
METRO CRISIS COORDINATION PROGRAM

2003 Year End Report

Prepared for the Metro Regional Crisis Planning Group
Anoka County
Carver County
Dakota County
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Ramsey County
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Metro Crisis Coordination Program Overview

Metro Crisis Coordination Program (MCCP) serves as the single point of entry in which people with developmental disabilities access crisis services throughout the seven county metro area. MCCP provides and facilitates preventative and emergency behavioral supports. Through organizing the resources of its own personnel, subcontracted vendors and other licensed crisis services vendors, MCCP strives to promote relationship-based, cost-effective services that preserve and maintain people in their natural residential and work/educational settings.

Executive Summary

2003 can be viewed in two distinct parts: waiting for and reacting to the announced state budget forecast and delivering services in the new fiscal climate.

2003/2004 Fiscal Environment

The state's fiscal forecast became clearer at the end of 2002. Developmental Disability (DD) waiver spending was mentioned frequently in the December 2002 forecast. While most of the state's \$4.6 billion shortfall was driven by a decrease in anticipated income taxes, some spending areas, including waivers for people with developmental disabilities, also exceeded levels predicted in last spring's forecast.

The December forecast showed that the state will spend \$46.3 million more on the various waiver programs in 2003 than was predicted last spring, with some 75% of that in the Developmental Disability waiver. According to the forecast state spending in all waivers is expected to grow by 12% a year over the next four years.

Crisis Funding

Funding for crisis services for people with developmental disabilities and related conditions was also affected by the budget crisis. Changes to crisis funding in the year 2003 include:

- Rolling the funding into the county base. Instead of crisis respite services being funded through a state set-aside, counties are now responsible for managing their own crisis dollars as part of their waiver budget. County dollars must be used if the budget is exceeded.
- Minnesota's Department of Human Services (DHS) based the funding to counties on paid crisis respite claims for fiscal year 2002, and a cost of living adjustment (COLA). The COLA was smaller than expected.
- State moved accounting period from a state fiscal year to a calendar year.

The consequences of the poor fiscal outlook and the rippling of the changes to crisis funding included a 25% decrease in MCCP referrals and less focus on proactive/preventative referrals, which are key to long term best practices and cost containment. Moreover, crisis beds have been frequently left underutilized. Nervous families have seen services eliminated or priced out of their reach due to shifting income thresholds. Counties are considering further cuts in services and scramble to contain costs to keep programs that are successful.

If not contained, spiraling crisis costs could result in cutback of services. A reduction of services could mean more hospitalizations, more civil commitments to Regional Treatment Centers, and more people falling through the cracks.

Despite a difficult fiscal environment, MCCP continues to be the major provider of crisis services for people with mental retardation and related conditions in the metro region.

MCCP remained focused on its core objectives:

- ✓ Respond quickly to all referrals, regardless of funding source.
- ✓ Provide comprehensive quality crisis assessments for clients, families, caregivers, and social workers.
- ✓ Provide leadership in changing the crisis system to completely meet the needs of clients.
- ✓ Provide constituent counties with innovative and cost effective services.

