



Goodhue County

Minnesota

GOODHUE COUNTY HEALTH & HUMAN SERVICES (GCHHS) AGENDA

COUNTY BOARD ROOM
RED WING, MN

APRIL 18, 2023
10:30 A.M.

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 294 677 034 088

Passcode: bNzyTk

Or call in (audio only)

+1 872-240-890,,326762190#

Phone Conference ID: 326 762 190#

1. CALL TO ORDER
2. REVIEW AND APPROVE BOARD MEETING AGENDA:
3. REVIEW AND APPROVE PREVIOUS MEETING MINUTES:

Documents:

[MARCH 21, 2023 HHS BOARD MINUTES.PDF](#)

4. REVIEW AND APPROVE THE FOLLOWING ITEMS ON THE CONSENT AGENDA:

- a. Child Care Licensure Approvals

Documents:

[CHILD CARE APPROVALS.PDF](#)

- b. Housing Support Program Commitment Letter

Documents:

[HOUSING SUPPORT PROGRAM COMMITMENT LETTER.PDF](#)

5. ACTION ITEMS:

a. Accounts Payable

Documents:

[ACCOUNTS PAYABLE.PDF](#)

b. Child Care Appreciation Day Proclamation
Nina Arneson

Documents:

[CHILD CARE APPRECIATION DAY.PDF](#)

6. INFORMATIONAL ITEMS:

a. SCHA Update

Leota Lind, CEO and Scott Schufman, CFO

Documents:

[SCHA MEMBER COUNTY BOARD 2023 REPORT_APRIL2023.PDF](#)

7. FYI-MONTHLY REPORTS:

a. Child Protection Report

Documents:

[CHILD PROTECTION REPORT.PDF](#)

b. HHS Staffing Report

Documents:

[HHS STAFFING REPORT.PDF](#)

c. 2022 Crisis Response Annual Report- SERCC

Documents:

[SERCC 2022 CRISIS RESPONSE ANNUAL REPORT.PDF](#)

d. HHS Perfect Financial Performance

Documents:

[HHS PERFECT FINANCIAL PERFORMANCE.PDF](#)

8. ANNOUNCEMENTS/COMMENTS:

9. ADJOURN

a. Next Meeting Will Be May 16, 2023

PROMOTE, STRENGTHEN, AND PROTECT THE HEALTH OF INDIVIDUALS,
FAMILIES, AND COMMUNITIES

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES BOARD MEETING
MINUTES OF MARCH 21, 2023**

The Goodhue County Health and Human Services Board convened their regularly scheduled meeting at 9:20 A.M., Tuesday, March 21, 2023, in the Goodhue County Board Room and online via Teams.

Brad Anderson, Linda Flanders, Todd Greseth, Susan Johnson, Susan Betcher, Nina Pagel, and Jason Majerus.

STAFF AND OTHERS PRESENT:

In person - Nina Arneson, Mike Zorn, Lisa Woodford, Katie Bystrom, Abby Villaran, Katie Tang, Tom Day, Jessica Ahlbrecht, and Kayla Matter.

Online via Teams – Carolyn Badker, Scott Arneson, Rhonda VanSchoonhoven, Wendy Sampson, June Rodgers, Mark Jaeger, Deb Heitman, Ember Griebing, Nikki Linder, Rebecca Davis, Jill Tourney, Jill Fox, Amy Merschbrock, Julie Bruns, Megan O'Dell, Mark Jaeger, Kristin Diercks, Lisa Oelkers, Briggs Tople, and Stacy Lance.

AGENDA:

On a motion by S. Betcher and seconded by L. Flanders, the Board approved the March 21, 2023 Agenda.

MEETING MINUTES:

On a motion by J. Majerus and seconded by N. Pagel, the Board approved the Minutes of the H&HS Board Meeting on February 21, 2023.

CONSENT AGENDA:

On a motion by B. Anderson and seconded by S. Betcher, the Board approved all items on the consent agenda.

ACTION ITEMS:

On a motion by B. Anderson and seconded by S. Betcher, the Board approved payment of all accounts as presented.

INFORMATIONAL ITEMS:

Goodhue County Health & Human Services Board
Meeting Minutes of March 21, 2023

2022 Child Protection Report presented by Katie Bystrom

HHS Waiver and Social Services Redesign presented by Nina Arneson, Mike Zorn, Abby Villaran, Katie Bystrom, and Katie Tang.

FYI & REPORTS:

Child Protection Report
HHS Staffing Report
MN FFY 2022 Child Support Self-Assessment Report
2023 Mental Health Conference Flyer – May 11, 2023

ANNOUNCEMENTS/COMMENTS:

N. Pagel announced plans for future HHS Board meetings.

ADJOURN:

On a motion by B. Anderson and seconded by L. Flanders, the Board approved adjournment of this session of the Health & Human Services Board Meeting at or around 1:05 pm.

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (HHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	April 18, 2023	Staff Lead:	Katie Bystrom
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Action Requested:	Approve Child Care Licensure Actions		

BACKGROUND:

Child Care Relicensures:

- Amy Wendt Zumbrota
- Ashley Schutz Pine Island
- Jenna Meide Cannon Falls
- Amanda Christians Cannon Falls

Child Care Licensures:

Number of Licensed Family Child Care Homes: 67

**Goodhue County Child Care Provider of the Year 2023:
Carrie Peterson from Goodhue**

RECOMMENDATION: Goodhue County HHS Department recommends approval of the above.

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**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	April 18, 2023	Staff Lead:	Nina Arneson
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Request for Approval for Housing Support Commitment Letter for Hillside Apartments in Red Wing, MN		

BACKGROUND:

[Three Rivers Community Action](#), Inc. is requesting a commitment of Housing Support for Hillside Apartments' 12 supportive housing units in Red Wing, Minnesota. Housing Support is a longtime state-funded income supplement program that helps with room and board costs for adults with low incomes who have a disabling condition or are age 65 or older.

- **February 25, 2023** GCHHS Department wrote a housing [support letter](#) based on our customers' needs, and [2022 Goodhue County Community Health Assessment](#).
- **March 8, 2023** the Goodhue County Board of Commissioners also approved [support](#) for the project.

This longtime State-funded, County administered Housing Support Program is application / person based like many of the other State – Federal Economic Assistance programs Counties in Minnesota determine eligibility for it. In Goodhue County, this work is done by our Eligibility Workers at our HHS Economic Assistance Division.

The funding is all state funded, and the state sets the rates for each year. There is no County levy/ funding involved, or required for this request. We have no reason to think this a long time funding program would not continue, but for transparency, if there is no State Housing Support funding, then there is no Housing Support Program/funding in Goodhue County.

Please see attached Housing Support Commitment Letter.

RECOMMENDATION: Goodhue County HHS Recommends Approval as Requested.

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Goodhue County
Health and Human Services

426 West Avenue
Red Wing, MN 55066
(651) 385-3200 • Fax (651) 267-4882

Housing Support Commitment Letter

Date: [REDACTED]

Instructions: Counties or tribes that have or intend to approve a Housing Support contract with a housing provider are required to complete this form to inform Minnesota Housing of the contract details. The developer must submit this form with their funding application and as part of the due diligence necessary for closing.

RE: Housing Support Funding Commitment

A. General Information to be Completed by the Applicant			
Development Name	Hillside Apartments		
Development Street Address	500 Block of Technology Drive (Med Tech Park Subdivision)		
Development Address	City: Red Wing	State: MN	ZIP: 55066
Owner/Administrator	Three Rivers Community Action, Inc.		
Service Provider	Three Rivers Community Action, Inc.		
Housing Support Room and Board Contracted Provider	Three Rivers Community Action, Inc.		
Housing Support Service Contracted Provider	Three Rivers Community Action, Inc.		

Housing Support is a state funded income supplement program that pays for room and board costs for adults with low incomes who have a disabling condition or are age 65 or older. Recipients live in a licensed facility or authorized community-based setting, such as their own apartment in a supportive housing setting. Some supportive housing settings may be required to serve people who have experienced long-term homelessness in addition to meeting the other Housing Support eligibility criteria.

Housing Support payments are made directly to the housing provider. In order to receive Housing Support payments, the housing provider must meet certain statutorily defined criteria and negotiate a formal agreement with the county or tribal jurisdiction in which the housing is located. The formal agreement determines the maximum number of Housing Support beds and their payment rates. The maximum current monthly housing rate payment will be \$1,135 on July 1, 2023. Providers of Housing Support community settings (settings where all residents have a signed lease agreement and have the option to prepare their own meals) (excluding Metro Demonstration Project) will receive an additional \$50 for a total of \$1,185 monthly room and board payment starting July 1, 2023.

NOTE: Some service providers may also be eligible to receive a Housing Support Supplementary Service Rate. The current maximum rate is \$482.84 per month. Effective July 1, 2022, the supplemental service rate for long-term homeless supportive housing and the Metro Demonstration Project is reduced by half (based on provider and participant enrollment for Medicaid Housing Stabilization Services). Some providers have been legislatively authorized to receive a higher service rate. The legislatively authorized rates are not reduced on July 1, 2022.

Additional Housing Support information is available on the [Minnesota Department of Human Services Housing Support website](#).

B. This Section to be Completed by the County or Tribal Human Services Staff

Maximum Number of Housing Support Beds	Setting Type*	Payment Rate per Bed	Supplementary Service Rate (if applicable)	Anticipated Agreement Start Date
7	Long-term Homeless Supportive Housing	\$1,185	\$241.42 (half of the full rate due to use of Housing Stabilization Services)	September 2025
5	Regular Supportive Housing (PWD Units)	\$1,185	0	September 2025

*Setting type options include Long-term Homeless Supportive Housing, Regular Supportive Housing, Housing with Services Independent Living, Board and Lodge with Special Services, or Metro Demonstration Project.

If authorized for a Supplemental Service rate, the authority to receive it comes from (check one):

- This is a long-term homeless supportive housing project.
- The county or tribe assigned available “banked beds” to allow supplemental services in this project.
- Minnesota statute specifically authorizes supplemental service rates in this project.

Additional comments or restrictions: NA

Form Completed by County or Tribal Human Services Staff		
Name:	Title:	Department:
Contact Number:	Email Address:	
Signature:		

Applicants must submit this form in Minnesota Housing’s Multifamily Customer Portal as part of the RFP application process to receive rental assistance points or document secured service resources and as part of the due diligence closing checklist.

NOTE: Minnesota Housing, at its sole discretion, may contact the county or tribal official(s) for additional information regarding this proposal.

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	April 18, 2023	Staff Lead:	Kayla Matter
Consent Agenda:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attachments:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Action Requested:	Approve March 2023 HHS Warrant Registers		

BACKGROUND:

This is a summary of Goodhue County Health and Human Services Warrant Registers for: March 2023.

	Date of Warrant		Check No. Series		Total Batch
IFS	March 3, 2023	ACH	39208	39216	\$3,734.13
IFS	March 3, 2023		466692	466725	\$32,034.16
IFS	March 10, 2023	ACH	39238	39259	\$65,561.00
IFS	March 10, 2023		466772	466817	\$23,894.48
IFS	March 17, 2023	ACH	39295	39311	\$5,478.35
IFS	March 17, 2023		466882	466919	\$46,947.61
IFS	March 24, 2021	ACH	39329	39343	\$18,839.99
IFS	March 24, 2021		466967	467007	\$28,806.09
IFS	March 31, 2023	ACH	39435	39465	\$6,405.82
IFS	March 31, 2023		467090	467150	\$32,526.16
SSIS	March 31, 2023	ACH	39366	39387	\$53,902.84
SSIS	March 31, 2023		467040	467082	\$162,949.08
IFS	March 31, 2023	ACH	39388	39434	\$8,382.22
IFS	March 31, 2023		467083	467089	\$4,798.62
				total	<u>\$494,260.55</u>

RECOMMENDATION: Goodhue County HHS Recommends Approval as Presented.

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**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	April 18, 2023	Staff Lead:	Nina Arneson
Consent Agenda:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Adopt a resolution to recognize May 12, 2023 as Child Care Provider Appreciation Day in Goodhue County.		

BACKGROUND:

Children are our most valuable and treasured assets, now and in the future. Many families in Goodhue County choose child care outside their homes and rely on child care providers who are highly competent, dedicated, caring, and concerned individuals.

We want to honor these professionals who provide quality child care in Goodhue County by proclaiming May 12, 2023, in Goodhue County to be Child Care Provider Appreciation Day!

- **Carrie Peterson of Goodhue, MN was voted 2023 Goodhue County Child Care Provider of the Year.**
- **It should be also noted that 2023 Goodhue County Red Wing Rotary Service Above Self award recipient was Chris Reich GCHHS Social Worker – Child Care Licensor.**

RECOMMENDATION: HHS Department recommends approval as requested.

Goodhue County Proclamation

WHEREAS: There are many children throughout Goodhue County; and

WHEREAS: These children are Goodhue County's most valuable asset and resource; and

WHEREAS: No occupation is more important than child rearing; and

WHEREAS: Many families in Goodhue County choose child care outside their homes; and

WHEREAS: The child care providers of Goodhue County are professional people striving to achieve and maintain the highest level of quality care, discipline and guidance to these children; and

WHEREAS: The child care providers are highly competent, dedicated, caring, concerned individuals.

NOW, THEREFORE,

WE, THE GOODHUE COUNTY HEALTH & HUMAN SERVICES BOARD, wish to honor the quality child care that has been provided to the children of Goodhue County and hereby proclaim May 12, 2023, in Goodhue County to be

CHILD CARE PROVIDER APPRECIATION DAY

Chair, Goodhue County Health & Human Services Board

Date

MEMBER COUNTY BOARD 2023 REPORT

Leota Lind, CEO
Scott Schufman, CFO





2022 Year-end Financial Results





2022 Year-End Audit

CliftonLarsonAllen (CLA) completed their financial audit of South Country for 2022:

- No difficulties encountered in performing the audit.
- No misstatements.
- No audit adjustments.
- Opinion - Statutory financial statements present fairly, in all material respects, the admitted assets, liabilities, and surplus of South Country Health Alliance, and the results of its operations and its cash flows, on the basis of the financial reporting provisions of the Department of Health of the State of Minnesota.





2022 Results

South Country finished 2022 at a net income of \$17.6M versus a budget of \$3.8M and compared to net income of \$3.8M in 2021.

Highlights included:

- Lower than anticipated medical claims costs for all lines.
- All lines of business, except for Minnesota Care and AbilityCare, were profitable.
- Includes a \$3.3 million provision for Federal Minimum Loss Ratio (MLR) amounts payable for the PMAP, MSC+, SingleCare (SNBC), and SharedCare (SNBC) lines of business.
- Overall loss ratio of 87.0% versus budget of 91.3% and prior year of 90.5%.
- Administrative expense to revenue ratio of 7.0% versus a budget of 7.3% and compared to 7.9% in 2021.
- Risk-Based Capital ratio at 451%.

Financial Results

Statement of Net Income (for twelve months ending December 31, 2022)

	December 2022 Actual	December 2022 Budget	Favorable/ (Unfavorable)	December 2021 Actual	Favorable/ (Unfavorable)
TOTAL REVENUES*	\$ 277,611,362	\$ 277,106,526	504,836	245,647,193	31,964,168
TOTAL PROGRAM EXPENSES	241,494,502	252,947,986	11,453,484	222,196,915	(19,297,587)
LOSS RATIO	87.0%	91.3%	4.3%	90.5%	3.5%
ADMINISTRATIVE EXPENSES					
EMPLOYEE RELATED	9,968,411	10,424,709	456,298	9,576,542	(391,870)
OTHER ADMIN EXPENSES	3,495,757	3,992,604	496,847	4,099,499	603,741
TPA FEES	5,774,634	5,695,385	(79,249)	5,479,717	(294,917)
CLAIMS ADJUSTMENT EXPENSES	80,968	0	(80,968)	136,126	55,158
TOTAL ADMIN EXPENSES	19,319,771	20,112,698	792,927	19,291,882	(27,889)
OPERATING INCOME	16,797,088	4,045,842	12,751,246	4,158,396	12,638,692
INTEREST EXPENSE	(211,857)	(226,842)	14,985	(294,527)	82,670
INVESTMENT INCOME	1,035,486	6,000	1,029,486	6,899	1,028,586
NET INCOME (LOSS)	\$ 17,620,716	\$ 3,825,000	13,795,716	3,870,769	13,749,948
MEMBER MONTHS	387,417	378,880	8,537	361,321	26,096
			8,537		
Admin Expense PMPM	\$49.87	\$53.08	\$3.21	\$53.39	\$3.52
Admin Expense Ratio to Revenue	7.0%	7.3%	0.3%	7.9%	0.9%
TPA Fees PMPM	\$14.91	\$15.03	\$0.12	\$15.17	\$0.26

*Revenue shown includes \$3.3M provision for Federal Medical Loss Ratio (MLR) payable to DHS/CMS.

2023 Budget

South Country's 2023 budget calls for net income of \$3,005,000.

