



Metro Crisis Coordination Program (MCCP)

2007 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 using a variety of techniques. MCCP organizes the resources of its own personnel, subcontracted vendors and other licensed crisis services vendors to implement the goals and meet the needs as identified and supported by the MRCPG.

Some of the goals and benefits of collaboration among the counties comprising the MRCPG include having a single point of entry to the region's crisis services.

** A single point of entry helps promote more complete, region wide data that can track effectiveness as well as be used to help address future need.

** Makes available 24 hour telephone crisis triage, which has available all data and reports for previously referred individuals (5,325 since inception of MCCP).

The continued collaboration also helps realize some economies of scale for the crisis system.

** Collaboration helps reduce each county's need for resources to coordinate a crisis system within that county (i.e., resource to prioritize recipients).

** Helps to provide a wide array of services that any individual county might have challenges supporting, given historical fluctuation of utilization and need.

Consistency of approaches, responses and the application of crisis supports and resource across counties, vendors and other stakeholders also adds benefits to the crisis system including:

** Standardized admissions process to crisis homes

** MCCC exercised, MRPCG approved, host county concurrence for 16 crisis beds (MORA – 4, Meridian - 4, MSOCS - 8) and 18 transition beds (MORA - 4, People II - 6, Phoenix - 2, Axis – 2 and Hammer - 4) that are located in 4 different counties (Carver, Dakota, Hennepin and Ramsey).

** The establishment and encouragement of standard length of stays in crisis home (maximum 45 days)

** The reduction in use of higher cost services (crisis beds) when appropriate lower cost services (transition beds) are available

** Establishment and application of standard parameters of technical assistance (120 fifteen-minute units over 90 days)

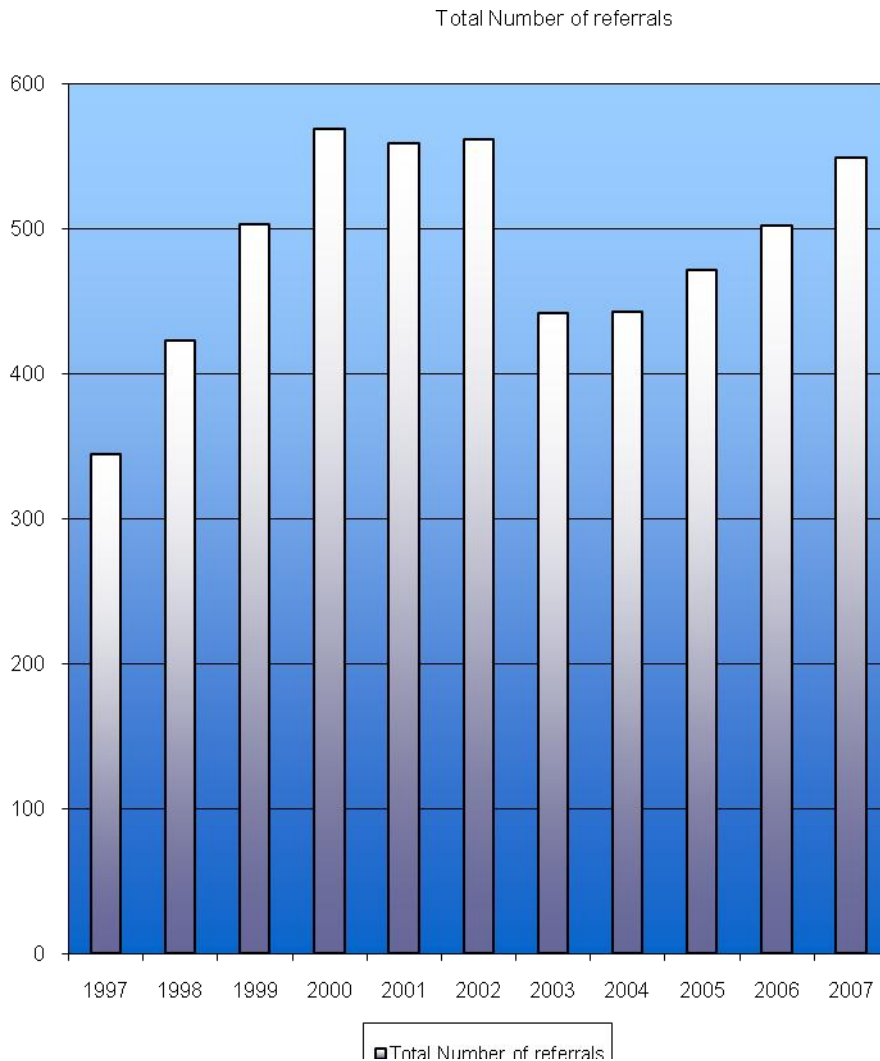
** Establishment and application of standard parameters of staff augmentation (200 hours within 90 days)