2003 In-Depth

✓ *Respond quickly to all referrals*

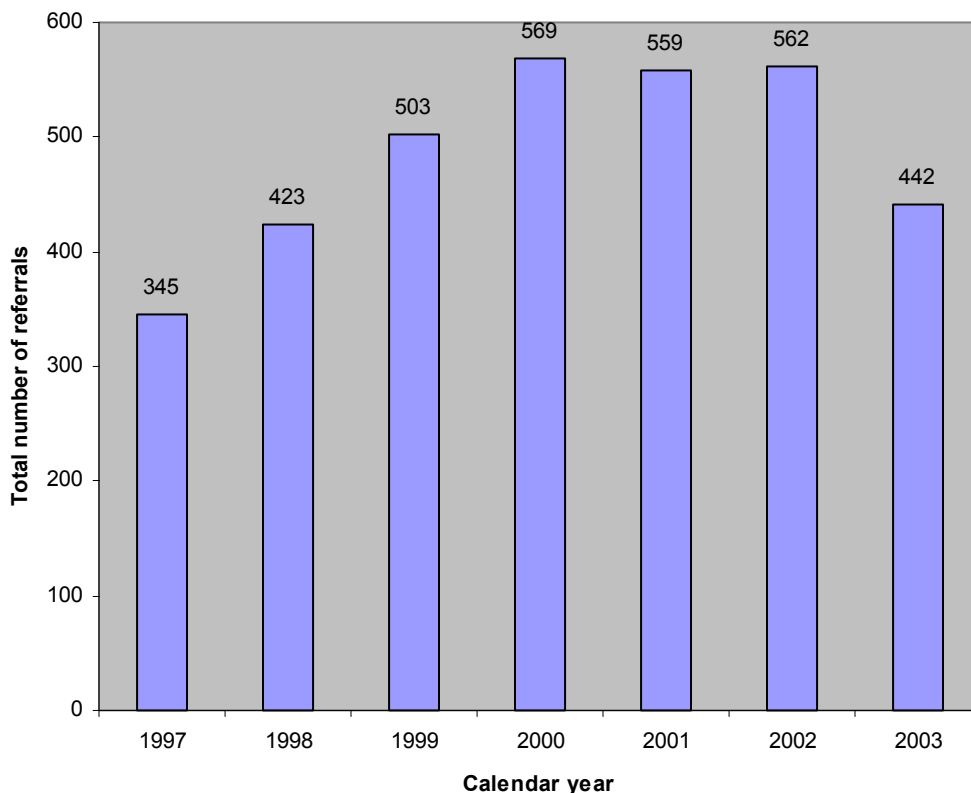
Metro Crisis is the only provider in the metro area that is charged with reacting to a crisis referral within 24 hours. MCCP makes contact within 24 hours on virtually all crisis referrals, and the great majority of preventative referrals.

Reaction to referrals is accomplished by serving clients for 90 days and/or 30 hours. The average number of hours per case in 2003 was 29.25. Rapid disposition of cases guarantees that the next referral can be started immediately. If long term follow up is clinically indicated, MCCP assists the team in finding an appropriate service.

As a resource for families, I am pleased with the response and follow-up. Intervention was swift and I think very helpful for this family in a crisis situation.

-County Case Manager

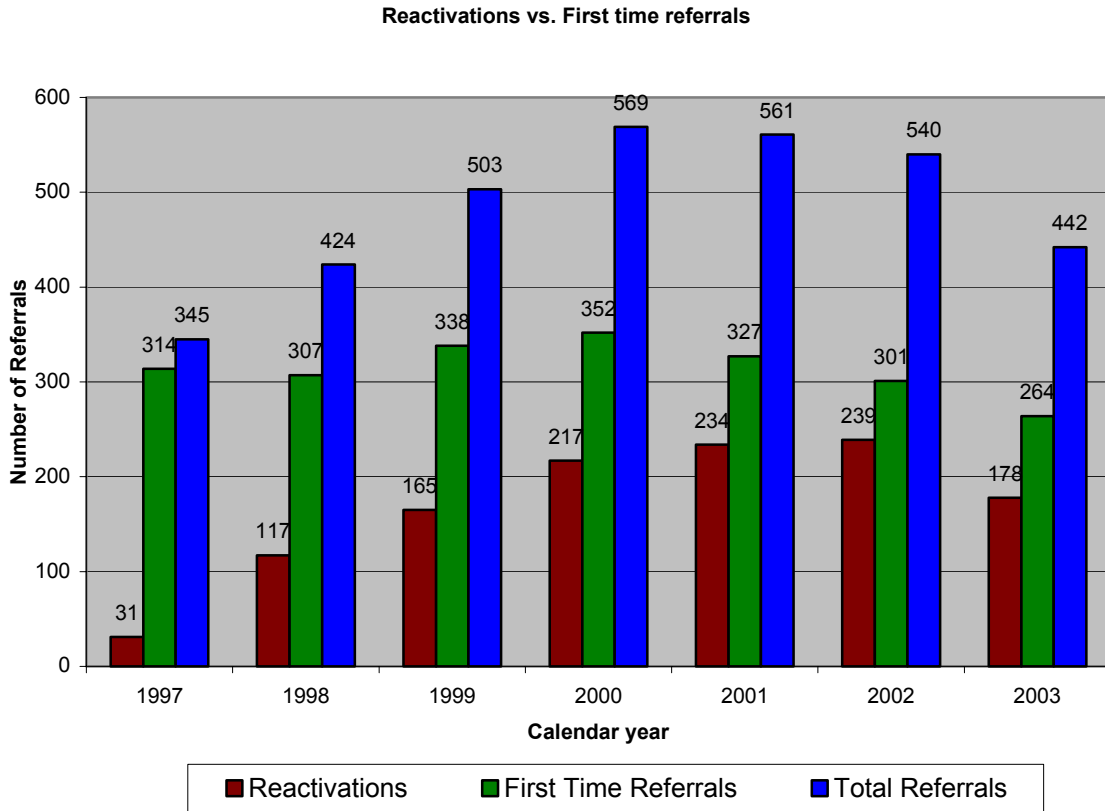
Total Number of Referrals



During 2003, MCCP served over 440 people. The roughly 25% drop in referrals to MCCP was attributed to concern over the fiscal environment, and the subsequent cuts to services to people with Developmental Disabilities. 21% of those referred were served