Key assumptions included:

- Membership decrease of 3% due to ending of the Federal Public Health Emergency.
- Revenue on PMPM basis up due to relatively moderate increases in capitation rates in MNCare, Seniors, SNBC, and Medicare lines. PMAP revenue down approximately 1% on a PMPM basis.
- Medical claims costs up on a PMPM basis due to higher utilization and increased unit cost trend assumptions in both medical and pharmacy costs.
- Member Program Investment (Delfina Pre-Natal/Post-Partum project)
- Loss ratio of 90.6% versus prior year of 87.0%.
- Administrative expense to revenue ratio of 8.5%.
 - Increase in legal fees and marketing budgets
 - Provider contract redesign project
 - System enhancements (TruCare, Disaster Recovery, Security)
 - HEDIS (rate; chart chases)

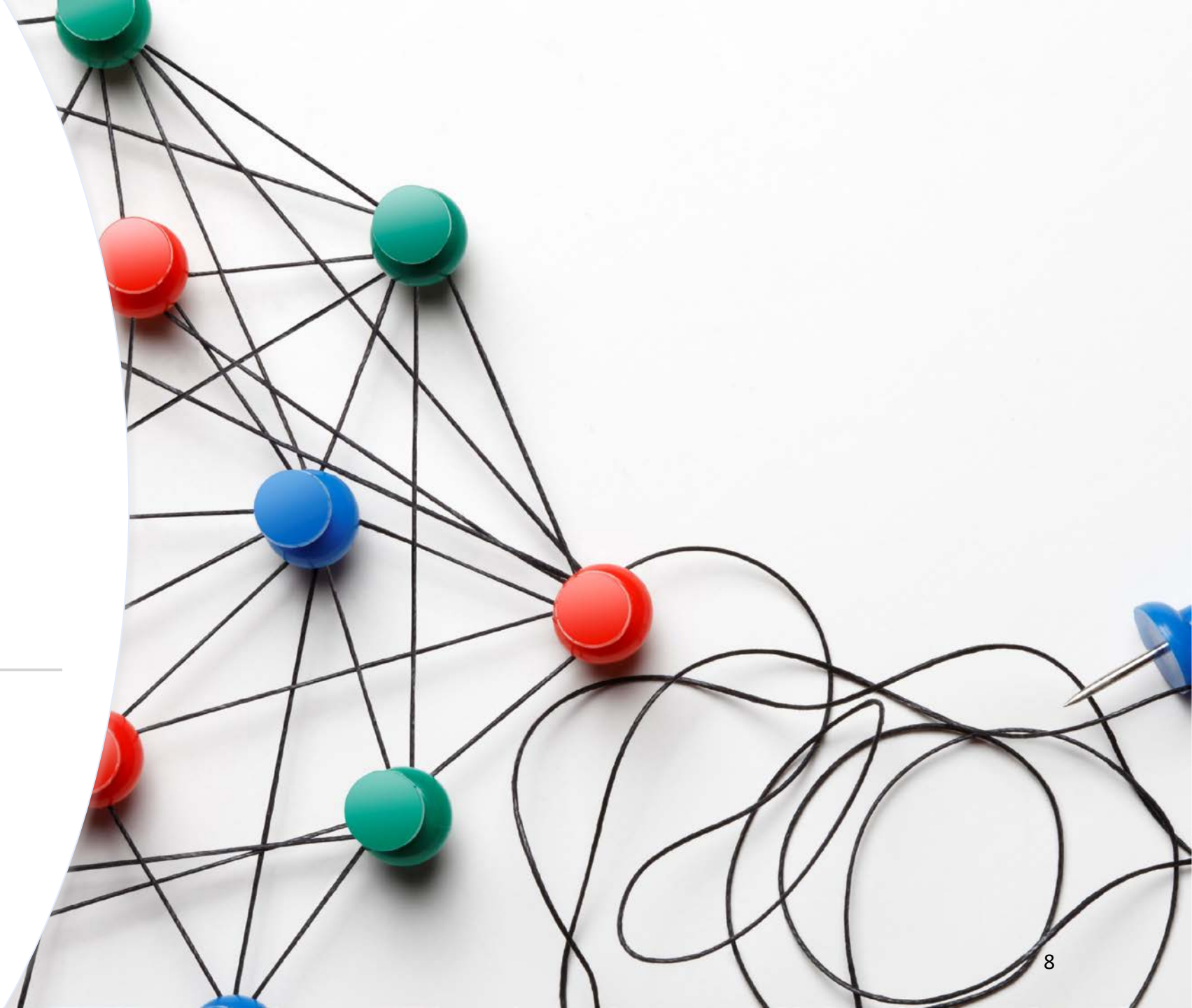
2023 Budget versus 2022 Results

	<u>2023 Budget</u>	<u>2022 Actual</u>	<u>Change</u>
Member Months	367,937	387,417	-5.0%
Revenue	\$ 265,594,404	\$ 277,611,362	-4.3%
Program Expenses	<u>240,708,939</u>	<u>241,494,502</u>	-0.3%
Net Margin	24,885,465	36,116,860	-31.1%
Admin Expenses	<u>22,480,465</u>	<u>19,531,630</u>	15.1%
Operating Income	2,405,000	16,585,230	-85.5%
Investment Income	<u>600,000</u>	<u>1,035,486</u>	-42.1%
Net Income	<u>\$ 3,005,000</u>	<u>\$ 17,620,716</u>	-82.9%
Loss Ratio	90.6%	87.0%	3.6%
Admin Expense	8.5%	7.0%	1.5%
Federal MLR Payable	\$ (3,278,535)	\$ -	
Risk Corridor Payment to State	\$ -	\$ (1,904,108)	





2023-2025 Strategic Plan





Strategic Priorities

Priority 1:

Work collaboratively with DHS to solidify the role of County Based Purchasing (CBP) in delivery of Minnesota Health Care Programs.

Priority 2:

Work with CBPs to educate Minnesota/Federal legislators and County Commissioners about the unique value, health outcomes, and economic impact of CBP as well as examples of successful legislative strategies they can support.





Strategic Priorities

Priority 3:

Identify key messages for a marketing campaign to our members, the public, our partners, providers, and counties. Consider developing an alternative name to CBP that clarifies how we incubate and innovate.

Priority 4:

Evaluate and develop programs and services offered to address Social Determinants of Health (SDoH) and health equity to members.





Strategic Priorities

Priority 5:

Work with Minnesota Community Measurement to develop tools and measures that compare rural and urban health care data re: utilization, cost and member outcomes.



**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



**Monthly Update
Child Protection Assessments/Investigations**

Month	2021	2022	2023
January	20	16	16
February	17	16	13
March	15	20	18
April	24	19	
May	26	20	
June	22	18	
July	19	16	
August	17	13	
September	17	29	
October	12	23	
November	33	14	
December	23	8	
Total	245	212	47

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Goodhue County
Health and Human Services

426 West Avenue
Red Wing, MN 55066
(651) 385-3200 • Fax (651) 267-4882

TO: Goodhue County Health and Human Services Board
FROM: Nina Arneson, GCHHS Director
DATE: April 18, 2023
RE: 2023 April Staffing Report

Effective Date	Status	Name	Position	Notes
4/10/2023	Backfill	Rita Rabehl	2 year provisional Eligibility Worker	Replacing Nicole Jude

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CRISIS RESPONSE

24/7 Mental Health Services

Crisis Response provides 24/7 mental health stability for residents of southeast Minnesota experiencing distress. We do this by providing nonjudgmental expert care, collaborating with partners for continuity of services, and promoting emotional well-being in the community.

Community Mobile Response 2022 Totals



4,882

CALLS TO THE
CALL CENTER

1,807

TRANSFERRED CALLS TO
MOBILE RESPONSE



723

CRISIS SCREENINGS

809

ASSESSMENTS

563

STABILIZATION
APPOINTMENTS

Individuals Served at SERCC 2022 Totals



980

UNIQUE INDIVIDUALS
ASSESSED IN THE CLINIC

39%

PERCENTAGE OF YOUTH
BETWEEN 0-18 SERVED

65%

PERCENTAGE OF MEDICAID
RECIPIENTS SERVED



453

UNIQUE INDIVIDUALS
STAYED IN RESIDENTIAL
UNITS

6.52

AVERAGE LENGTH OF
STAY FOR YOUTH

5.88

AVERAGE LENGTH OF
STAY FOR ADULTS



832

REFERRALS MADE
TO COMMUNITY
STABILIZATION SERVICES

217

UNIQUE INDIVIDUALS
ACCESSED OUTPATIENT
CLINICAL SERVICES

Yearly Comparison

Total Mobile Response Calls

2021: 3,954

2022: 4,882

Total Assessments at SERCC

2021: 370

2022: 1,070

Vision Forward

- Coordination of mobile crisis teams with the addition of the new Mobile Crisis Coordinator
 - Continued collaboration amongst the 10-county region through the Steering Committee
 - Rate discussions and community funding
 - Continued movement with 988
-

Contact Information

SOUTHEAST REGIONAL CRISIS CENTER

www.crisisresponsesoutheastmn.com

Direct Phone: 507-322-3019

Fax Number: 507-242-3130

CRISIS HOTLINE

1-844-274-7472

NICOLE MUCHECK

Executive Director

Foster, Adopt, and Community Services

nmuccheck@nexusfamilyhealing.org

Office: (507) 322-3019 ext. 02001

Mobile: (612) 368-2950

RYLEE ROSHON

Administrative Assistant

rroshon@serccnexus.org

Office: (507) 322-3019

Spread the word that 24/7 crisis support is available and add the hotline to your email signature! Suggested wording: For immediate 24/7 mental health help call the Crisis Hotline at 1-844-274-7472.



CRISIS RESPONSE

24/7 Mental Health Services

2022 Year in Review

Purpose Statement

Crisis Response provides 24/7 mental health stability for residents of southeast Minnesota experiencing distress.

We do this by providing nonjudgmental expert care, collaborating with partners for continuity of services, and promoting emotional well-being in the community.



Crisis Response – Total Assessments

2018-2022 Comparison

Crisis Response Historical Program Totals

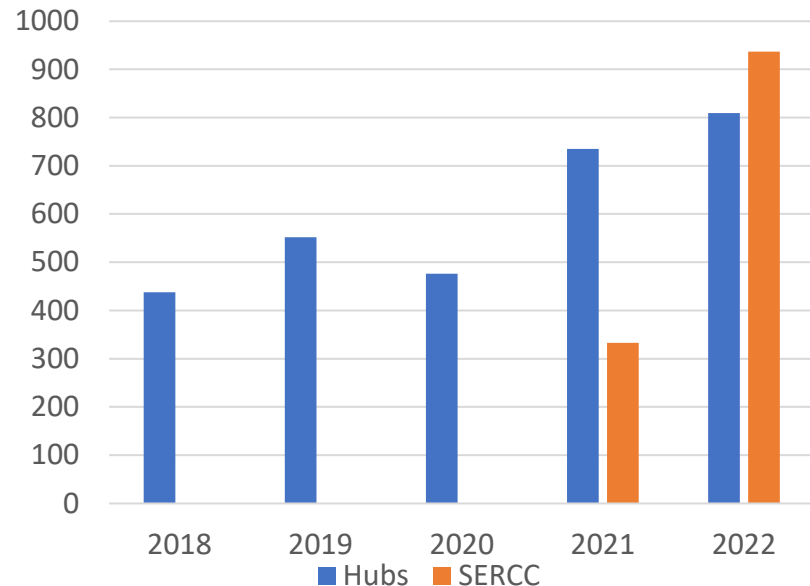
2018 – 438 (all three hubs)

2019 – 552 (all three hubs)

2020 – 476 (all three hubs)

2021 – 1,068 (all three hubs + SERCC July-Dec)

2022 – 1,746 (all three hubs + SERCC)



2022 Crisis Response Program Totals by Provider

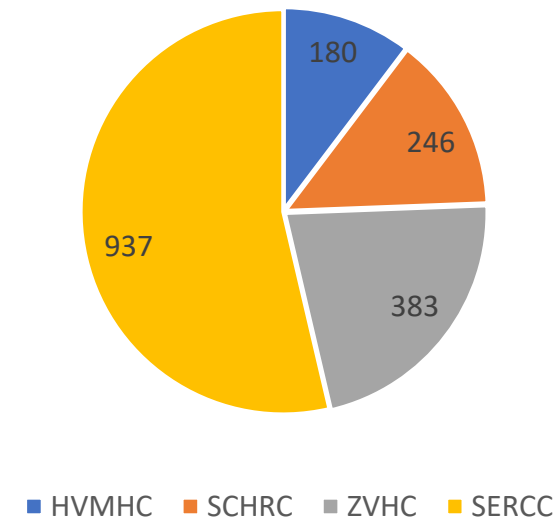
Hiawatha Valley Mental Health Center - 180

South Central Human Relations Center - 246

Zumbro Valley Health Center – 383

SERCC - 937

2022



Crisis Hotline



CRISIS RESPONSE

24/7 Mental Health Services

Crisis Hotline

Someone to Talk To

Hotline calls are answered by First Call For Help out of Itasca County and triaged based on Southeast Crisis Response guidelines.

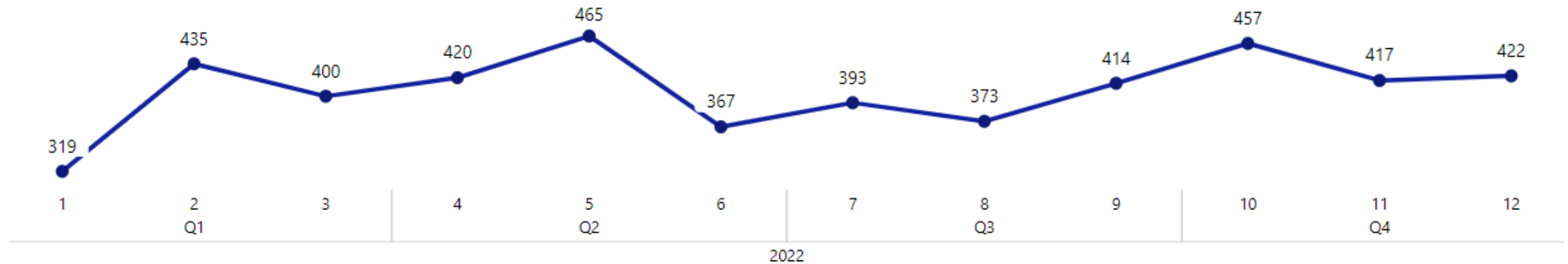
2022 Highlights

- Implementation of 988
- Increased call volume and additional staff hired and trained



Crisis Hotline - Total Calls

- 4,227 calls were answered by the hotline
- 1,723 calls were connected to the Mobile Crisis Team
- 826 individuals received telephone crisis counseling from the hotline
- 1,343 individuals received information and referral services from the hotline
- 122 individuals required a higher level of care and were referred to 911
- Unaccounted for calls were out of region, hang ups, or wrong calls



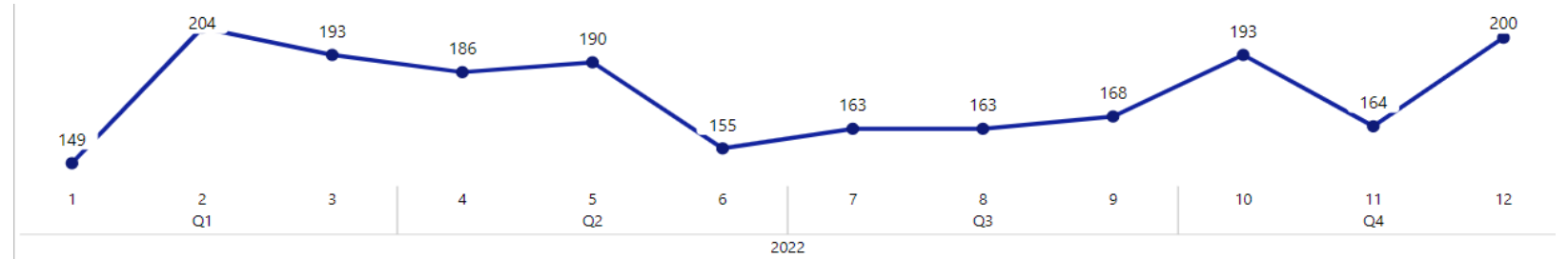
Total calls the hotline received by month for the 10-county region.