- ** Helps remove resource provision being based on anything other than need (i.e., local county financial position)
- ** Helps promote accountability of crisis vendors across county lines and various procedures within goals set by MRCPG
- ** Promotion of agreed upon initiatives across counties (preventive services versus emergency services, trainings for case managers, families and providers, etc.)
- ** All clients, living in the region, that are an open case in a metro county's DD system can receive technical assistance without regard to funding
- ** Establishes a fixed cost of crisis services for each county, each year
- ** Risk corridor established (1% cost overrun would be paid by M CCP)
- ** The member counties are able to review and determine the size of the crisis system each year (beds, T.A., S.A. and I & R)
- ** The member counties determine each year how the cost of the crisis system is shared by counties (historic utilization, actual utilization, blend, etc.)

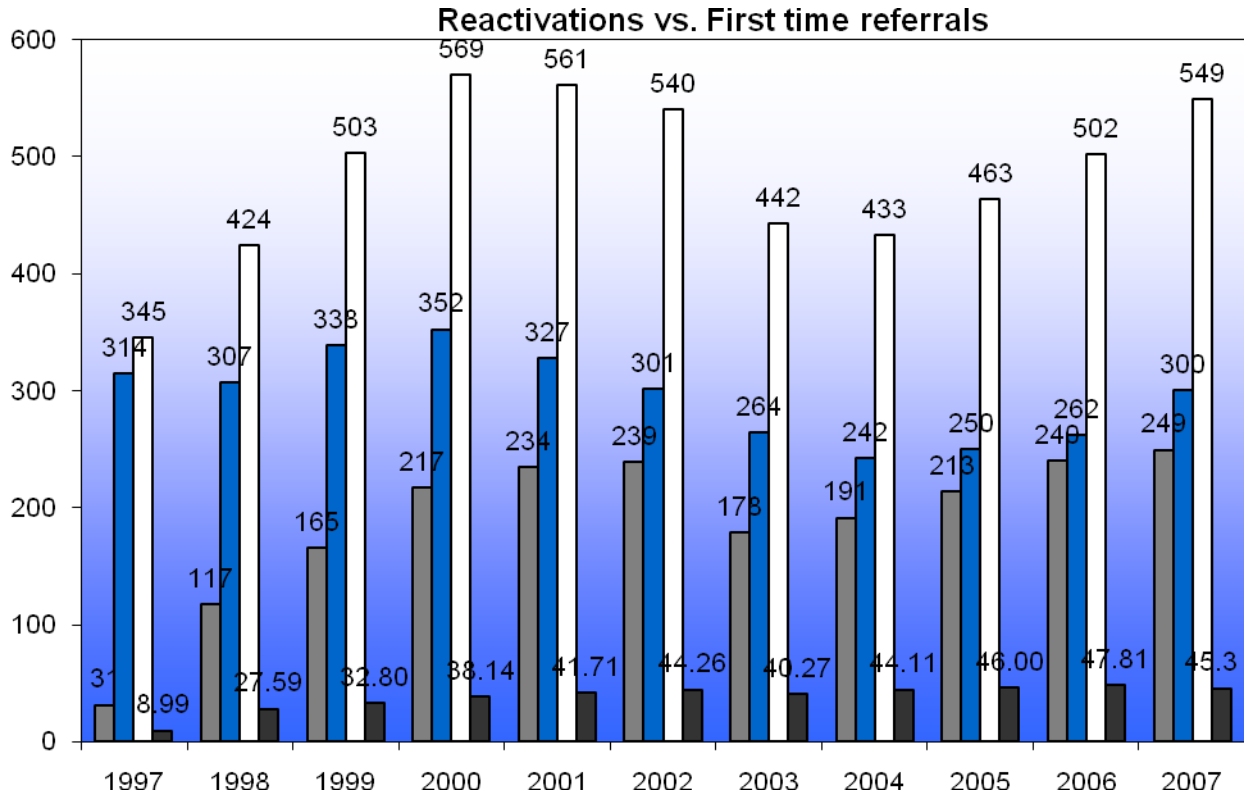
The seven metro counties agreed at the end of 2006 to the size of the 2007 crisis system as well as each individual county's share of the cost. The formula used a weighted average taking 2006 budget % share (based on 2000-2004 utilization) assigned a 50% value and 2006 actual utilization and assigned a 50% value to determine final percentage. The formula was approved for use in 2008 for 2009 county share of cost. In 2009 the formula will be revisited for determination of county share of cost for 2010.