on an emergency basis. Moreover, M CCP Information and Referral (I & R) personnel fielded emergency calls for placement or staffing as they arrive, often providing resolution that same day.

Reactivations versus First Time Referrals



Reactivation Rates from past years:

2003	40.6%
2002	44%
2001	41.7%
2000	38.1%
1999	32%
1998	27.6%

Reactivations occur for several reasons, including environmental (changes in caregivers, for instance), medical, and behavioral. At this time, reactivation rates do not appear to be excessive, as most clients have not been referred more than two times.

Since inception in January of 1997, MCCP has served over 3,400 people. As illustrated in the previous chart, reactivations versus first time referrals, MCCP's reactivations as a percent of all referrals increase as the number of referrals increases. 2003 saw a decrease in reactivations of about 4% as compared to 2002, however, when compared to 1998 (a year with a comparable number of overall referrals as 2003), there was roughly one half times more reactivations in 2003.

✓ ***Provide comprehensive quality crisis assessments for clients, families, caregivers, and social workers.***

MCCP continues to receive high marks in providing assessments across a wide range of environments, including family homes, group homes, schools, work programs, and client homes. Typical assessments involve record reviews, interviews with care givers, and observations.

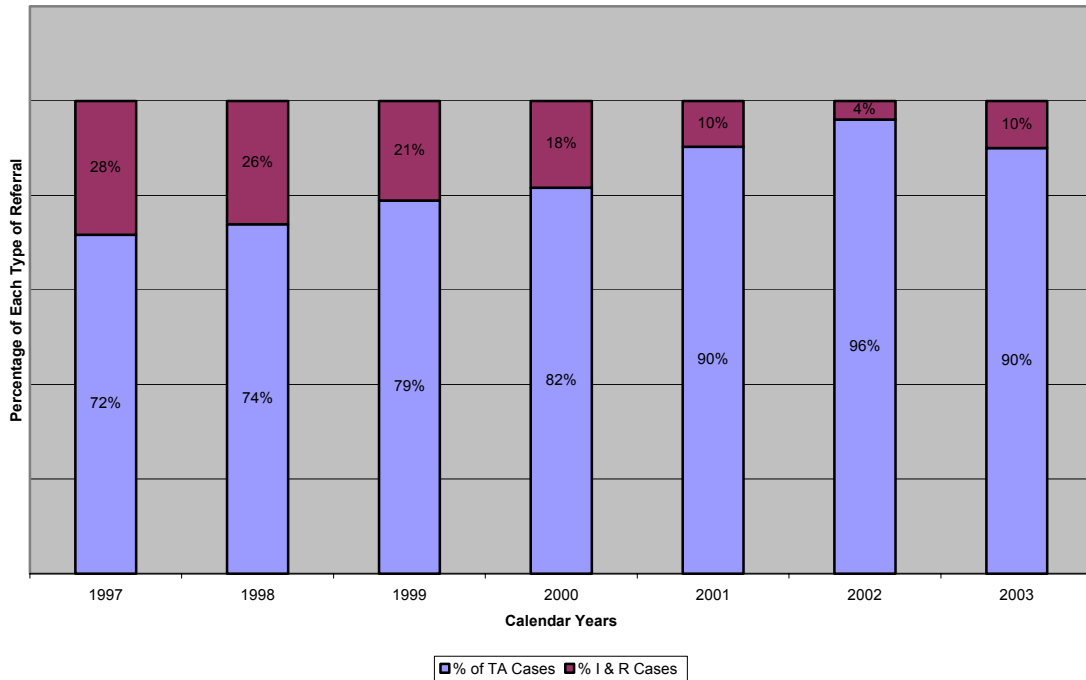
The picture schedule and behavioral modification suggestions were extremely useful! ...staff augmentation was a joy and a very informative... [Staff Augmentation staff] has a way with suggestions to make them easy to use.