Crisis Hotline - By Hubs

Central Hub

Zumbro Valley Mental Health Center

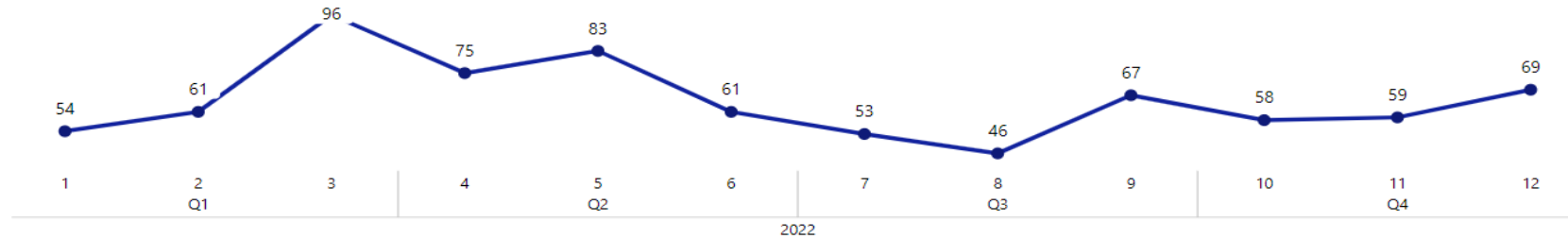
2128 calls in 2022



West Hub

South Central Human Relations Center

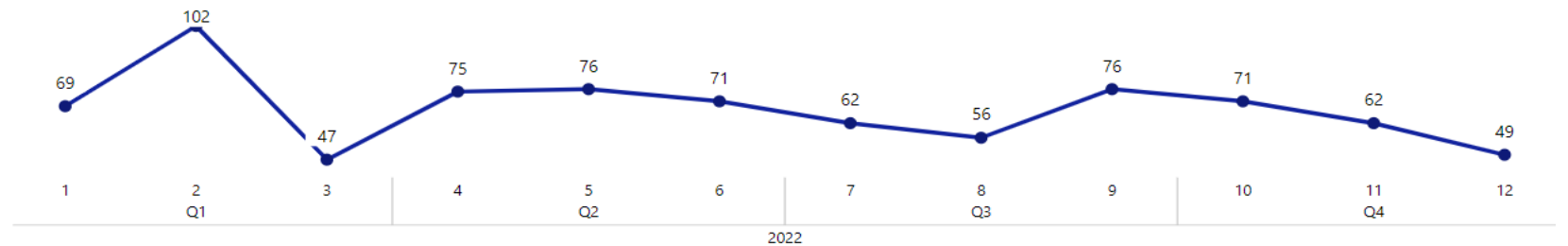
782 calls in 2022



East Hub

Hiawatha Valley Mental Health Center

816 calls in 2022



Crisis Hotline - Age Groups

The hotline collects date of birth from all callers. Most callers are adults ages 18-64. Adult callers who are seeking support for their child are not separated out and fall into the adult category. This graph represents the caller, and not necessarily the individual who is in crisis.

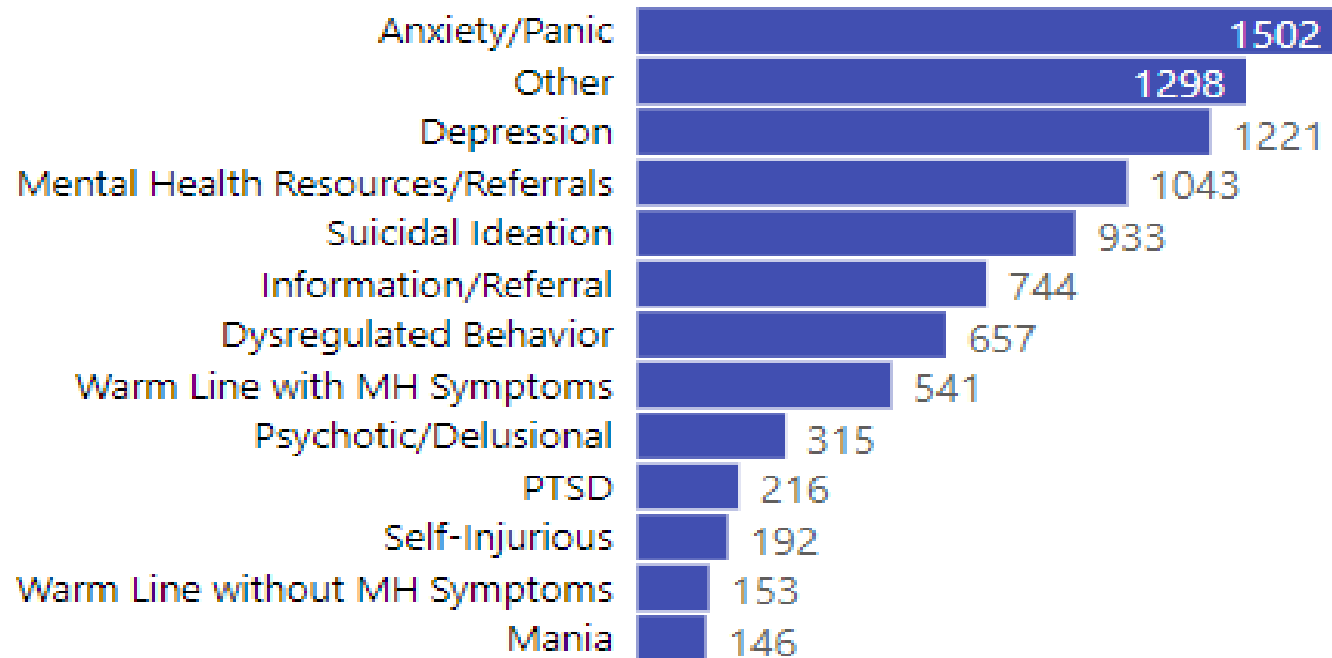
Calls by Age Group

Grouped	#	%
+ Adolescent (ages 18 and under)	540	11%
+ Adult (ages 18-64)	3001	61%
+ Senior (ages over 65)	202	4%
+ Unknown	1139	23%
Total	4882	100%

Crisis Hotline– Reason for Calling

The hotline tracks caller's two predominant reasons for calling – anxiety/panic, depression, and other. Several callers report co-occurring concerns such as chemical dependency, housing, financial strain, family discord, legal issues, and medical issues which are recorded in the category of "other".

Primary Reasons (up to 2 can be selected)



Crisis Hotline– County Comparison

County	Total Calls
Dodge	62
Fillmore	68
Goodhue	226
Houston	101
Mower	153
Olmsted	1,766
Steele	392
Wabasha	159
Waseca	178
Winona	664

Several hundred calls are unable to be tied to a specific county. Callers may decline to provide an exact location, they may identify as homeless, or caller may be a provider who is unsure of the individual's residence but is within the service area during the episode of crisis.

Each of the three hubs also receive direct calls from providers that do not originate from the hotline. Those calls are not represented in these data points.

Community Mobile Response



CRISIS RESPONSE

24/7 Mental Health Services

Community Mobile Response

Someone to Respond

Community response teams operate through a partnership between Hiawatha Valley Mental Health Center, South Central Human Relations Center, Zumbro Valley Health Center and Southeast Regional Crisis Center. All agencies work together to meet the needs of the 10 county SE region.

2022 Highlights

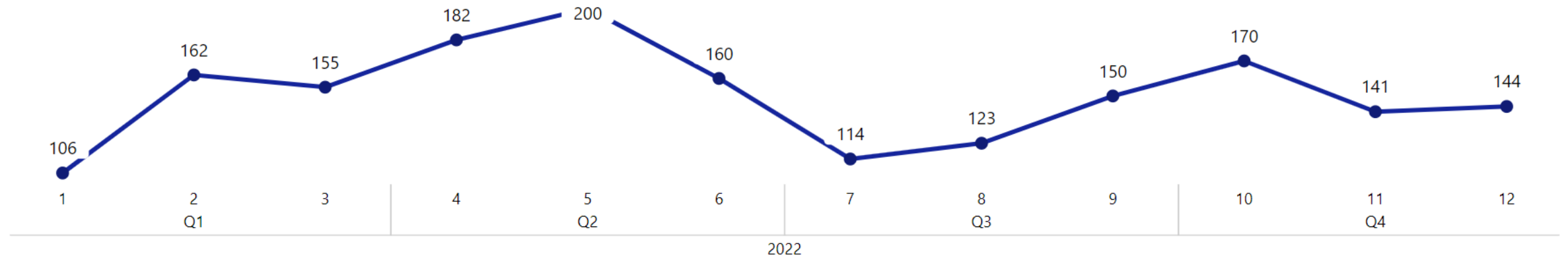
- Increased service volume and output across the program
- On average, 72% of individuals found the service to be helpful for their current crisis via satisfaction surveys
- 66% of individuals reported that utilizing Community Mobile Response prevented them from potential hospitalization



Community Mobile Response - Total Calls

1,807 of the 4,882 calls received by the hotline were sent on to the community-based teams.

MCR Calls Over Time

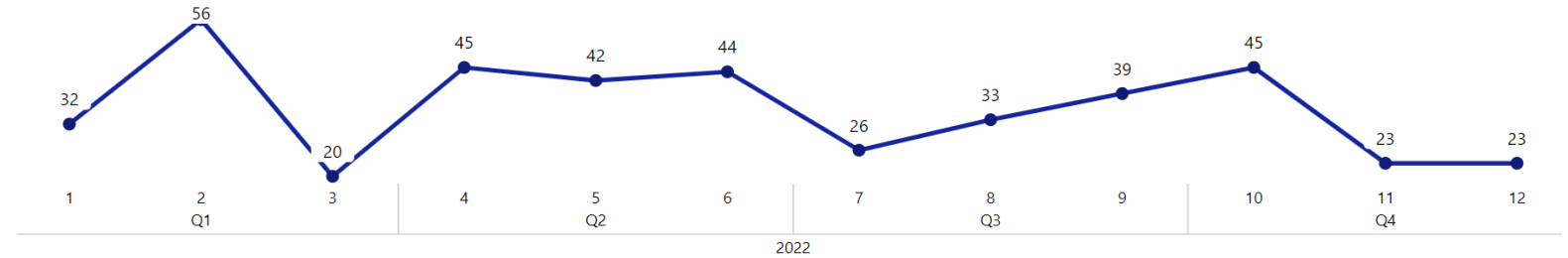


Community Mobile Response - Total Calls by Hub

East Hub

Hiawatha Valley Mental Health Center

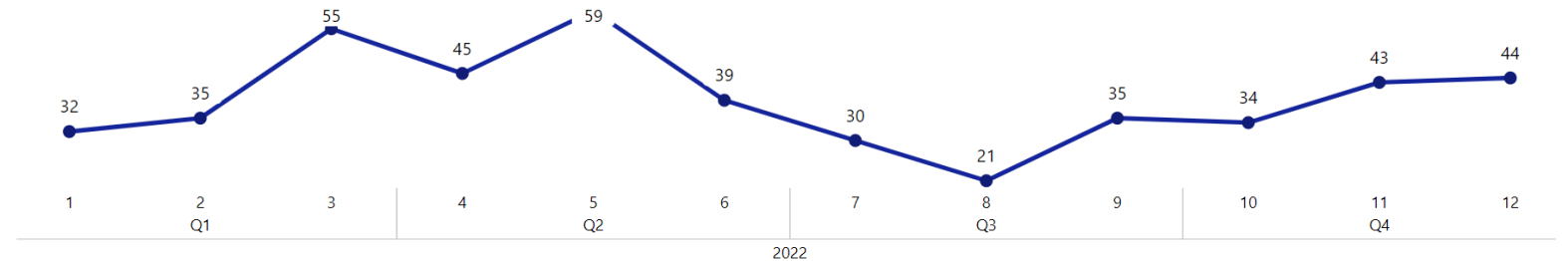
428 Calls Transferred from the Hotline



West Hub

South Central Human Relations Center

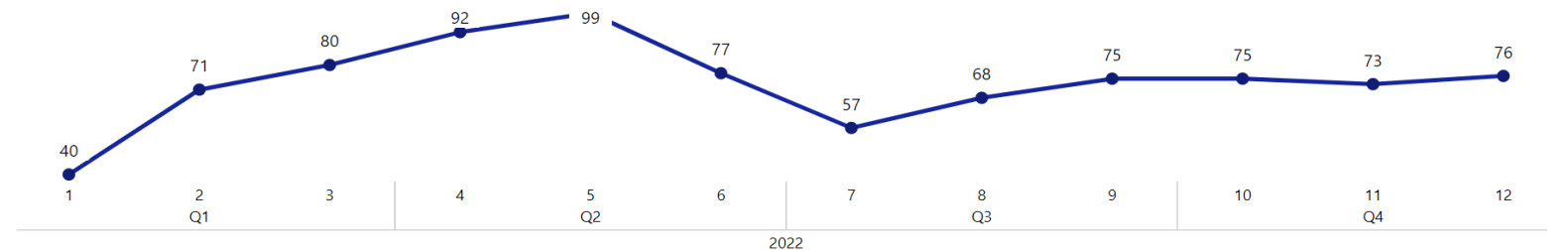
472 Calls Transferred from the Hotline



Central Hub

Zumbro Valley Health Center

883 Calls Transferred from the Hotline



Community Mobile Response by Hub

Zumbro Valley (Central)

Hub	1	2	3	4	5	6	7	8	9	10	11	12
Zumbro Valley (Central)												
All Calls Tied to Hub	149	204	193	186	190	155	163	163	168	193	164	200
Calls Transferred to Hub	40	71	80	92	99	77	57	68	75	75	73	76
Total Assessments	16	22	35	45	41	38	37	28	34	34	30	23
Total Screenings	20	25	27	18	38	26	20	20	15	25	23	24
% screening or assessment	90%	66%	78%	68%	80%	83%	100%	71%	65%	79%	73%	62%
Transferred Calls -> Assessment	40%	31%	44%	49%	41%	49%	65%	41%	45%	45%	41%	30%
All Calls -> Assessment	11%	11%	18%	24%	22%	25%	23%	17%	20%	18%	18%	12%
Stabilization Appointments	31	14	12	24	33	31	53	20	31	22	35	13

Community Mobile Response by Hub South Central (West)

Hub	1	2	3	4	5	6	7	8	9	10	11	12
South Central (West)												
All Calls Tied to Hub	54	61	96	75	83	61	53	46	67	58	59	69
Calls Transferred to Hub	32	35	55	45	59	39	30	21	35	34	43	44
Total Assessments	18	16	32	32	22	10	20	11	26	18	22	19
Total Screenings	40	25	17	13	23	13	3	7	10	18	13	16
% screening or assessment	181%	117%	89%	100%	76%	59%	77%	86%	103%	106%	81%	80%
Transferred Calls -> Assessment	56%	46%	58%	71%	37%	26%	67%	52%	74%	53%	51%	43%
All Calls -> Assessment	33%	26%	33%	43%	27%	16%	38%	24%	39%	31%	37%	28%
Stabilization Appointments	6	5	32	12	11	22	16	11	29	13	27	28

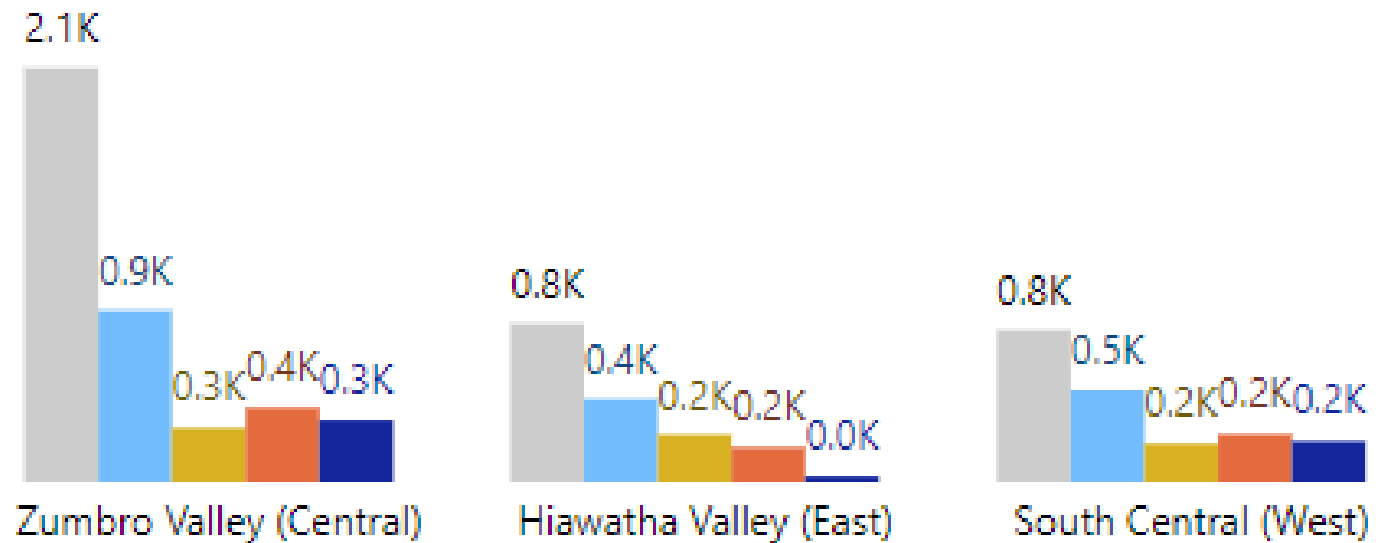
Community Mobile Response by Hub – Hiawatha Valley (East)

Hub	1	2	3	4	5	6	7	8	9	10	11	12
Hiawatha Valley (East)												
All Calls Tied to Hub	69	102	47	75	76	71	62	56	76	71	62	49
Calls Transferred to Hub	32	56	20	45	42	44	26	33	39	45	23	23
Total Assessments	11	24	13	19	14	15	5	12	13	23	15	16
Total Screenings	26	29	10	24	24	21	21	16	28	22	12	11
% screening or assessment	116%	95%	115%	96%	90%	82%	100%	85%	105%	100%	117%	117%
Transferred Calls -> Assessment	34%	43%	65%	42%	33%	34%	19%	36%	33%	51%	65%	70%
All Calls -> Assessment	16%	24%	28%	25%	18%	21%	8%	21%	17%	32%	24%	33%
Stabilization Appointments	6	3	0	2	1	0	0	0	0	1	8	11

Community Mobile Response

2022 Service Overview (monthly hub data)

● Calls to Call Center ● Calls to Hub ● Screenings ● Assessments ● Stabilization



Community Mobile Response – County Comparison

County	Total Calls
Dodge	42
Fillmore	41
Goodhue	116
Houston	62
Mower	79
Olmsted	616
Steele	219
Wabasha	97
Waseca	106
Winona	312

Total number of calls transferred from the hotline to the community-based team.