Anoka = 7%	\$322,000
Carver = 1.3%	\$60,000
Dakota = 8.6%	\$396,000
Hennepin = 62%	\$2,852,000
Ramsey = 14%	\$643,000
Scott = 2.5%	\$115,000
Washington = 4.6%	<u>\$212,000</u>
Totals 100%	\$4,600,000

2007 “Numbers”



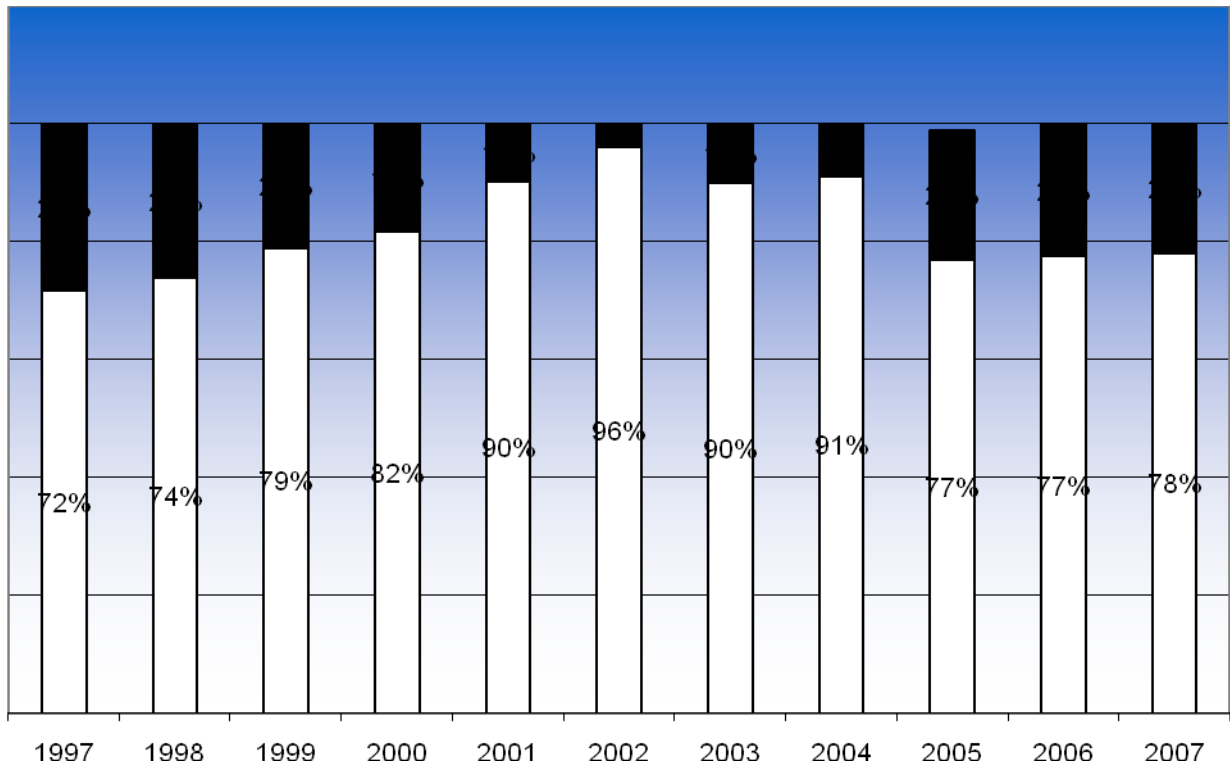
In 2007 there were 549 referrals representing a 9.4% increase in referrals from 2006 (502). Anoka = 47, Carver = 11, Dakota = 49, Hennepin = 314, Ramsey = 70, Scott = 16, Washington = 31 and there were 11 referrals regarding individuals who live in the seven metro county but whose county of financial responsibility is a county outside the metro region. Services to other counties provided only on a “as available” basis.