-Family Member

If a more involved assessment is required, MCCP can provide a functional analysis. In an functional analysis, MCCP staff set up experimental parameters to ascertain the function of a person's behavior, be it to escape undesirable events/items or to obtain desirable events/items.

Staff Augmentation remains a successful and a high demand service for families. MCCP provides this service to families, group homes, and day programs when the Behavior Analyst finds that caregivers could benefit from more intensive guidance in implementing behavior programs and recommendations. Staff Augmentation personnel do not fill shifts, but instead provides hands on instruction and teaching. They are then able report to the Behavior Analyst at MCCP on the effectiveness of the programs and suggestions.

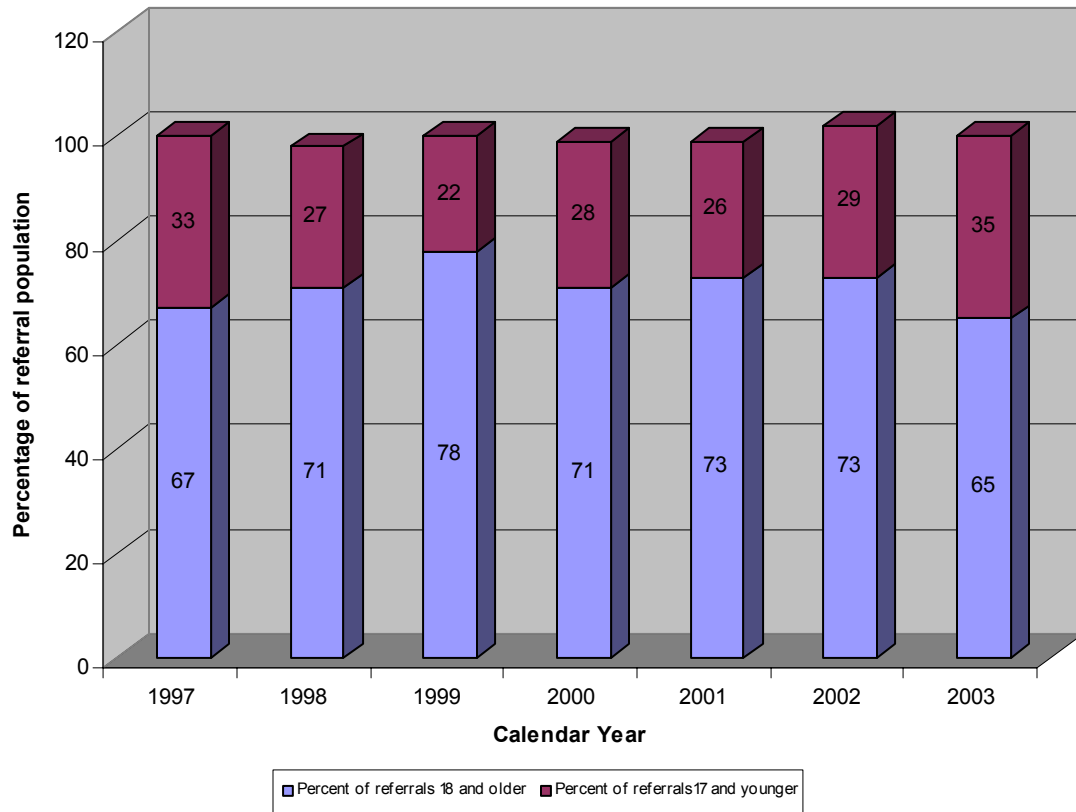
Technical Assistance Versus Information and Referral Cases



The increase in I & R referrals can be attributed to several factors, including:

- Referrals made after situation has deteriorated into a unsalvageable situation at the person's current living environment;
- Member counties looking for alternatives to high price crisis beds, requiring more assistance from MCCP I & R personnel;
- Available capacity in ICF/MR's and SLS' and a willingness of those providers to make available those beds on a temporary basis.