Several dozen calls are unable to be tied to a specific county. Callers may decline to provide an exact location, they may identify as homeless, or caller may be a provider who is unsure of the individual's residence but is within the service area during the episode of crisis.

Each of the three hubs also receive direct calls from providers that do not originate from the hotline. Those calls are not represented in these data points.

Southeast Regional Crisis Center



CRISIS RESPONSE

24/7 Mental Health Services

Southeast Regional Crisis Center

A Place to Go

Opened in July 2021 a 24/7 walk-in crisis clinic for anyone experiencing a mental health crisis. Designed to offer a calm, safe and welcoming environment where individuals can receive help from trained and compassionate staff.

2022 Highlights

- Increase in services and census
- Served our 1,000th unique individual
- Working towards building more therapeutic services (adult group therapy, ART for therapists)



Southeast Regional Crisis Center

A Place to Stay

SERCC houses short-term residential facilities for those that need longer care. With 16 beds, the center has separate units for adults and youth (ages 10-18), has 24/7 nursing staff and supervision, individual and group counseling, and care coordination upon discharge.

2022 Highlights

- Integrated milieu leads
- Increased census
- Added telehealth services through Mayo Clinic



Southeast Regional Crisis Center

2022 Service Overview

In 2022 the Crisis Center served 980 people in 2022.

Completing 1070 screens leading to 985 assessments.

This created a return rate of 21%.

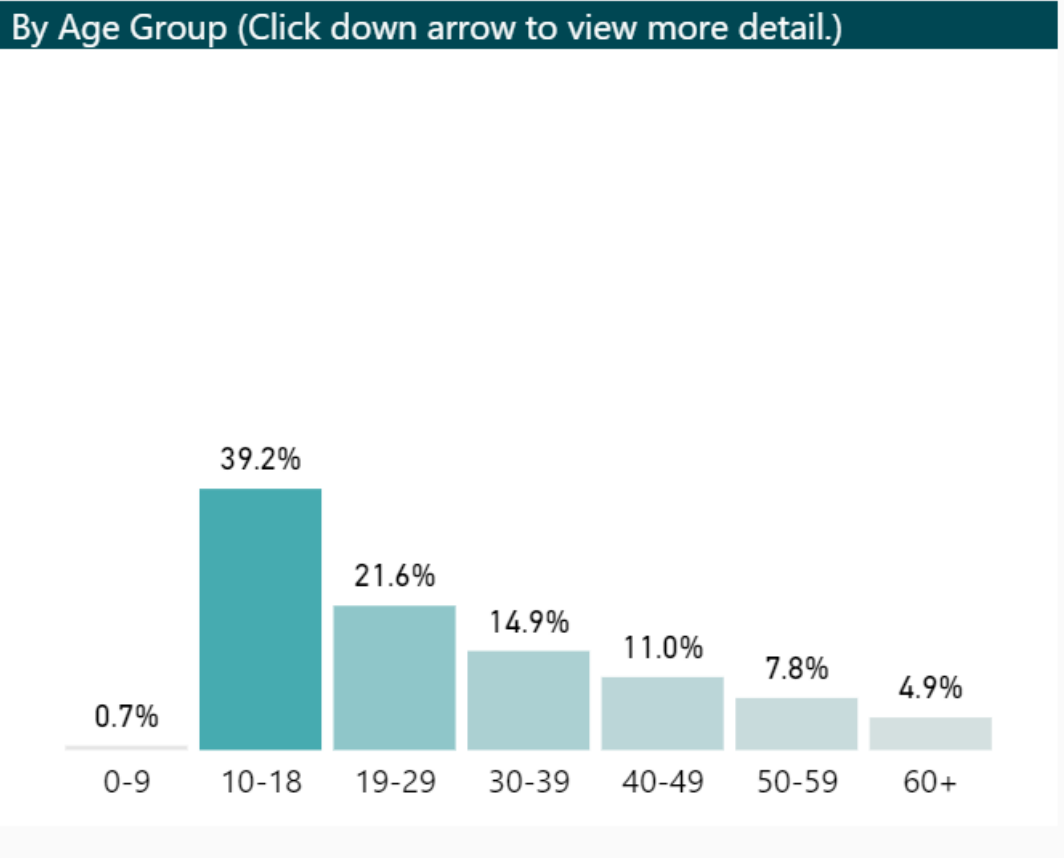
Mobile Response			Crisis Clinic		
# Screenings	Unique People Served	Individuals Returning	# Enrollments	Total Diagnostic Assessments	
1070	980	21%	222	27	
# Crisis Assessments	Crisis Assessments (0-17 years)	Crisis Assessments (18+)	Unique People Served	Total Psychiatric Notes	Total Psychotherapy Sessions
985	330	655	217	159	223
Residential					
Unique People Served	Unique Adults Served	Adult Enrollments	Length of Stay (Adult Residential)	Individuals Returning (to the same program)	
453	287	341	5.88	17%	
# Enrollments	Unique Youth Served	Youth Enrollments	Length of Stay (Youth Residential)	Avg # of Collaborative Case Notes	
548	167	207	6.52	0.63	
Stabilization			Mobile Response Enrollments with No #0-3 Services	Enrollments Didn't Go Past 0-Screening	
# Recommendations for Stabilization	Plans Created for Stabilization	Stabilization Appointments	164	83	
832	7	42	*2022-present only		

Southeast Regional Crisis Center

2022 Age Groups

By Age Group (Click down arrow to view more detail.)

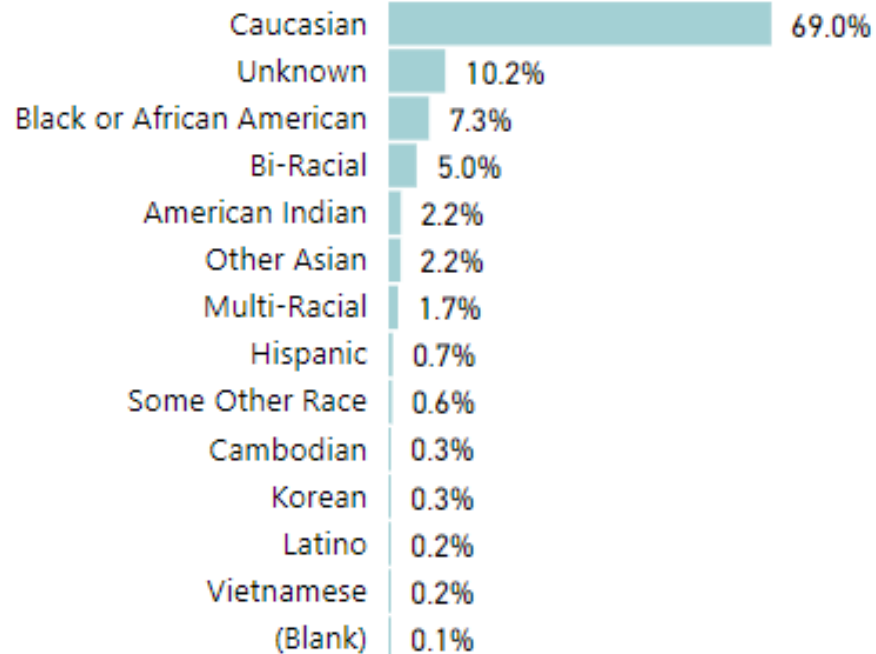
39% of individuals accessing the Crisis Center were youth ages 10-18 in 2022.



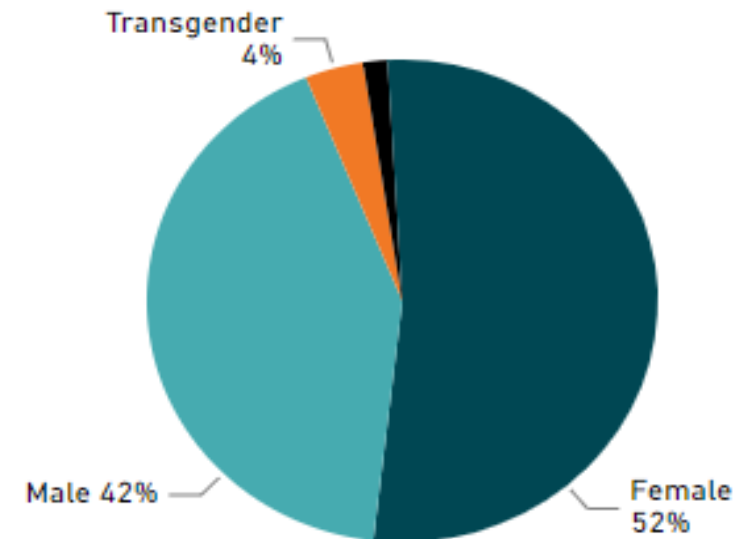
Southeast Regional Crisis Center

2022 Demographics

By Race/Ethnicity



By Gender



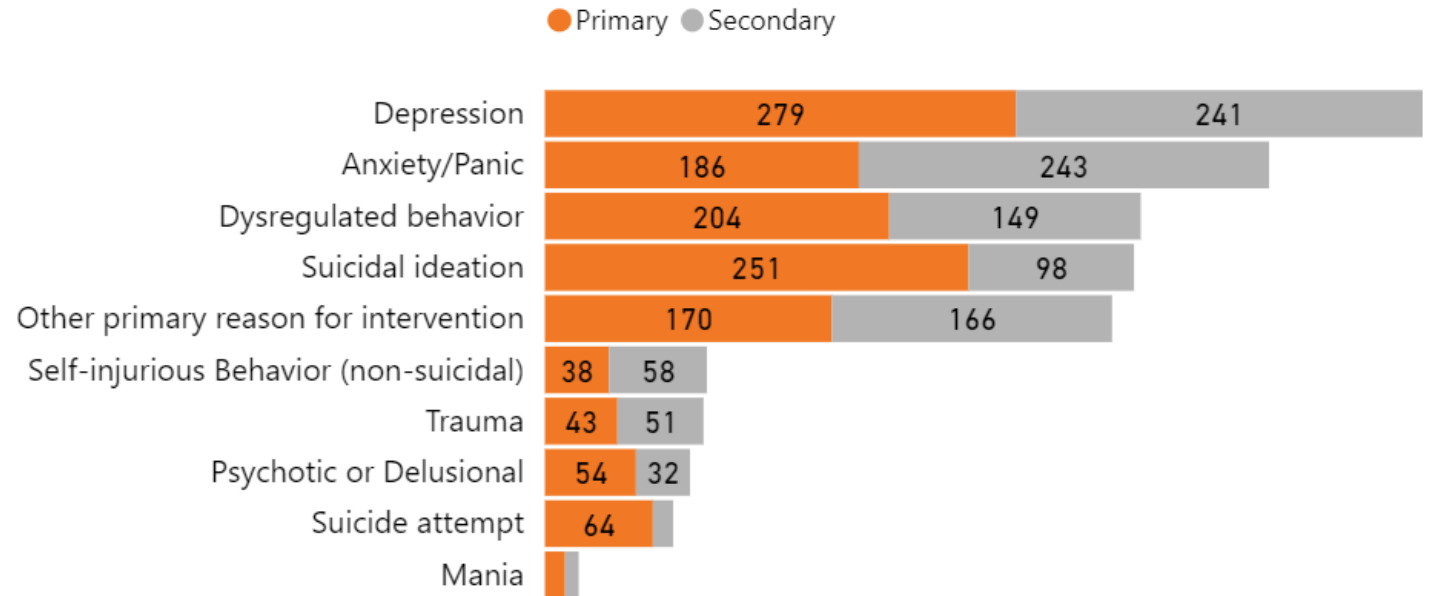
Southeast Regional Crisis Center

2022 Reasons For Seeking Services

In 2022 the primary reasons individuals sought services at the Crisis Center were *depression and anxiety*.

Concerns with *suicidal ideation* were also a significant reason bringing individuals in for services.

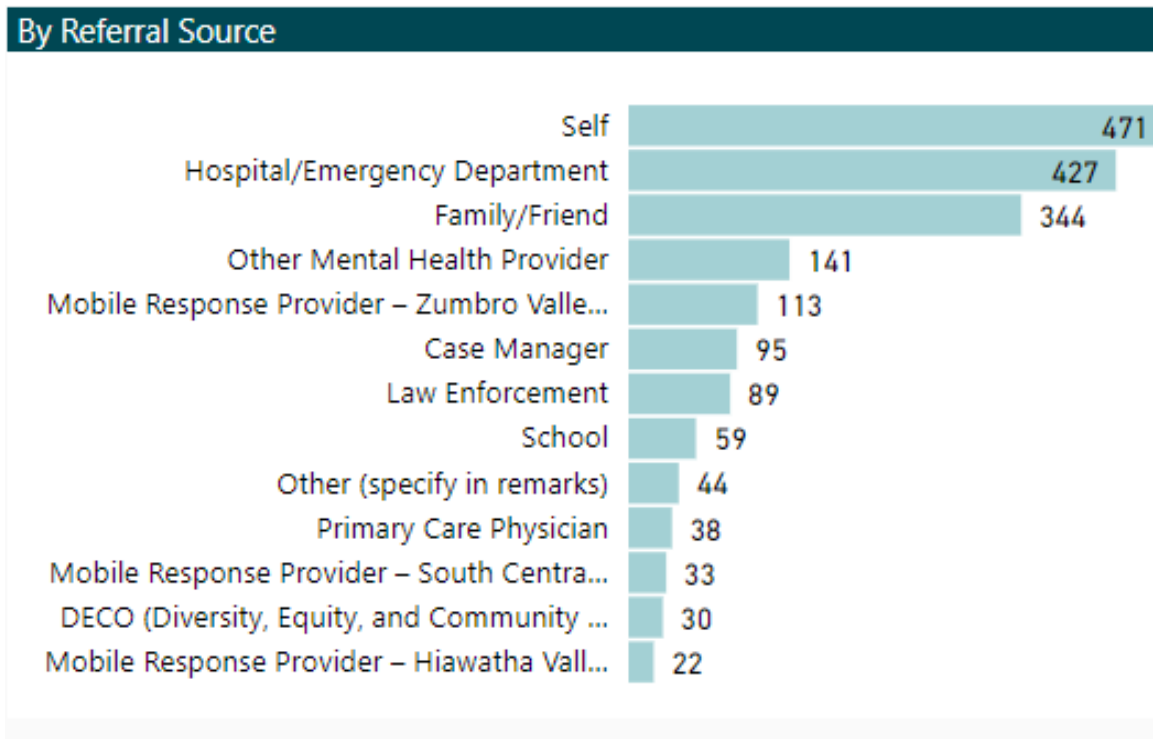
By Primary and Secondary Reason



Southeast Regional Crisis Center

2022 Referral Source

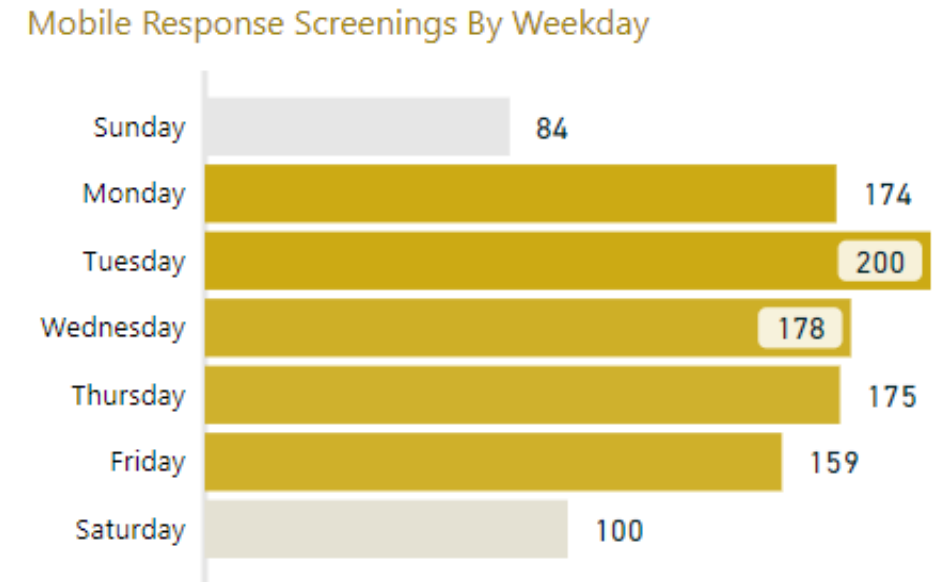
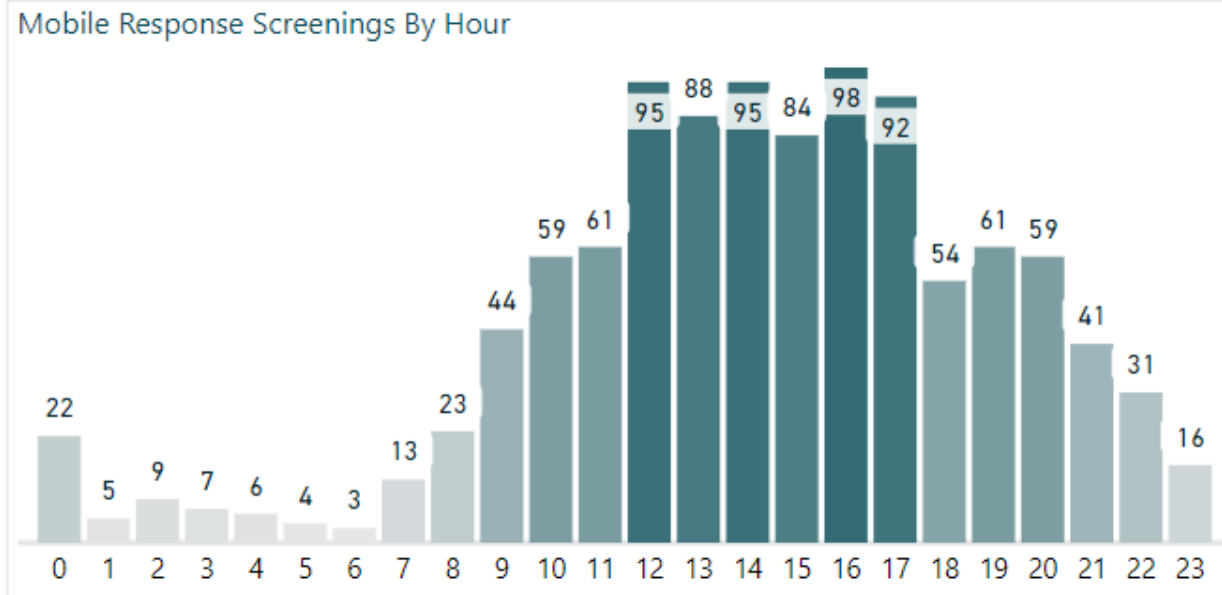
2022 brought **980 unique individuals in for services**, many came in self-referred or by a hospital/emergency department. Hospital or Emergency Department referrals were how approximately 40% of individuals accessed the Crisis Center.



