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. This pilot project concluded in mid-2019 with positive results leading to the decision to continue this service on a regular basis.

Training in 2019 remained an important part of MCCP’s service to the region. A key portion of this included training school personnel, 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. MCCP staff also facilitated with the planning and coordination of the Mount Olivet Rolling Acres (MORA) Annual Conference. 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 more than 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 through established agreements 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 active MCCP technical assistance referrals, according to availability within the referral timeframe, along with a variety of prioritization factors. In 2019 MCCP provided 28 consults (15 adults, 13 child/adolescent) for a total of 184 combined consults since onset of this service in 2013.

Other Key Data

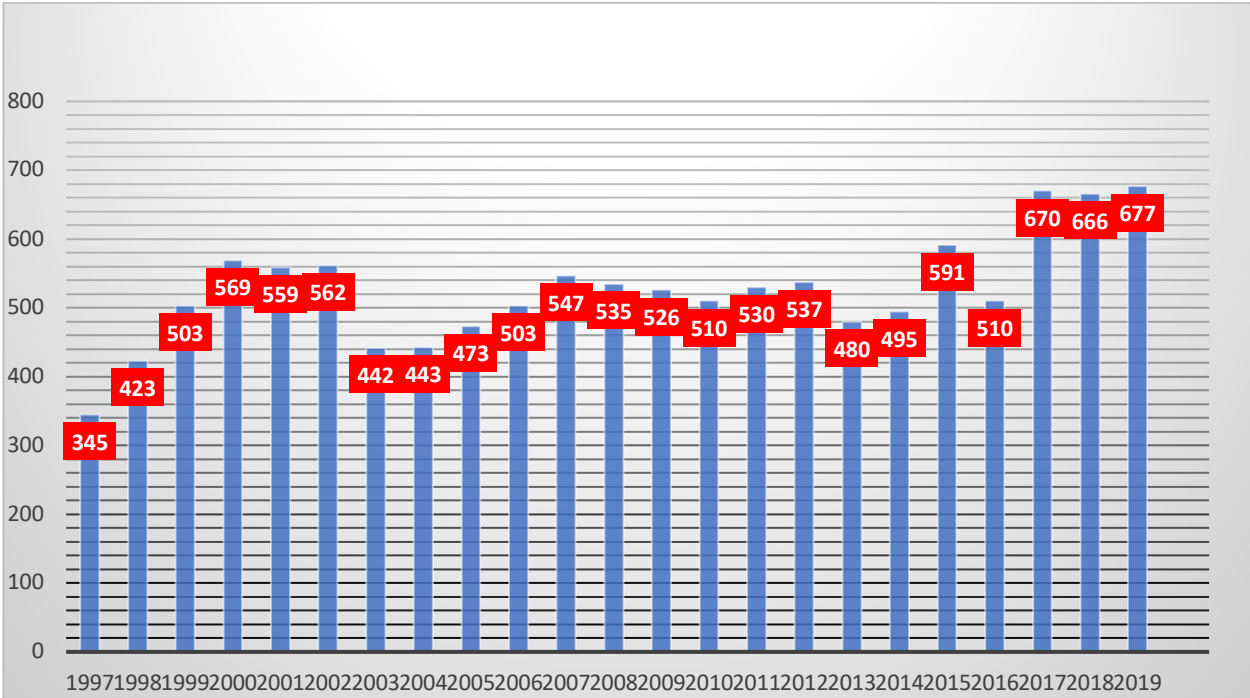
Data is provided bi-annually to the MRCPG, and monthly to the seven-metro county steering committee. Information supplied includes utilization data broken out per type of service (Technical Assistance, Staff Augmentation, Information & Referral) by county and aggregate, projected use, crisis/transition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