Adult versus Children and Adolescent Referrals



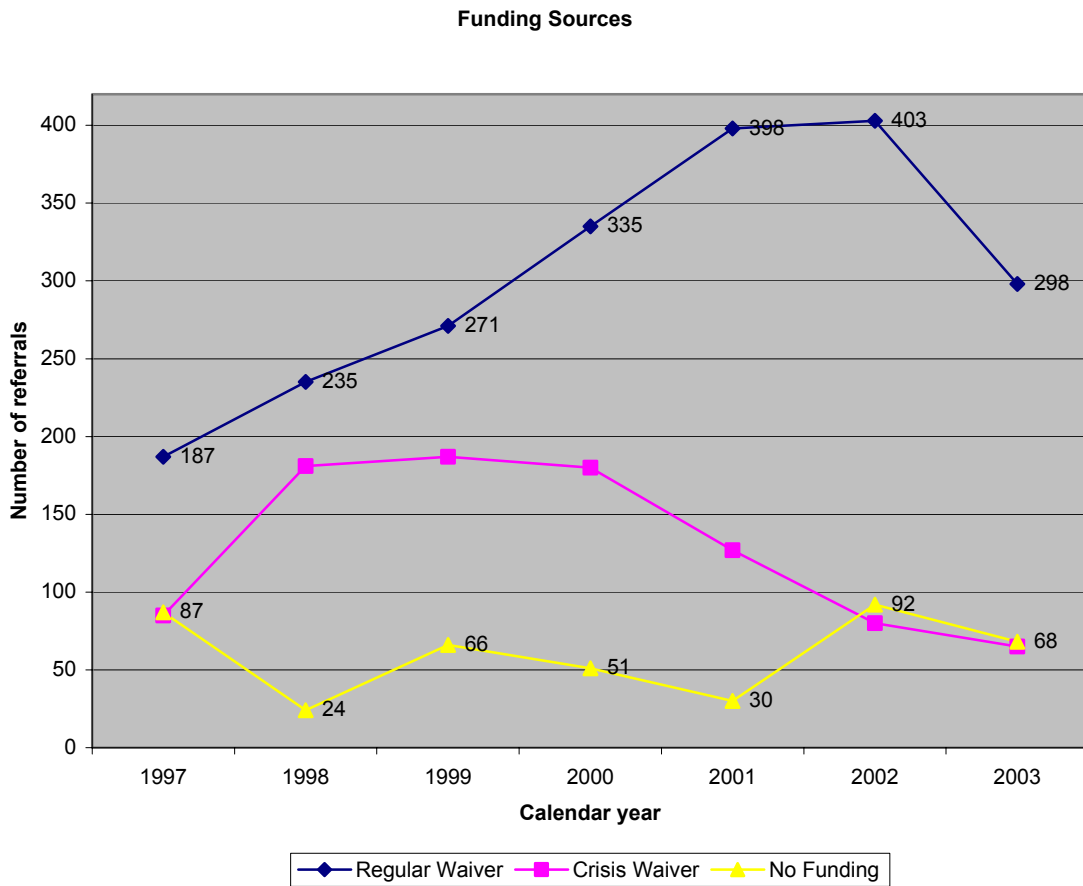
MCCP served the highest percentage of clients under 18 in its 7 year history in 2003. Possible explanations could include:

- High number of children and adolescents entering county developmental disability system.
- Children and adolescents entering system already in crisis.
 - Increases in parental co-pays may have resulted in reduction of services
 - Subsequent decrease in preventative efforts by professionals.
- Focus by Steering Committee and member counties on child and adolescent services.

✓ **Provide constituent counties with innovative and cost effective services.**

MCCP can provide technical assistance to clients regardless of funding. In 2003, MCCP provided services to over 70 clients (including Information and referral clients) with no funding, at a dollar value of over \$232,000.

Funding Sources



Though 2003 saw fewer cases that resulted in no payment (past ICF 186 money and referrals with no funding attached) than in 2002, the drop in referrals that are reimbursable is noteworthy. As mentioned, MCCP provided a significant number of unfunded units of service to people. MCCP is able to provide this service for two reasons, an enhanced rate and a high volume of paid cases. The overall drop in referrals during 2002 signifies the first time that the balance of un-reimbursed and reimbursed work was in question.

✓ ***Provide leadership in changing the crisis system to completely meet the needs of clients.***

In 2003, MCCP focused its leadership in crisis services to providing information to the community at large.

- MCCP began marketing their large group staff trainings to schools, group homes, and day programs. Several agencies have utilized these behavior-based trainings to meeting the individual needs of their organizations and the clients they serve. The fees for these services have been paid by the agencies themselves.
- At the end of 2003, MCCP continued its out reach to the community by developing free seminars for parents and family members of people with developmental disabilities. The goal of these sessions has been to educate family members on why behaviors happen and how to implement proactive and reactive strategies to reduce those challenging behaviors. The sessions will continue into 2004.
- MCCP's web site, metrocrisis.org, was revamped with additional features for families and professionals.