White=Total referral **Blue**=First time referral **Grey**=React. **%**=React. as % of total

Reactivations have over the last seven years been over 40% of total referrals and have fluctuated between 40% and 48% a year. Last year there was a 2.5% decline in reactivation. Many factors can 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, etc. MCCP, through 6 month follow up calls, attempts to identify individuals that could benefit from additional supports prior to the individuals needs reaching “crisis” levels.

Technical Assistance Referrals versus Information and Referral



The percentage of Technical Assistance (TA) referrals versus Information and Referral (I & R) has remained constant the last three years. The actual cost of a 45 day stay in a bed and the actual cost of a typical TA referral remains approximately 9 to 1 (\$31,000 versus \$3,400).

Dedicated Crisis Bed Occupancy in 2007 was influenced by Meridian experiencing an extended time period (3 weeks) with a bed(s) unavailable. All providers' occupancy rates are influenced by their timeliness of admissions and discharges as well as well as continued commitment to serve targeted populations.

Minnehaha = 81%

Dakota = 84%

Meridian = 74%

Overall 2007 Occupancy Average = 79.7%

Variable Crisis Bed Occupancy in 2007 utilizing various vendors was 123% (based on average target of 2.5 beds in use each day). Given lower dedicated bed occupancy/availability, additional variable beds were used to fill need created when dedicated beds were not available.

During 2007 the average length of placement in a crisis home (averaging both dedicated and variable crisis bed placements) was 46 days

During the year 2007 there was on average 1 child waiting for a crisis bed each day (range of children waiting for a crisis bed was 0-4). 46% of days there was no child waiting for a crisis bed.

During the year 2007 there was on average 4.6 adults waiting for a crisis bed each day (range of adults waiting for a crisis bed was 0-12). 4% of days there was no adult waiting for a crisis bed.

2007 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?”

Target	2007 Results	2006 Results
# 1. = 3.5 / 5 (goal 70%)	3.80 (76%)	3.81 (76%)
# 2. = 2.8 / 3 (goal 93%)	2.59 (86%)	2.62 (87%)
# 3. = 3.5 / 5 (goal 70%)	3.63 (73%)	3.56 (71%)

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), crisis/transition bed utilization by vendor and maintenance of effort work provided by category (un-reimbursed services). Additional data is often provided as relevant and if and when requested.

Metro Crisis Coordination Program (MCCP) Satisfaction Survey Results 2007

683 Surveys were sent out in 2007. 196 were returned (29%)
Rating scale is 1 to 5 with 5 being very satisfied

Case Managers

221 surveys sent and 86 received (39%)
Overall satisfaction with MCCP services and supports 4.79
Highest satisfaction in ease of referral 4.98
Lowest satisfaction in MCCP's ability to coordinate additional supports and resources 4.55

Families

168 surveys sent and 27 received (16%)
Overall satisfaction with MCCP services and supports 4.73
Highest satisfaction with ability of MCCP to convey recommendations 5.00
Lowest satisfaction in MCCP's ability to coordinate additional supports and resources 4.43

Residential Programs

127 surveys sent and 35 received (28%)
Overall satisfaction with MCCP services and supports 4.55
Highest satisfaction in effectively communicate 4.75
Lowest satisfaction in MCCP's ability to coordinate additional supports and resources 4.15

Day Programs/Schools

81 surveys sent and 25 received (31%)
Overall satisfaction with MCCP services and supports 4.39
Highest satisfaction in effectively communicate 5.00
Lowest satisfaction was in follow up offered 4.38

Other (conservators, hospital, psychologists, etc.)