Southeast Regional Crisis Center

2022 Screenings

Most screenings and assessments occurred in 2022 on a Tuesday or a Wednesday, closely followed by Monday and Thursday. The highest times for assessments to be completed was 12:00, 2:00, or 4:00, but overall, the 12:00-5:00 timeframe was a high time for assessments to be completed.



Southeast Regional Crisis Center

2022 Insurance

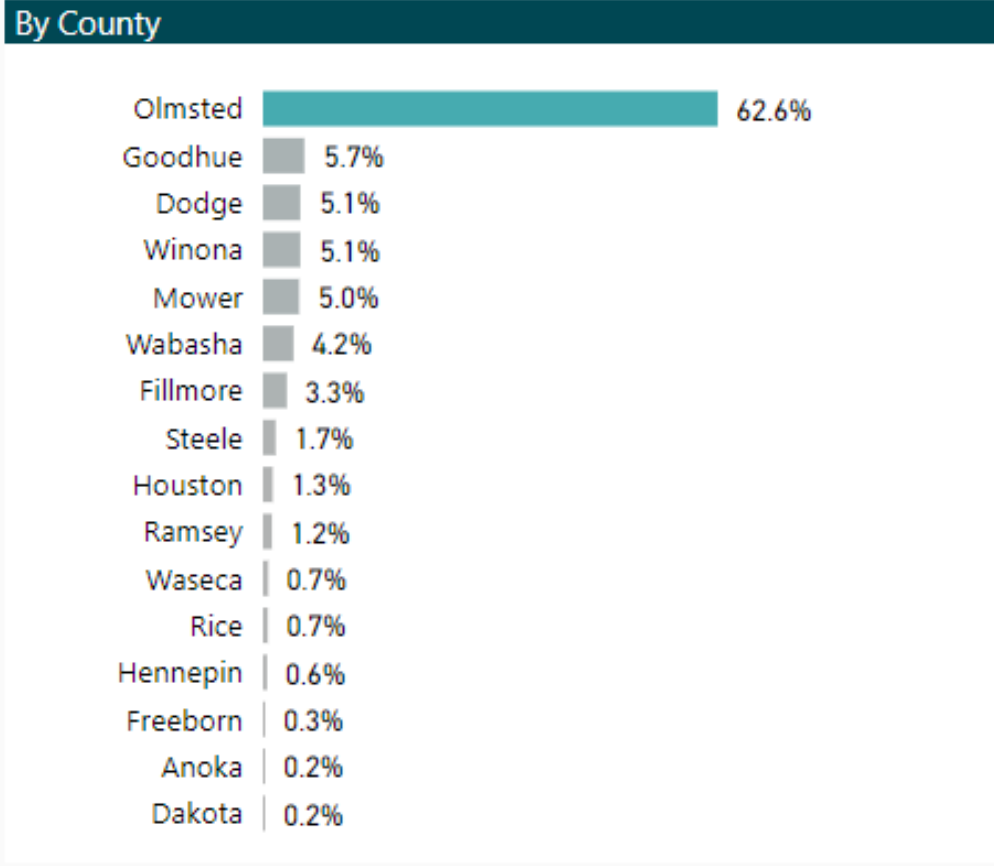
- 65% of individuals accessing the Crisis Center were enrolled with a Medical Assistance Insurance Plan.
- 29% of individuals accessing the Crisis Center were enrolled with a Commercial Insurance Plan.
- 6% of individuals accessing the Crisis Center were enrolled with Medicare as Primary.
- County Payer was accessed primarily for Youth Residential Services and used 22%.
- The Crest Regional Grant assisted with services accessed through the front-end Crisis Services and Stabilization 34% of services rendered.
- Community Funds were applied to 12% of services in 2022.

Primary, Secondary, and Tertiary Benefit Assignments

payer_name	%	#
Medical Assistance	65.2%	750
UCARE (2022)	30.3%	348
MN Medical Assistance	16.3%	187
Blue Plus	13.2%	152
South Country Health Alliance	6.3%	72
HealthPartners	1.4%	16
Medica	0.1%	1
UCARE (2021)	0.1%	1
Grant Payer	33.6%	386
Crest Regional Grant	33.6%	386
Commercial Insurance	28.8%	331
Medica Mayo	13.7%	158
Blue Cross Blue Shield	8.0%	92
Medica	1.9%	22
UnitedHealthcare	1.7%	19
HealthPartners	1.0%	12
UMR	1.0%	11
Preferred One	0.8%	9
Cigna	0.6%	7
Aetna	0.2%	2
TriCare West Region	0.2%	2
Quartz	0.1%	1
County Payer	21.6%	248
Olmsted County	13.7%	158
Goodhue County	1.7%	20
Mower County	1.0%	11
Dodge County	0.9%	10
Winona County	0.9%	10
Fillmore County	0.8%	9
Wabasha County	0.8%	9
Houston County	0.5%	6
Steele County	0.5%	6
Rice County	0.3%	4
Kittson County	0.3%	3
Waseca County	0.2%	2
Freeborn County	0.1%	1
Community Funds	12.0%	138
Community Funds	12.0%	138
Medicare	5.6%	64
Medicare	5.6%	64
Total	100.0%	1150

Southeast Regional Crisis Center

2022 County Comparison

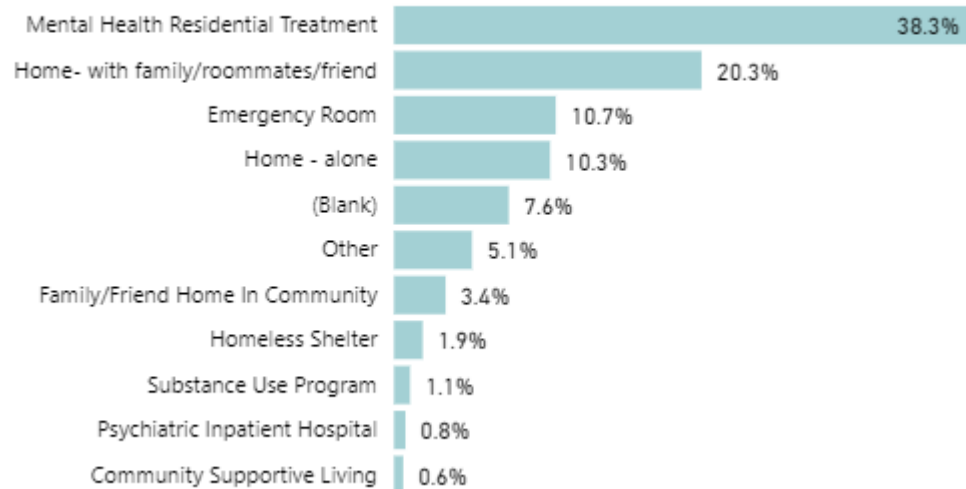


Southeast Regional Crisis Center

2022 Discharge Data – Mobile Response

In the graphs shown you can see discharge reasons from the **Crisis Response Services** offered at SERCC with the top location and reason being transferred to SERCC Short-Term Residential Services.

Discharge Location (Discharge Summaries & Care Management Plans)



Discharge Reason (Discharge Summaries & Care Management Plans)

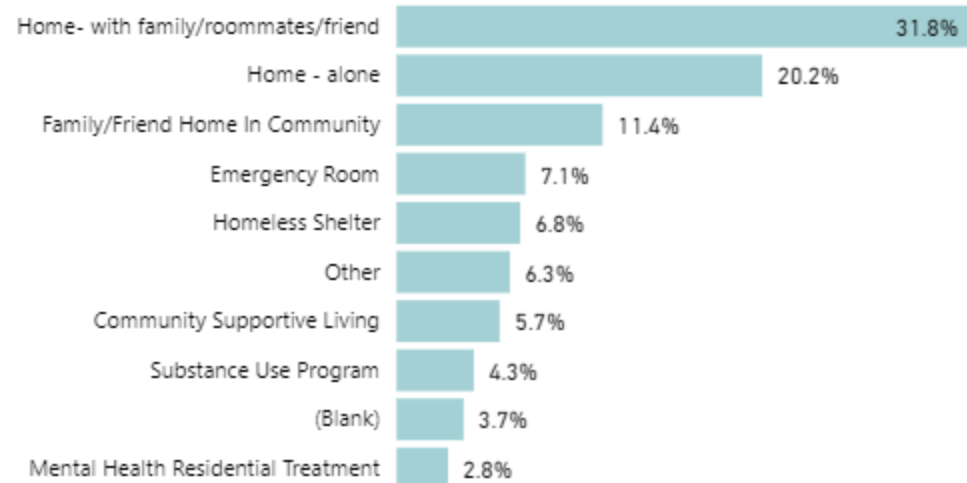
Reason for Discharge	% reason	# notes
Individual is transferring to SERCC Short-Term Residential Services.	40.9%	540
Individual has symptoms and needs that permit a lesser level of service and adequate supports and services are in place (community and professional).	21.1%	279
Other - Describe in Remarks	11.7%	155
Individual's MH symptoms required a more intensive level of service.	6.2%	82
Individual does not want to participate in services/programming despite attempts to engage them.	5.3%	70
Individual has medical or physical health needs that exceed what can be managed at SERCC.	4.5%	60
Individual shows evidence of decreased distress and appropriate and community-based alternatives exist (no professional MH/SU services are recommended).	3.4%	45
Individual exhibits aggressive behaviors and requires a more intensive level of service.	2.0%	27
Individual tests positive for chemicals/substances and needs withdrawal interventions.	1.1%	15
Individual left against clinical advice.	0.7%	9
Total	100.0%	1321

Southeast Regional Crisis Center

2022 Discharge Data – Adult Residential

In the graphs shown you can see discharge reasons from **Crisis Adult Residential Services** at SERCC, which highlights the success in services as most are being discharged because of a decrease in distress and going home.

Discharge Location (Discharge Summaries & Care Management Plans)



Discharge Reason (Discharge Summaries & Care Management Plans)

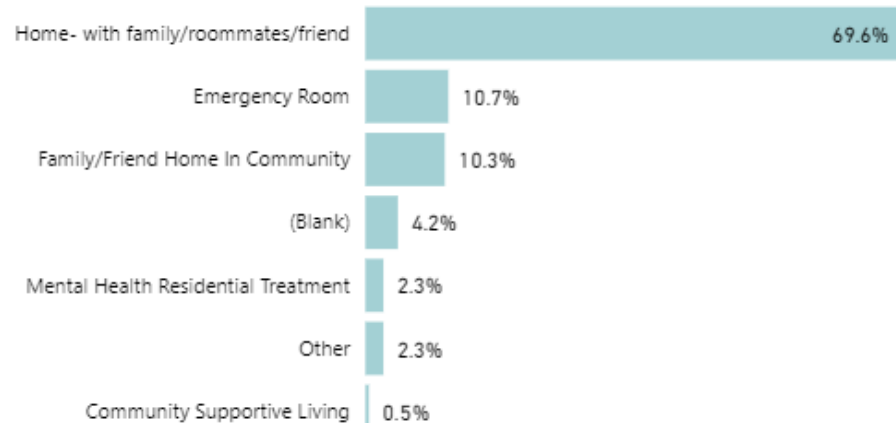
Reason for Discharge	% reason	# notes
Individual has symptoms and needs that permit a lesser level of service and adequate supports and services are in place (community and professional).	49.7%	175
Individual exceeds service allotment.	14.5%	51
Individual shows evidence of decreased distress and appropriate and community-based alternatives exist (no professional MH/SU services are recommended).	7.4%	26
Individual does not want to participate in services/programming despite attempts to engage them.	6.0%	21
Other - Describe in Remarks	5.4%	19
Individual left against clinical advice.	5.1%	18
Individual's MH symptoms required a more intensive level of service.	4.0%	14
Individual has medical or physical health needs that exceed what can be managed at SERCC.	3.7%	13
Individual shows evidence of decreased distress and SERCC intervention met need (has no current services/supports and none are recommended).	2.3%	8
Individual exhibits aggressive behaviors and requires a more intensive level of service.	0.9%	3
Total	100.0%	352

Southeast Regional Crisis Center

2022 Discharge Data – Youth Residential

In the graphs shown you can see the discharge reasons from **Crisis Youth Residential Services** at SERCC, which highlights the success in services as most are being discharged because of a decrease in distress and going home.

Discharge Location (Discharge Summaries & Care Management Plans)



Discharge Reason (Discharge Summaries & Care Management Plans)

Reason for Discharge	% reason	# notes
Individual has symptoms and needs that permit a lesser level of service and adequate supports and services are in place (community and professional).	51.4%	110
Individual exceeds service allotment.	13.1%	28
Individual's MH symptoms required a more intensive level of service.	10.7%	23
Individual shows evidence of decreased distress and appropriate and community-based alternatives exist (no professional MH/SU services are recommended).	5.6%	12
Individual shows evidence of decreased distress and SERCC intervention met need (has no current services/supports and none are recommended).	3.7%	8
Other - Describe in Remarks	3.7%	8
Guardian withdrew individual from services against clinical advice.	3.3%	7
Individual exhibits aggressive behaviors and requires a more intensive level of service.	2.3%	5
Individual has medical or physical health needs that exceed what can be managed at SERCC.	2.3%	5
Individual left against clinical advice.	1.4%	3
Total	100.0%	214

Southeast Regional Crisis Center

5 Star Google Business Reviews

“SERCC offered a safe place to reset, stabilize, and restore after my sheer exhaustion and lack of perspective due to compassion fatigue. The caregiving team embodies people taking care of people through (new to me) Dialectical Behavior Theory. Their grace and compassion gives me hope for mental health care.

Quarry Hill Nature Center is nearly in their backyard and my daily walks there was a key component to my healing.”

- GM

“Hands-down this is one of the best programs/Crisis Center that I have ever been to they are very compassionate and are willing to help you meet your needs they’re definitely in it for the right reasons and care about the patients I totally recommend this program.”

- CS

“This is one of the nicest and most dignity-giving mental help facilities that I know of. The staff are very kind, and you can tell that they care and want to give you a moment to breathe before having to reenter society. Follow-up services are also very good. Beds are hard, but that's a standard across all facilities like this. They have lots of snacks.”

- QS

Crisis Stabilization



CRISIS RESPONSE

24/7 Mental Health Services

Continued Support

Stabilization is a key component to the continuum of crisis response services. Stabilization offers individuals up to 45 days of support after a crisis episode and allows individuals the time they need to strengthen crisis plans and/or skills learned. It's the bridge that helps someone get from a point of distress to acquiring supports or skills needed to prevent a return to crisis.