Total Number of Referrals 1997-2019

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

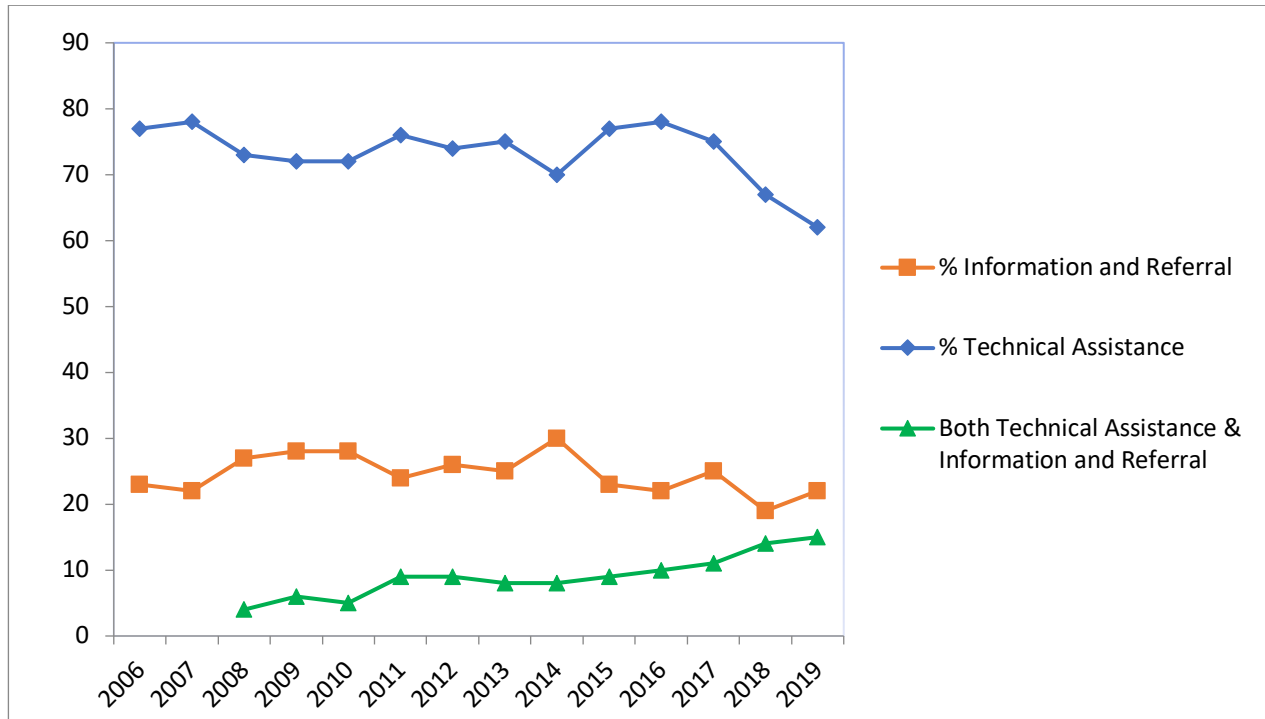
Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	23 Year Total
Total Referrals	510	530	537	480	495	591	510	670	666	677	12096

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



In 2019 there were 677 referrals representing a very slight (1.6 %) increase in referrals from 2018 (666). At the end of 2019 MCCP had received 12,096 referrals in total over twenty-three 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 2019 compared to 2018 (62% in 2019 and 67% in 2018). 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 2019 there was an 8 % increase in the number of referrals made requesting both T.A. and I & R (103 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%)
2019	103	87 (84%)	16 (16%)

*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	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Dakota (Adult)	84%	88%	78%	87%	89%	82%	88%	75%	59%	73%	81%	78%	59%
Meridian - Golden Hills (Child)	74%	77%	88%	83%	93%	87%	91%	86%	95%	94%	89%	89%	92%
Minnehaha	81%	82%	79%	87%									
Meridian – Edgewood (Adult)				94%	95%	97%	93%	96%	95%	95%	84%	89%	96%
Meridian - Kentucky (Transition-Adult)							87%	91%	95%	82%	85%	91%	95%
Genesis (Adult)												92%	89%
Snyder (Adult)												66%	94%
Rudolph (Child)												72%	39%
Rudolph (Adult)												80%	88%
Owakihi (Child)												97%	97%
Wingspan (Adult)												53%	67%
Variable Beds	110%	103%	113%	117%	82%	110%	87%	48%	54%	126%	0%	0%	0%
Average	80%	83%	82%	88%	92%	89%	90%	88%	86%	86%	85%	81%	82%

(variable bed target established each year based on budget)

The CADI Andover Youth Support Home (AYSH) had an 82% occupancy for 2019.