During 2003, MCCP and its Steering Committee discussed inventive ways to maintain a high level of crisis services in the face of service reductions. Spiraling crisis costs could result in reduction of services. A reduction of services could mean more hospitalizations, more civil commitments to Regional Treatment Centers, and more people falling through the cracks with no supports.

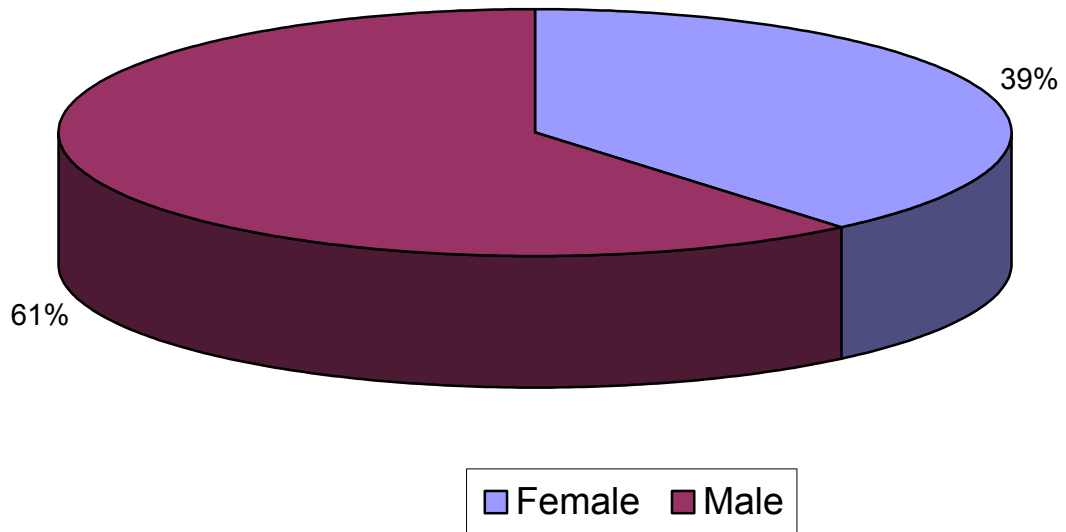
The seven metro counties seek to reshape the crisis system to provide the following advantages:

1. Re-establish, at minimum, the level of all services that they would have prior to State re-configuring crisis funding.
2. Accurately predict costs for all crisis services, thus possibly limiting liability of cost overruns.
3. Reduce county duplication of services in managing crisis services efficiently, resulting in the need for fewer resources.
4. Reduce overall crisis service demands/costs by even greater coordination of services.
 - a. MCCP has demonstrated success in reducing costs by coordinating just 1/3 of crisis dollars despite serving 90% of clients in crisis.
 - b. Coordinating 100% of the dollars and 100% of the clients could recognize greater efficiencies of administration and other areas.

MCCP has been asked by the seven metro counties to design a capitated system with the above outcomes. MCCP has presented a two-stage proposal and is in the process of being examined at the county level. The key component of the first stage is data collection and analysis in order to anticipate costs and service demand levels. The second stage will be the implementation of a capitated system.