2022 Highlights

- SERCC increased clinic services including crisis psychotherapy, psychiatry, and diagnostic assessments.
- Added youth psychiatry
- Increase volume in stabilization referrals and appointments



Continued Support

2022

605 Total stabilization appointments in 2022

- Hiawatha Valley Mental Health Center – 32
- South Central Human Relations Center – 212
- Zumbro Valley Health Center – 319
- SERCC – 42

Total stabilization referrals made *from* SERCC

- To Hiawatha Valley Mental Health Center – 46
- To South Central Human Relations Center – 79
- To Zumbro Valley Health Center – 401
- To SERCC – 7

All County Overview

All Service Lines Under Crisis Response

Community Mobile Response + SERCC Clinic + SERCC Crisis Residential

1,734 Screenings

1,746 Assessments in 10 County Region

SERCC had an additional 57 assessments outside of 10 county region for a total of 1,803

521 Residential Admissions

Calls and Screenings

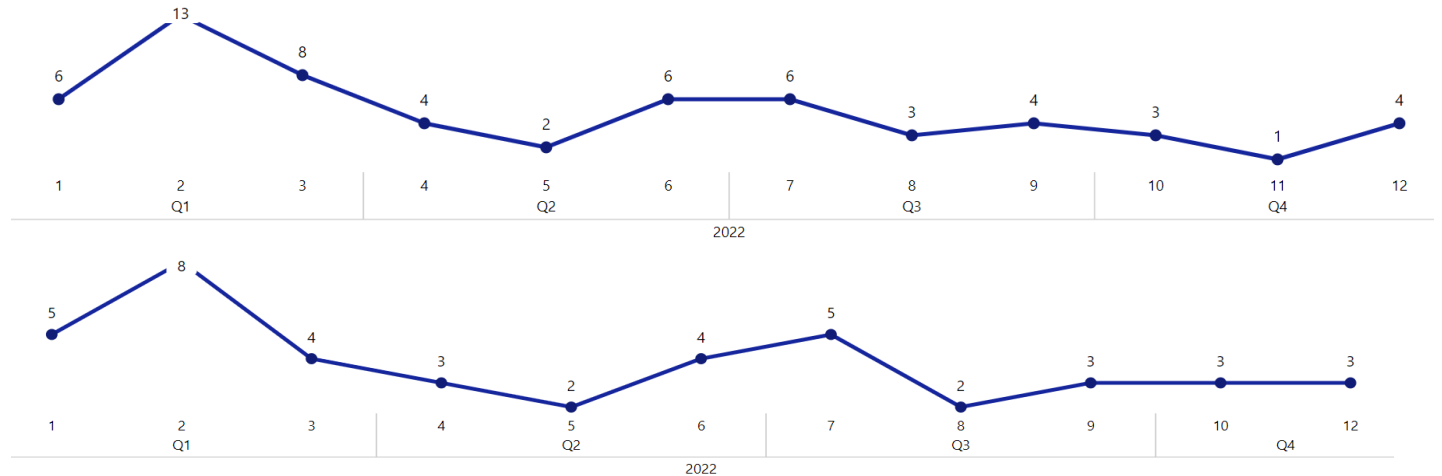
County	Total Calls	MCR /CRT	HV MCR	HV Screen	HV Assess	SC MCR	SC Screen	SC Assess	ZV MCR	ZV Screen	ZV Assess	SERCC Screen	SERCC Assess	RTC Admits
Dodge	62	42				42						58	56	22
Fillmore	68	41	12						29			38	32	18
Goodhue	226	116				5			111			55	54	35
Houston	101	62	62									15	13	8
Mower	153	79				73			6			52	49	32
Olmsted	1766	616							616			675	622	331
Steele	392	219				219						17	16	14
Wabasha	159	97	24						73			38	35	25
Waseca	178	106				106						5	4	6
Winona	664	312	311			1						58	56	30
Total	3769	169	409	244	180	446	198	246	835	281	383	1011	937	521

*Screenings and Assessments at the Hubs are grey because we do not receive that data at the county-level.

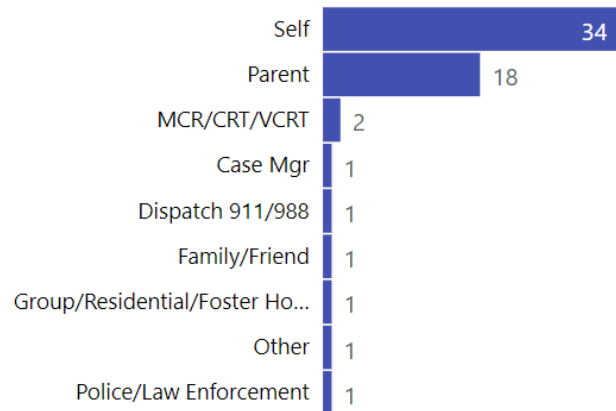
Dodge County Summary

Community Mobile Response

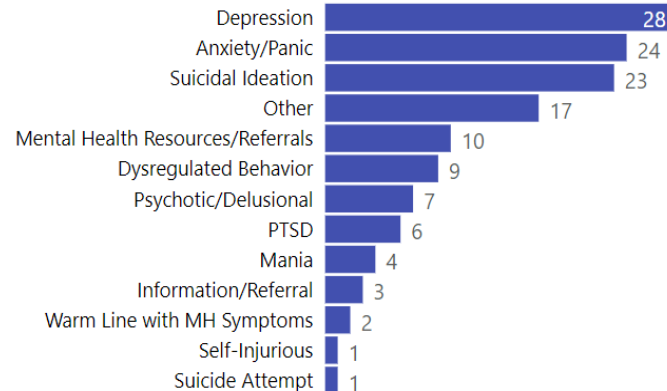
- 62 Calls to the Hotline
 - 37 Night and Weekend
 - 25 Day Time
- 42 Calls transferred to Mobile Response
 - 27 Night and Weekend
 - 15 Day Time



Relationship to Client



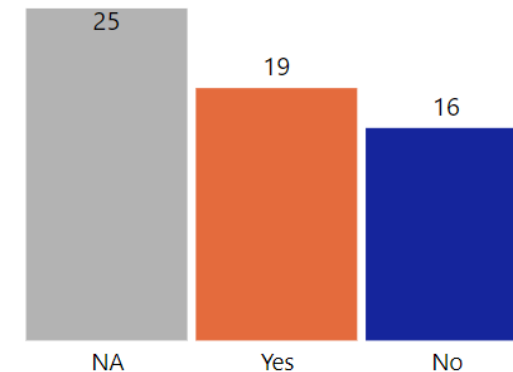
Primary Reasons (up to 2 can be selected)



Calls by Age Group

Grouped	#	%
<input type="checkbox"/> Adolescent (ages 18 and under)	15	25%
<input type="checkbox"/> Adult (ages 18-64)	41	68%
<input type="checkbox"/> Unknown	4	7%
Total	60	100%

Are you thinking of suicide?



Dodge County Summary

Southeast Regional Crisis Center

In 2022, we served 48 individuals in the clinic through mobile response from Dodge County.

Of the 48 individuals served, 17 entered crisis residential, with 5 repeat enrollments.

We recommended stabilization services in the community to all individuals served from Dodge County.

11 of the 48 individuals served in 2022 received clinic bridging services through SERCC.

Mobile Response		
# 0-Screenings or 1-Assessments	Unique People Served	Individuals Returning
58	48	19%
# 1-Crisis Assessments	Crisis Assessments (0-17 years)	Crisis Assessments (18+)
56	20	36

Crisis Clinic		
# Enrollments	Total Diagnostic Assessments	
11	1	
Unique People Served	Total Psychiatric Notes	Total Psychotherapy Sessions
11	2	13

Residential				
Unique People Served	Unique Adults Served	Adult Enrollments	Length of Stay (Adult Residential)	Individuals Returning (to the same program)
17	11	15	5.40	24%
# Enrollments	Unique Youth Served	Youth Enrollments	Length of Stay (Youth Residential)	Avg # of Collaborative Case Notes
22	6	7	7.29	0.42

Stabilization		
# Recommendations for Stabilization	Plans Created for Stabilization	Stabilization Appointments
48	0	0

Mobile Response Enrollments with No 0-Screening or 1-Assessment	Enrollments Didn't Go Past 0-Screening
164	2
*2022-present only	

Dodge County Summary

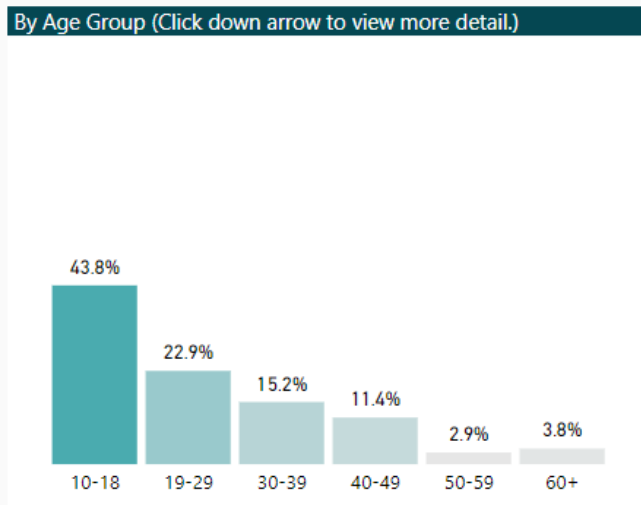
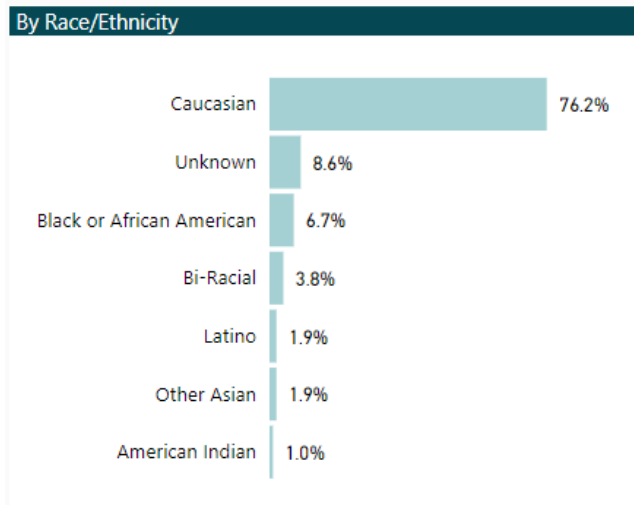
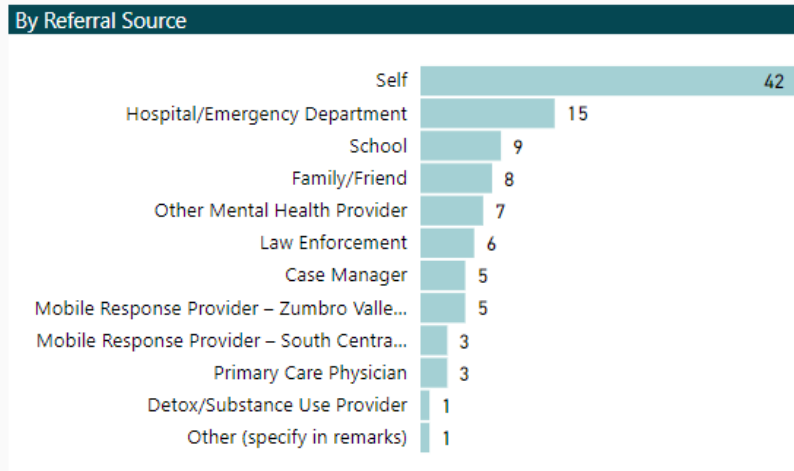
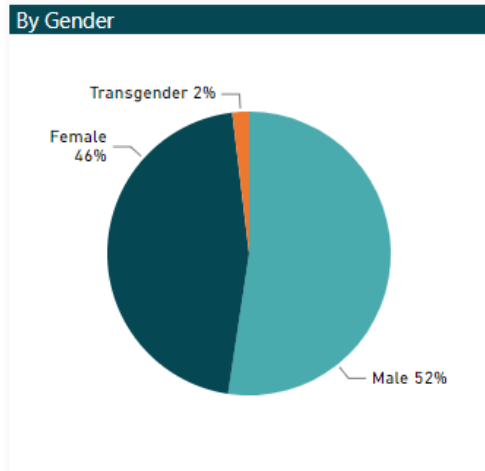
Southeast Regional Crisis Center

Of the 48 unique individuals served, the gender and race/ethnicity data is shown in the graph to the right.

You will also find the referral source for these individuals. The most common referral source was a self referral.

The age breakdown is also shown, with the biggest age group being ages 10-18.

Lastly, the insurance breakdown is listed for those accessing services from Dodge County.



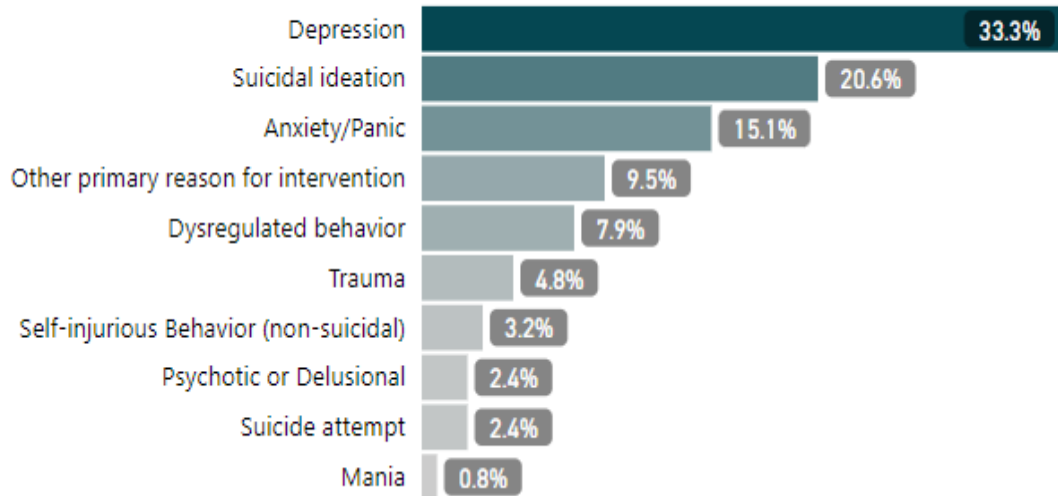
Primary, Secondary, and Tertiary Benefit Assignments

payer_name	%	#
Medical Assistance	70.0%	42
South Country Health Alliance	30.0%	18
MN Medical Assistance	20.0%	12
Blue Plus	18.3%	11
HealthPartners	3.3%	2
UCARE (2022)	1.7%	1
Grant Payer	35.0%	21
Crest Regional Grant	35.0%	21
Commercial Insurance	31.7%	19
Medica Mayo	13.3%	8
Blue Cross Blue Shield	11.7%	7
Medica	5.0%	3
UnitedHealthcare	1.7%	1
County Payer	16.7%	10
Dodge County	16.7%	10
Community Funds	11.7%	7
Community Funds	11.7%	7
Medicare	6.7%	4
Medicare	6.7%	4
Total	100.0%	60

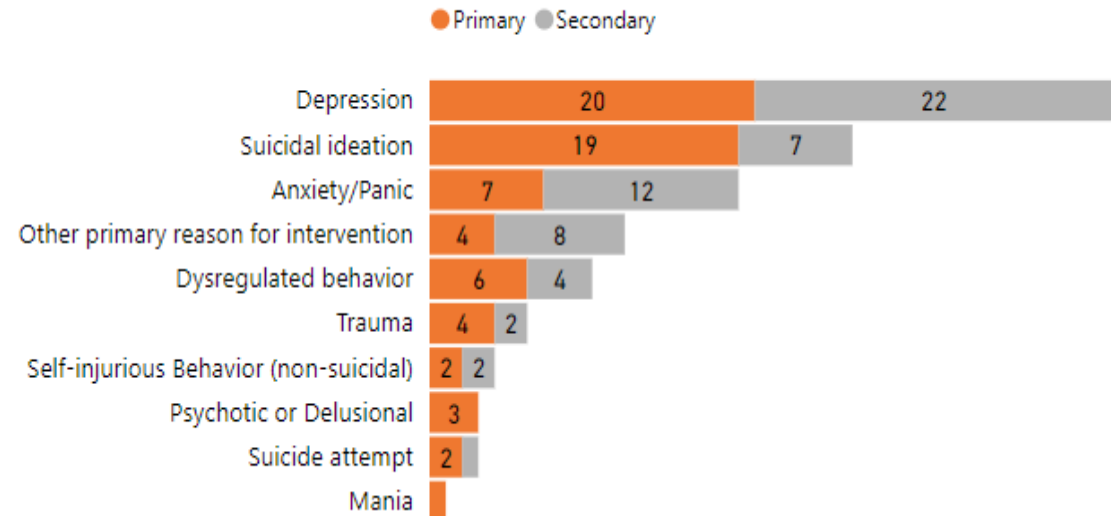
Dodge County Summary

Southeast Regional Crisis Center

Primary and Secondary Reasons for Intervention (Mobile Response - MHIS Form)



By Primary and Secondary Reason

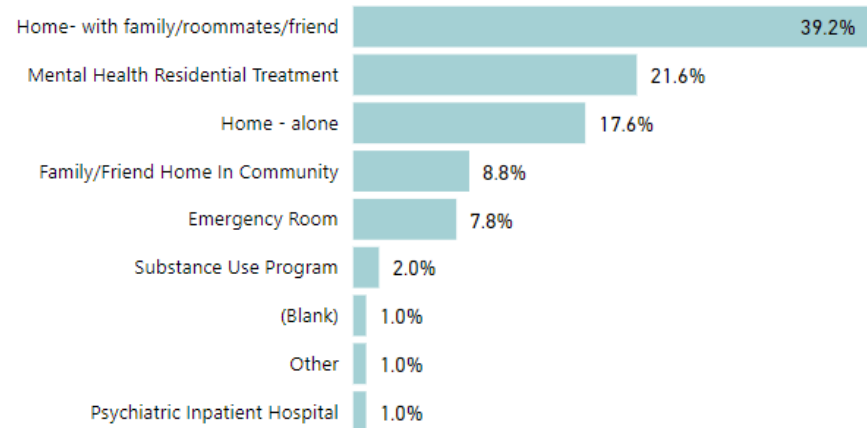


- In the graph above, you will see the primary and secondary reasons for seeking mental health services at SERCC. The top reason for seeking services for individuals in Dodge County was depression.