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	2019
Dakota (Adults)	71 Days	68 Days	86 Days	81 Days	82 Days	115 Days	122 Days
Meridian – Golden Hills (Children)	102 Days	104 Days	82Days	152 Days	65 Days	93 Days	149 Days
Meridian – Edgewood (Adult)	80 Days	161 Days	107 Days	198 Days	58 Days	100 Days	141 Days
Genesis – (Adult)					88 Days	84 Days	86 Days
Snyder – (Adult)					65 Days	69 Days	114 Days
Rudolph (Adult)						146 Days	108 Days
Rudolph – (Children)					60 Days	132 Days	82 Days
Owakihi – (Children)					94 Days	129 Days	177 Days
Wingspan (Adult)						130 Days	82 Days
AYSH (Children) (CADI)						117 Days	100 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	115 Days
Average Length of Stay (Adults)	75 Days	98 Days	99 Days	100 Days	73 Days	107 Days	109 Days
Average Length of Stay (Children)	90 Days	124 Days	82 Days	175 Days	71 Days	118 Days	127 Days

2019 Satisfaction Survey Results

917 surveys were sent out in 2019. 172 were returned (19%)

Rating scale is 1 to 5 with 5 being very satisfied

Case Managers

295 surveys sent and 80 received (27%)

Highest satisfaction: Ease of making initial referral 4.9

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

Families

260 surveys sent and 43 received (17%)

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

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

Residential Programs

175 surveys sent and 15 received (9%)

Highest satisfaction: Ability of MCCP staff to communicate effectively with you 4.9

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

Day Programs/Schools

104 surveys sent and 21 received (20%)

Highest satisfaction: Ease of making the initial referral 4.8

Lowest satisfaction: Helpfulness of the recommendations offered by the MCCP staff 4.3

Other (Conservators, Hospital, Psychologists, etc.)

43 surveys sent 7 received (16%)

Highest satisfaction: Helpfulness of the follow up offered by MCCP staff 4.9

Lowest satisfaction: Ease of Making a referral 4.7

Client

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

40 surveys sent and 6 received (15%)

Highest satisfaction: MCCP staff listening, looked for ways to help me, around when I wanted to talk to them and if I needed them. 2

Additional Satisfaction Survey Results

Case Managers

MCCP helped develop crisis plan/specific behavioral considerations 83% (62 of 75)

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

Any responsibility for carrying out crisis plan/recommendations 31% (22 of 71)

Anticipate the need for follow-up support to implement plan 21% (16 of 75)

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 3.9

MCCP's services were clearly explained 4.6

I had enough information to make choices about crisis services 4.5

MCCP's services helped prevent client being removed from living or work situation yes 41% (29 of 70)

Families

MCCP helped develop crisis plan/specific behavioral considerations 73% (30 of 41)

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

Any responsibility for carrying out crisis plan/recommendations 58% (25 of 43)

Anticipate the need for follow-up support to implement plan 51% (20 of 39)

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 4.0

MCCP's services were clearly explained 4.3

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 17% (7 of 41)

Residential Programs

MCCP helped develop crisis plan/specific behavioral considerations 93% (14 of 15)

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

Any responsibility for carrying out crisis plan/recommendations 86% (12 of 14)

Anticipate the need for follow-up support to implement plan 17% (2 of 12)

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 3.7

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 38% (5 of 13) 3

Day Programs/Schools

MCCP helped develop crisis plan/specific behavioral considerations 76% (16 of 21)

Plan implemented/carried out (1 = not at all, 2 = partially, 3 = completely) 3.0

Any responsibility for carrying out crisis plan/recommendations 81% (17 of 21)

Anticipate the need for follow-up support to implement plan 43% (6 of 14)

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

MCCP's services resolved the crisis 3.6

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 47% (9 of 19)

Others (conservators, hospitals, psychologists, etc.)

MCCP helped develop crisis plan/specific behavioral considerations 86% (6 of 7)

Plan implemented/carried out (1 = not at all, 2 = partially, 3 = completely) 3.0

Any responsibility for carrying out crisis plan/recommendations 40% (2 of 5)

Anticipate the need for follow-up support to implement plan 50% (3 of 6)

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

MCCP's services resolved the crisis 4.5

MCCP's services will prevent future crises 4.3

MCCP's services were clearly explained 4.5

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 40% (2 of 5)