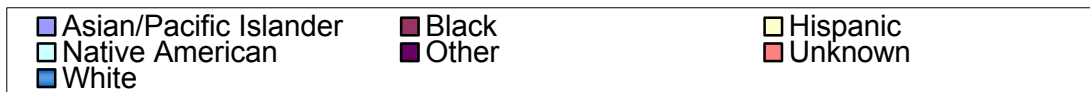
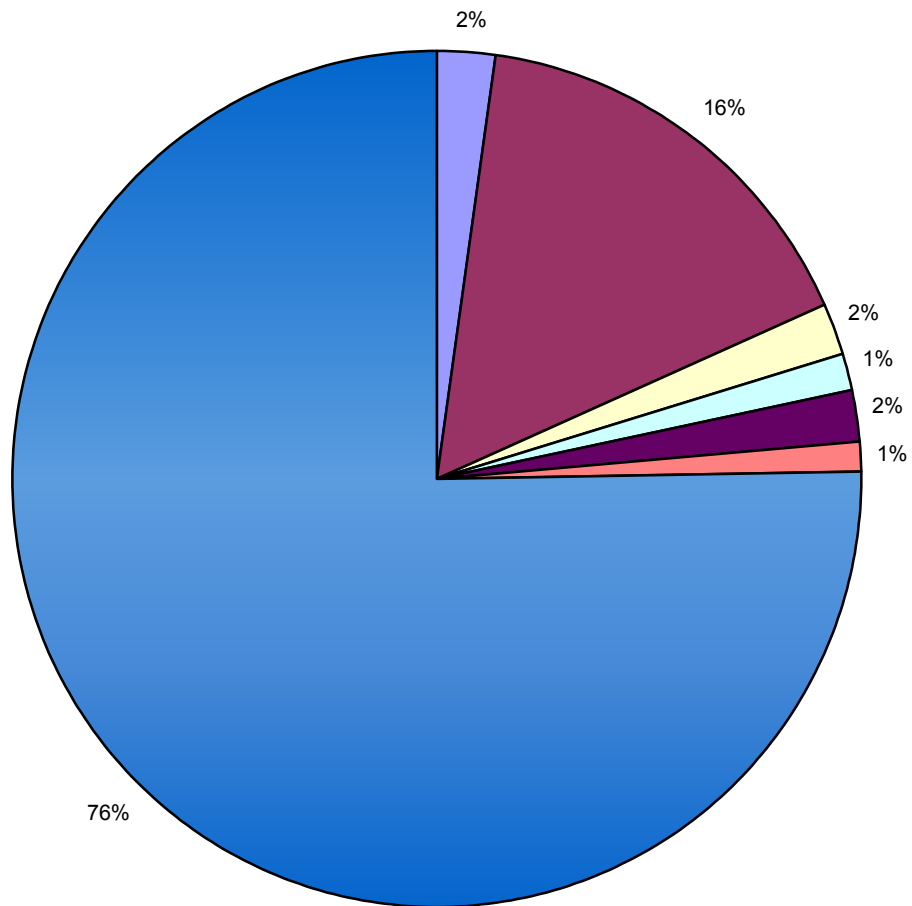
Other Key Data

Gender Comparison



MCCP serves more male clients.

Race/Ethnicity of Clients Served



The vast majority of clients that MCCP served in 2003 have been white, with black being the second largest population served.

	MCCP	Minnesota*	USA*
White persons, percent	75	89.4	75.1
Black or African American persons, percent	16	3.5	12.3
American Indian and Alaska Native persons, percent	1	1.1	0.9
Asian, Native Hawaiian and Other Pacific Islander persons, percent	2	2.9	3.7
Persons of Hispanic or Latino origin, percent	2	2.9	12.5

*Source: Minnesota QuickFacts from US Census Bureau

According to the data above, MCCP served a profile that is similar to that of the United States as a whole. However, though Black or African Americans are over represented in MCCP's 2003 service profile, persons Hispanic or Latino origin are underrepresented. In order to facilitate persons of Hispanic or Latino origin utilizing crisis services, in 2003, several important service documents were translated into Spanish, and MCCP has one Spanish speaking person on staff. Additionally, MCCP also receives several hours of cultural sensitivity and orientation training.

MCCP collects data on race and ethnicity on interviews with the client and/or caregivers. However, MCCP is not always in a position nor is requested by the member Counties to see each and every client, such as in the case of Information and Referral services. Therefore, four per cent of MCCP clients are classified as unknown as to race or ethnic identification.

Satisfaction Survey Results

Metro Crisis Coordination Program (MCCP) Satisfaction Survey Results 2003

764 Surveys were sent out in 2003. 262 were returned (34%)
Rating scale is 1 to 5 with 5 being very satisfied

Case Managers

268 surveys sent and 120 received (45%)
Overall satisfaction with MCCP services and supports 4.63
Highest satisfaction in ease of referral 4.91
Lowest satisfaction in MCCP's ability to coordinate additional supports and resources 4.49

Families

173 surveys sent and 30 received (17%)
Overall satisfaction with MCCP services and supports 4.31
Highest satisfaction in effective communication by MCCP 4.50
Lowest satisfaction in MCCP's ability to coordinate additional supports and resources 4.04

Residential Programs

138 surveys sent and 51 received (37%)
Overall satisfaction with MCCP services and supports 4.56
Highest satisfaction in MCCP's response time 4.78
Lowest satisfaction in MCCP's ability to coordinate additional supports and resources 4.36

Day Programs/Schools

103 surveys sent and 34 received (36%)
Overall satisfaction with MCCP services and supports 4.67
Highest satisfaction in ease of making referral 5.00
Lowest satisfaction in MCCP's ability to coordinate additional supports and resources 4.42

Other (conservators, hospital, psychologists, etc.)