Dodge County Summary

Southeast Regional Crisis Center

Discharge Location (Discharge Summaries & Care Management Plans)



Discharge Reason (Discharge Summaries & Care Management Plans)

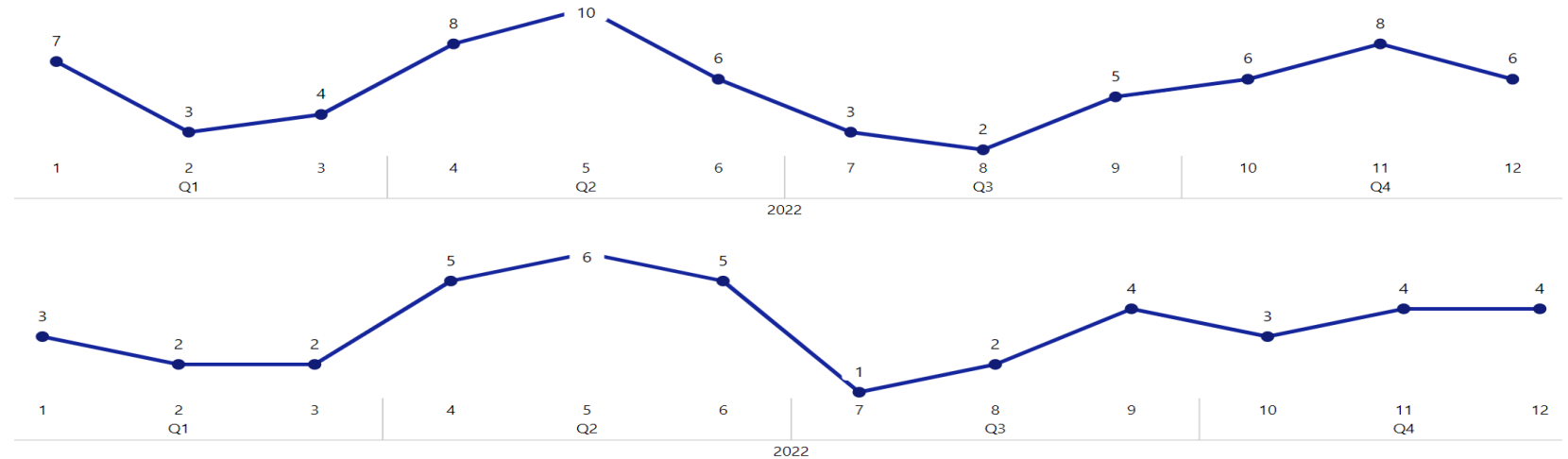
Reason for Discharge	% reason	# notes
Individual has symptoms and needs that permit a lesser level of service and adequate supports and services are in place (community and professional).	39.2%	40
Individual is transferring to SERCC Short-Term Residential Services.	22.5%	23
Individual was receiving bridging services only (only had DA, therapy and/or psychiatry services).	11.8%	12
Other - Describe in Remarks	9.8%	10
Individual does not want to participate in services/programming despite attempts to engage them.	4.9%	5
Individual exceeds service allotment.	2.0%	2
Individual has medical or physical health needs that exceed what can be managed at SERCC.	2.0%	2
Individual shows evidence of decreased distress and appropriate and community-based alternatives exist (no professional MH/SU services are recommended).	2.0%	2
Individual's MH symptoms required a more intensive level of service.	2.0%	2
Individual demonstrates elopement behaviors.	1.0%	1
Total	100.0%	102

- In the graphs pictures above, you will see all discharge locations and reasons for discharge for services provided at SERCC.

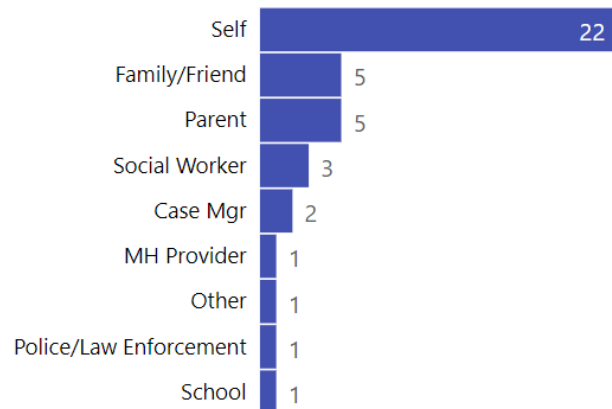
Fillmore County Summary

Community Mobile Response

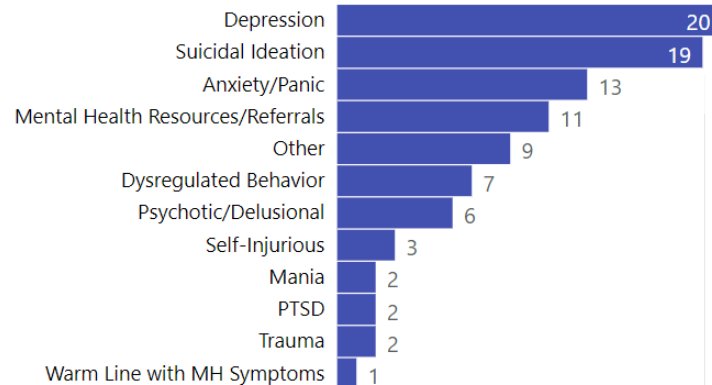
- 68 Calls to the Hotline
 - 23 Night and Weekend
 - 45 Day Time
- 41 Calls transferred to Mobile Response
 - 14 Night and Weekend
 - 27 Day Time



Relationship to Client



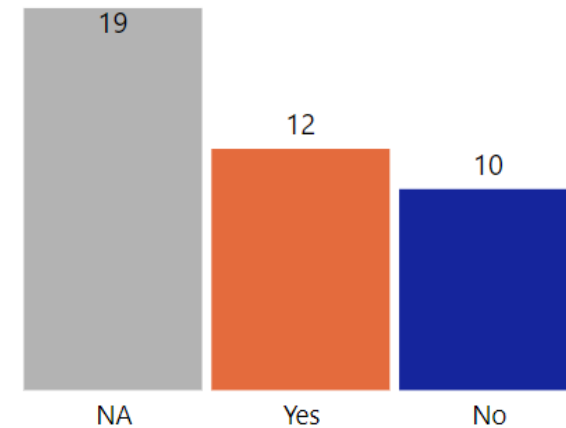
Primary Reasons (up to 2 can be selected)



Calls by Age Group

Grouped	#	%
<input type="checkbox"/> Adolescent (ages 18 and under)	6	15%
<input type="checkbox"/> Adult (ages 18-64)	30	73%
<input type="checkbox"/> Senior (ages over 65)	3	7%
<input type="checkbox"/> Unknown	2	5%
Total	41	100%

Are you thinking of suicide?



Fillmore County Summary

Southeast Regional Crisis Center

In 2022, we served 38 individuals in the clinic through mobile response from Fillmore County.

Of the 38 individuals served, 17 entered crisis residential, with 1 repeat enrollment.

We recommended stabilization services in the community to 23 of the 38 individuals served from Fillmore County.

4 of the 38 individuals served in 2022 received clinic bridging services through SERCC.

Mobile Response		
# 0-Screenings or 1-Assessments	Unique People Served	Individuals Returning
38	38	24%
# 1-Crisis Assessments	Crisis Assessments (0-17 years)	Crisis Assessments (18+)
32	14	18

Crisis Clinic		
# Enrollments	Total Diagnostic Assessments	
4	(Blank)	
Unique People Served	Total Psychiatric Notes	Total Psychotherapy Sessions
4	2	2

Residential					
Unique People Served	Unique Adults Served	Adult Enrollments	Length of Stay (Adult Residential)	Individuals Returning (to the same program)	
17	10	10	5.40	6%	
# Enrollments	Unique Youth Served	Youth Enrollments	Length of Stay (Youth Residential)	Avg # of Collaborative Case Notes	
18	7	8	6.75	0.68	

Stabilization		
# Recommendations for Stabilization	Plans Created for Stabilization	Stabilization Appointments
23	0	0

Mobile Response Enrollments with No 0-Screening or 1-Assessment	Enrollments Didn't Go Past 0-Screening
164	6
*2022-present only	

Fillmore County Summary

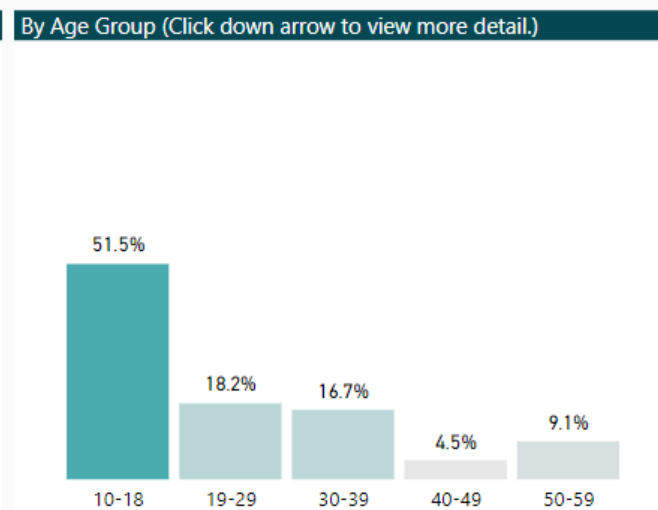
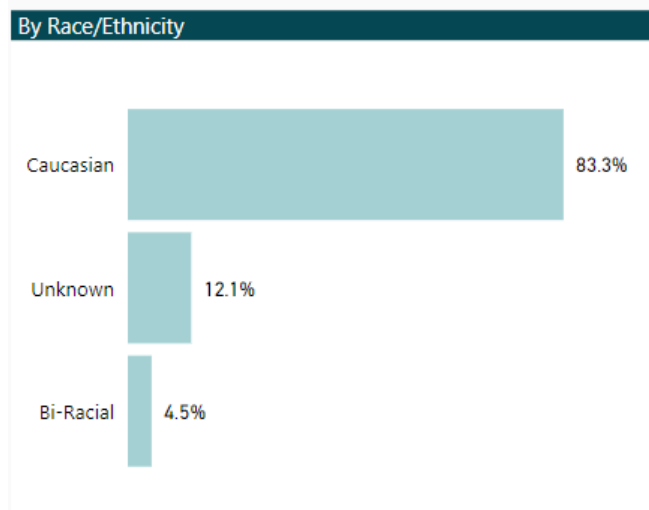
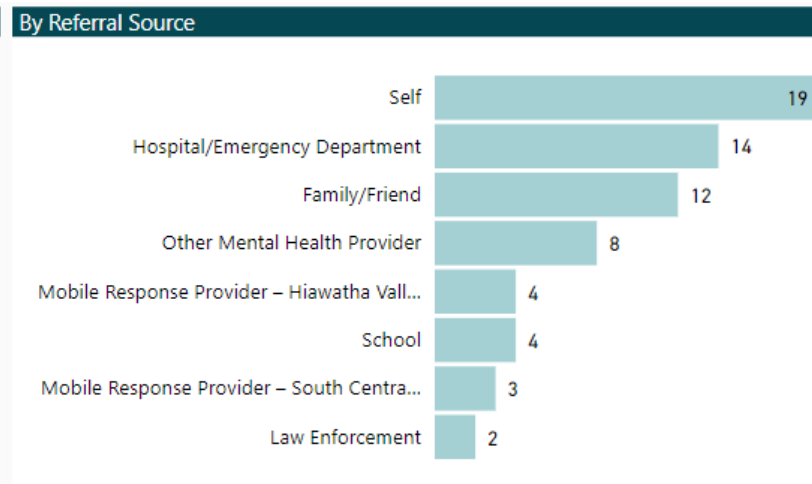
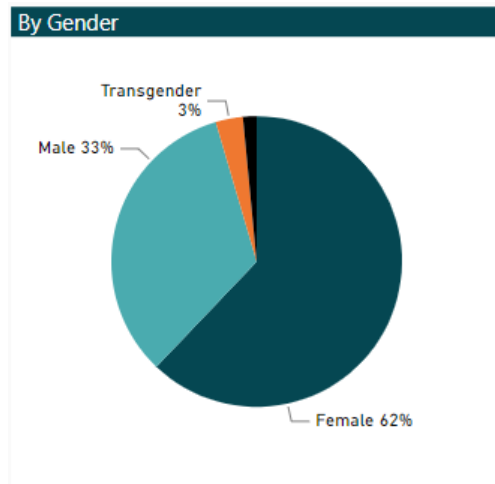
Southeast Regional Crisis Center

Of the 38 unique individuals served, the gender and race/ethnicity data is shown in the graph to the right.

You will also find the referral source for these individuals. The most common referral source was a self referral.

The age breakdown is also shown, with the biggest age group being ages 10-18.

Lastly, the insurance breakdown is listed for those accessing services from Fillmore County.



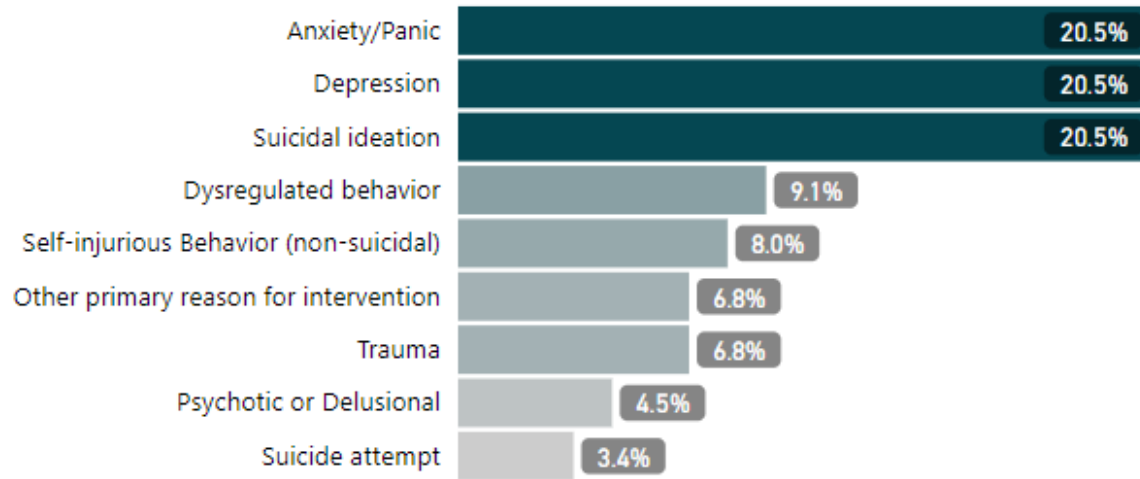
Primary, Secondary, and Tertiary Benefit Assignments

payer_name	%	#
Medical Assistance	66.7%	28
UCARE (2022)	38.1%	16
Blue Plus	21.4%	9
MN Medical Assistance	7.1%	3
Grant Payer	35.7%	15
Crest Regional Grant	35.7%	15
Commercial Insurance	23.8%	10
Blue Cross Blue Shield	9.5%	4
Medica Mayo	7.1%	3
Cigna	4.8%	2
Medica	2.4%	1
County Payer	23.8%	10
Fillmore County	21.4%	9
Olmsted County	2.4%	1
Community Funds	4.8%	2
Community Funds	4.8%	2
Medicare	2.4%	1
Medicare	2.4%	1
Total	100.0%	42