48 surveys sent and 4 received (8%)
Overall satisfaction with MCCP services and supports 4.25
Highest satisfaction in ability to coordinate additional supports and resources 5.00

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

38 surveys sent and 15 received (39%)
Most happy with efforts of MCCP to help them, MCCP's ability to explain what MCCP might be able to do to help them & MCCP staff being available to them and in MCCP listening to their concerns 3.00

Metro Crisis Coordination Program (MCCP) Satisfaction Survey Results 2007

Case Managers

MCCP helped develop crisis plan/specific behavioral recommendations 88% (72 of 82)
Plan implemented/carried out 2.57 (1= not at all, 2 = partially, 3= Completely)
Any responsibility for carrying out crisis plan/recommendations 34% (24 of 70)
Anticipate the need for follow-up support to implement plan 31% (19 of 62)

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

MCCP's services resolved the crisis situation 3.95
MCCP's services will prevent future crises 3.68
MCCP's services were clearly explained 4.71
I had enough information to make choices about crisis services 4.67
MCCP's services helped prevent client being removed from living or work situation 71%
Yes (48 of 68)
Should MCCP's services have helped prevent client being removed from living or
work situation yes 59% (35 of 59)

Families

MCCP helped develop crisis plan/specific behavioral recommendations 95% (21 of 22)
Plan implemented/carried out 2.52 (1= not at all, 2 = partially, 3= Completely)
Any responsibility for carrying out crisis plan/recommendations 62% (13 of 21)
Anticipate the need for follow-up support to implement plan 58% (11 of 19)

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

MCCP's services resolved the crisis situation 3.61
MCCP's services will prevent future crises 3.45
MCCP's services were clearly explained 4.50
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
Yes 68% (15 of 22)
Should MCCP's services have helped prevent client being removed from living or
work situation yes 72% (13 of 18)

Residential programs

MCCP helped develop crisis plan/specific behavioral recommendations 94% (29 of 31)
Plan implemented/carried out 2.66 (1= not at all, 2 = partially, 3= Completely)
Any responsibility for carrying out crisis plan/recommendations 88% (29 of 33)
Anticipate the need for follow-up support to implement plan 25% (8 of 32)

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

MCCP's services resolved the crisis situation 3.70
MCCP's services will prevent future crises 3.90
MCCP's services were clearly explained 4.17

I had enough information to make choices about crisis services 4.15
MCCP's services helped prevent client being removed from living or work situation
Yes 82% (23 of 28)
Should MCCP's services have helped prevent client being removed from living or
work situation yes 80% (20 of 25)

Day programs/Schools

MCCP helped develop crisis plan/specific behavioral recommendations 84% (19 of 25)
Plan implemented/carried out 2.61 (1= not at all, 2 = partially, 3= Completely)
Any responsibility for carrying out crisis plan/recommendations 95% (19 of 20)
Anticipate the need for follow-up support to implement plan 20% (5 of 25)

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

MCCP's services resolved the crisis situation 3.92
MCCP's services will prevent future crises 3.44
MCCP's services were clearly explained 4.43
I had enough information to make choices about crisis services 4.40
MCCP's services helped prevent client being removed from living or work situation
Yes 47% (9 of 19)
Should MCCP's services have helped prevent client being removed from living or
work situation yes 50% (9 of 18)

Other (conservators, hospitals, psychologists, etc.)

MCCP helped develop crisis plan/specific behavioral recommendations 67% (2 of 3)
Plan implemented/carried out 2.67 (1= not at all, 2 = partially, 3= Completely)
Any responsibility for carrying out crisis plan/recommendations 67% (2 of 3)
Anticipate the need for follow-up support to implement plan, No (3 of 3)

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

MCCP's services resolved the crisis situation 2.25
MCCP's services will prevent future crises 2.0
MCCP's services were clearly explained 4.67
I had enough information to make choices about crisis services 3.50
MCCP's services helped prevent client being removed from living or work situation
Yes 100% (3 of 3)
Should MCCP's services have helped prevent client being removed from living or
work situation yes 100% (1 of 1)