46 surveys sent and 16 received (35%)
Overall satisfaction with MCCP services and supports 4.56
Highest satisfaction in ease of making referral 4.83
Lowest satisfaction in MCCP's ability to coordinate additional supports and resources 4.29

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

36 surveys sent and 11 received (31%)

Most happy with MCCP staff being available when needed, efforts of MCCP to help them and MCCP's ability to explain what MCCP might be able to do to help them 3.00

Least happy in having MCCP help them again in the future 2.90

**Metro Crisis Coordination Program (MCCP)
Satisfaction Survey Results
2003**

Case Managers

MCCP helped develop crisis plan/specific behavioral recommendations 88% (91 of 104)
Plan implemented/cared out 2.26 (1 = not at all 2 = partially 3 = completely)
Any responsibility for carrying out crisis plan/recommendations 32% (29 of 91)
Anticipate need for follow-up support to implement plan 35% yes (29 of 84)

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

MCCP's services resolved the crisis situation 3.83
MCCP's services will prevent future crises 3.53
MCCP's services were clearly explained 4.59
I had enough information to make choices about crisis services 4.51
MCCP's services helped prevent client being removed from living or work situation 75%
yes (74 of 99)
Should MCCP's services helped prevent client being removed from living or work
situation 63% yes (55 of 87)

Families

MCCP helped develop crisis plan/specific behavioral recommendations 96% (22 of 23)
Plan implemented/cared out 2.41 (1 = not at all 2 = partially 3 = completely)
Any responsibility for carrying out crisis plan/recommendations 57% (13 of 23)
Anticipate need for follow-up support to implement plan 50% yes (10 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 3.44
MCCP's services will prevent future crises 3.26
MCCP's services were clearly explained 4.27
I had enough information to make choices about crisis services 4.17
MCCP's services helped prevent client being removed from living or work situation 59%
yes (10 of 17)
Should MCCP's services helped prevent client being removed from living or work
situation 71% yes (12 of 17)

Residential Programs

MCCP helped develop crisis plan/specific behavioral recommendations 93% (43 of 46)
Plan implemented/cared out 2.55 (1 = not at all 2 = partially 3 = completely)
Any responsibility for carrying out crisis plan/recommendations 93% (41 of 44)
Anticipate need for follow-up support to implement plan 28% yes (12 of 43)

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

MCCP's services resolved the crisis situation 3.64

MCCP's services will prevent future crises 3.48

MCCP's services were clearly explained 4.44

I had enough information to make choices about crisis services 4.22

MCCP's services helped prevent client being removed from living or work situation 78%
yes (31 of 40)

Should MCCP's services helped prevent client being removed from living or work
situation 59% yes (19 of 32)

Day Programs/Schools

MCCP helped develop crisis plan/specific behavioral recommendations 88% (28 of 32)

Plan implemented/cared out 2.43 (1 = not at all 2 = partially 3 = completely)

Any responsibility for carrying out crisis plan/recommendations 100% (26 of 26)

Anticipate need for follow-up support to implement plan 36% yes (10 of 28)

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

MCCP's services resolved the crisis situation 3.67

MCCP's services will prevent future crises 3.48

MCCP's services were clearly explained 4.43

I had enough information to make choices about crisis services 4.38

MCCP's services helped prevent client being removed from living or work situation 72%
yes (21 of 29)

Should MCCP's services helped prevent client being removed from living or work
situation 67% yes (14 of 21)

Other (conservators, hospital, psychologists, etc.)

MCCP helped develop crisis plan/specific behavioral recommendations 100% (12 of 12)

Plan implemented/cared out 2.44 (1 = not at all 2 = partially 3 = completely)

Any responsibility for carrying out crisis plan/recommendations 83% (10 of 12)

Anticipate need for follow-up support to implement plan 22% yes (2 of 9)

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

MCCP's services resolved the crisis situation 3.27

MCCP's services will prevent future crises 3.55

MCCP's services were clearly explained 4.31

I had enough information to make choices about crisis services 4.09

MCCP's services helped prevent client being removed from living or work situation 82%
yes (9 of 11)

Should MCCP's services helped prevent client being removed from living or work
situation 78% yes (7 of 9)