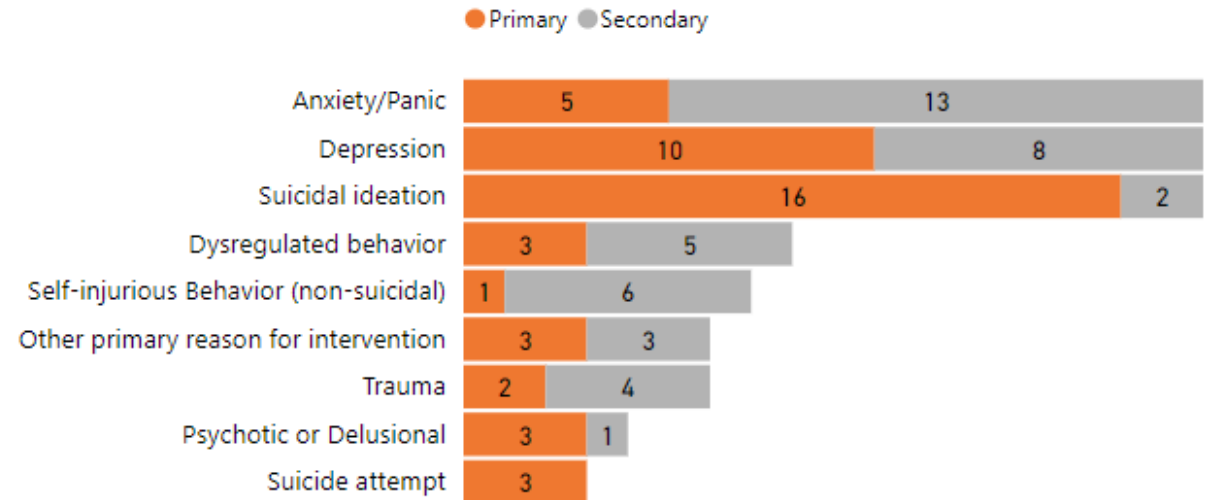
Fillmore County Summary

Southeast Regional Crisis Center

Primary and Secondary Reasons for Intervention (Mobile Response - MHIS Form)



By Primary and Secondary Reason

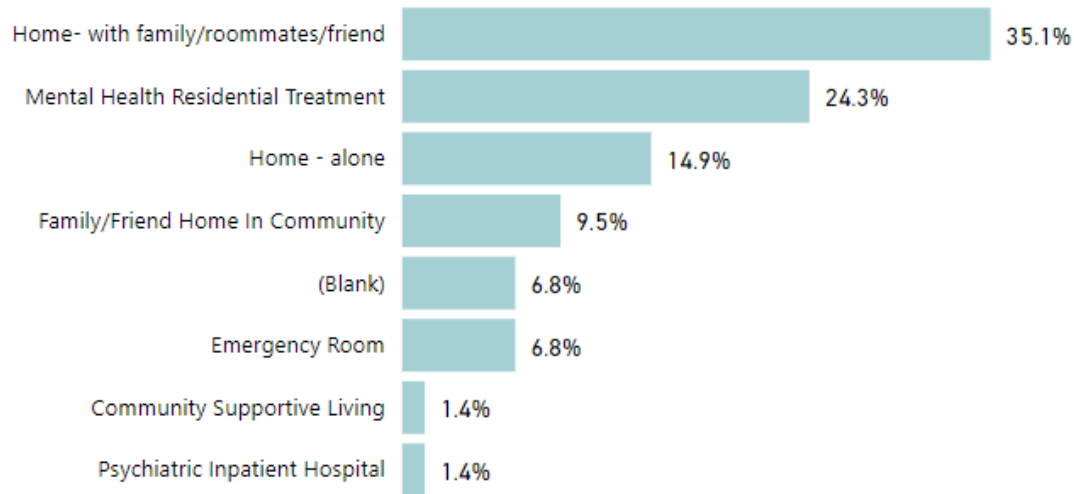


- In the graph above, you will see the primary and secondary reasons for seeking mental health services at SERCC. The main reasons for seeking services for Fillmore County individuals were anxiety/panic, depression, and suicidal ideation.

Fillmore County Summary

Southeast Regional Crisis Center

Discharge Location (Discharge Summaries & Care Management Plans)



Discharge Reason (Discharge Summaries & Care Management Plans)

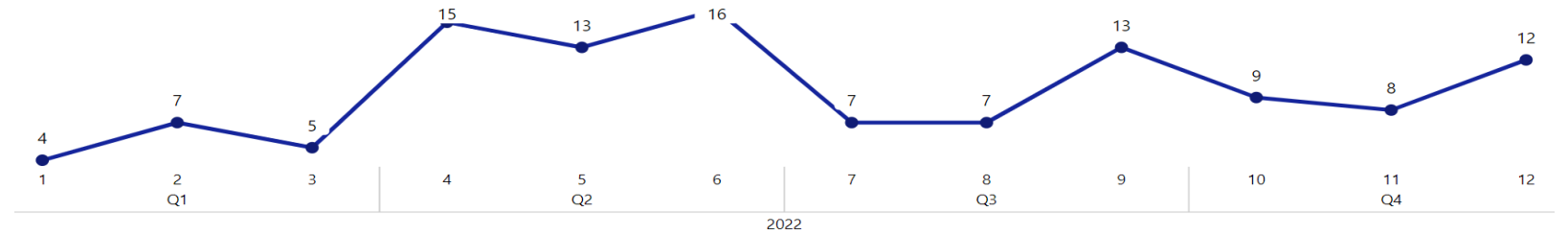
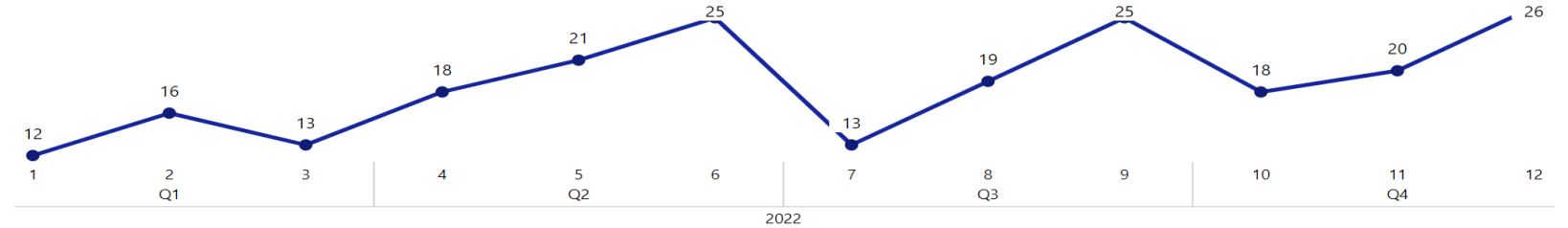
Reason for Discharge	% reason	# notes
Individual has symptoms and needs that permit a lesser level of service and adequate supports and services are in place (community and professional).	25.7%	19
Individual is transferring to SERCC Short-Term Residential Services.	25.7%	19
Individual was receiving bridging services only (only had DA, therapy and/or psychiatry services).	9.5%	7
Individual's MH symptoms required a more intensive level of service.	9.5%	7
Other - Describe in Remarks	8.1%	6
Individual has medical or physical health needs that exceed what can be managed at SERCC.	4.1%	3
Individual shows evidence of decreased distress and appropriate and community-based alternatives exist (no professional MH/SU services are recommended).	4.1%	3
Guardian withdrew individual from services against clinical advice.	2.7%	2
Individual does not want to participate in services/programming despite attempts to engage them.	2.7%	2
Individual exhibits aggressive behaviors and requires a more intensive level of service.	2.7%	2
Total	100.0%	74

- In the graphs pictures above, you will see all discharge locations and reasons for discharge for services provided at SERCC.

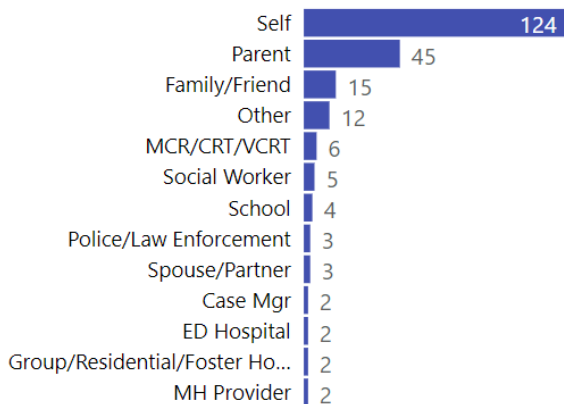
Goodhue County Summary

Community Mobile Response

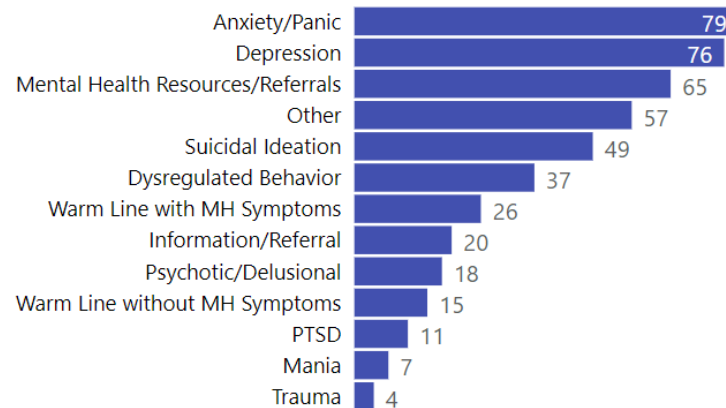
- 226 Calls to the Hotline
 - 102 Night and Weekend
 - 124 Day Time
- 116 Calls transferred to Mobile Response
 - 40 Night and Weekend
 - 76 Day Time



Relationship to Client



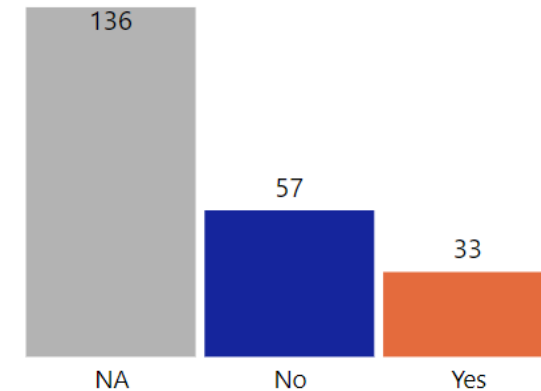
Primary Reasons (up to 2 can be selected)



Calls by Age Group

Grouped	#	%
<input type="checkbox"/> Adolescent (ages 18 and under)	41	18%
<input type="checkbox"/> Adult (ages 18-64)	124	55%
<input type="checkbox"/> Senior (ages over 65)	28	12%
<input type="checkbox"/> Unknown	33	15%
Total	226	100%

Are you thinking of suicide?



Goodhue County Summary

Southeast Regional Crisis Center

In 2022, we served 58 individuals in the clinic through mobile response from Goodhue County.

Of the 58 individuals served, 29 entered crisis residential, with 6 repeat enrollments.

We recommended stabilization services in the community to 46 of the 58 individuals served from Goodhue County.

14 of the 58 individuals served in 2022 received clinic bridging services through SERCC.

Mobile Response		
# 0-Screenings or 1-Assessments	Unique People Served	Individuals Returning
55	58	14%
# 1-Crisis Assessments	Crisis Assessments (0-17 years)	Crisis Assessments (18+)
54	29	25

Crisis Clinic		
# Enrollments	Total Diagnostic Assessments	
14	5	
Unique People Served	Total Psychiatric Notes	Total Psychotherapy Sessions
14	8	8

Residential				
Unique People Served	Unique Adults Served	Adult Enrollments	Length of Stay (Adult Residential)	Individuals Returning (to the same program)
29	15	16	5.81	14%
# Enrollments	Unique Youth Served	Youth Enrollments	Length of Stay (Youth Residential)	Avg # of Collaborative Case Notes
35	14	19	5.63	0.83

Stabilization		
# Recommendations for Stabilization	Plans Created for Stabilization	Stabilization Appointments
46	0	0

Mobile Response Enrollments with No 0-Screening or 1-Assessment	Enrollments Didn't Go Past 0-Screening
164	(Blank)
*2022-present only	

Goodhue County Summary

Southeast Regional Crisis Center

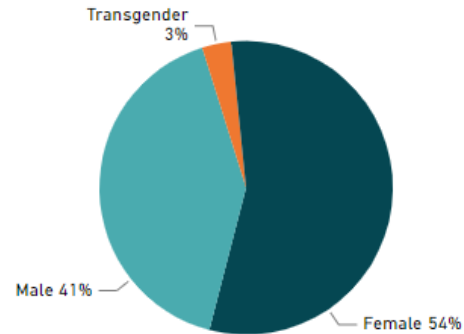
Of the 58 unique individuals served, the gender and race/ethnicity data is shown in the graph to the right.

You will also find the referral source for these individuals. The most common referral source was hospital or emergency department.

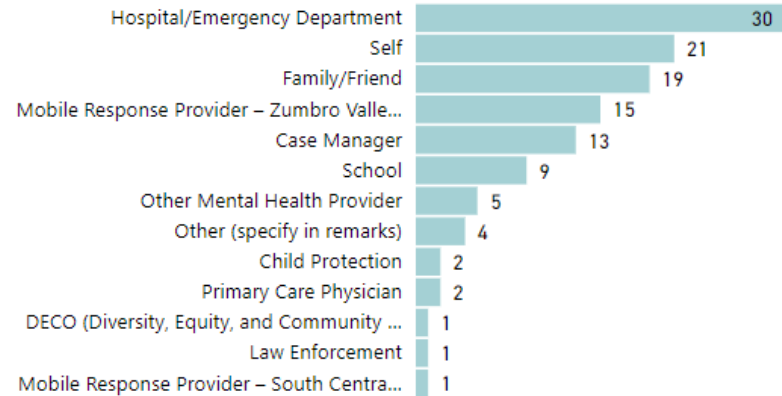
The age breakdown is also shown, with the biggest age group being ages 10-18.

Lastly, the insurance breakdown is listed for those accessing services from Goodhue County.

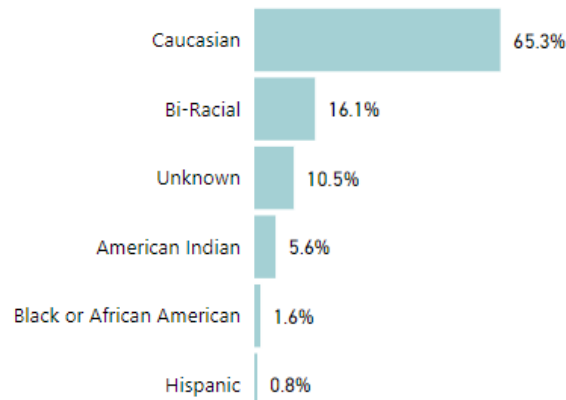
By Gender



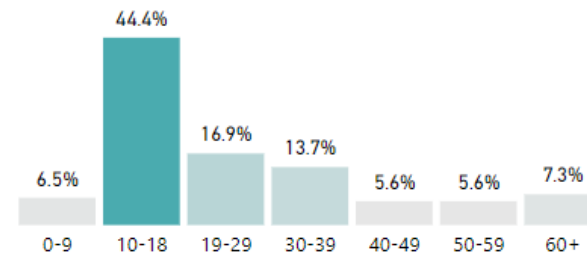
By Referral Source



By Race/Ethnicity



By Age Group (Click down arrow to view more detail.)



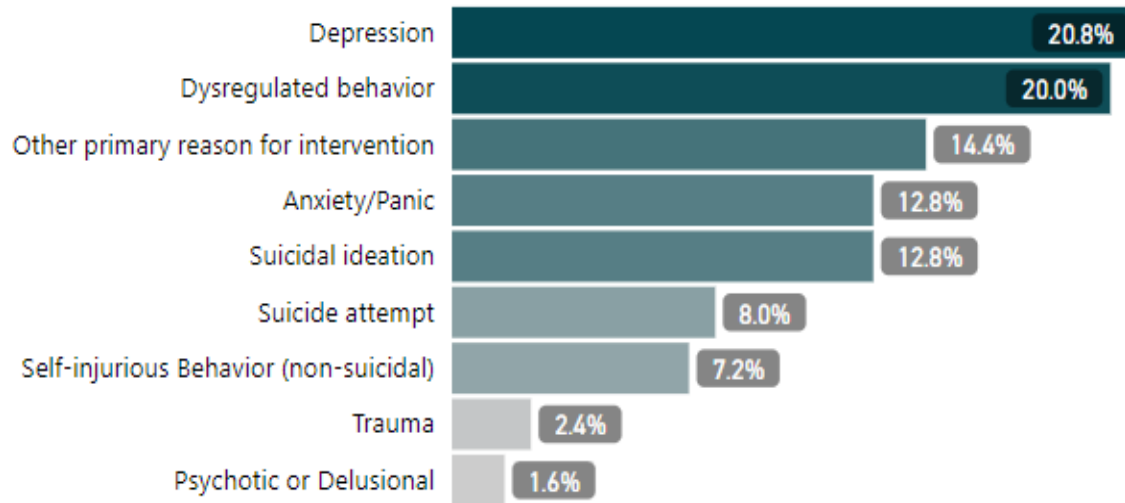
Primary, Secondary, and Tertiary Benefit Assignments

payer_name	%	#
Medical Assistance	51.6%	32
South Country Health Alliance	37.1%	23
MN Medical Assistance	12.9%	8
UCARE (2022)	3.2%	2
Grant Payer	43.5%	27
Crest Regional Grant	43.5%	27
Commercial Insurance	41.9%	26
Blue Cross Blue Shield	11.3%	7
Medica Mayo	11.3%	7
Preferred One	6.5%	4
HealthPartners	4.8%	3
Medica	3.2%	2
Aetna	1.6%	1
Cigna	1.6%	1
UMR	1.6%	1
County Payer	30.6%	19
Goodhue County	29.0%	18
Olmsted County	1.6%	1
Community Funds	24.2%	15
Community Funds	24.2%	15
Medicare	6.5%	4
Medicare	6.5%	4
Total	100.0%	62

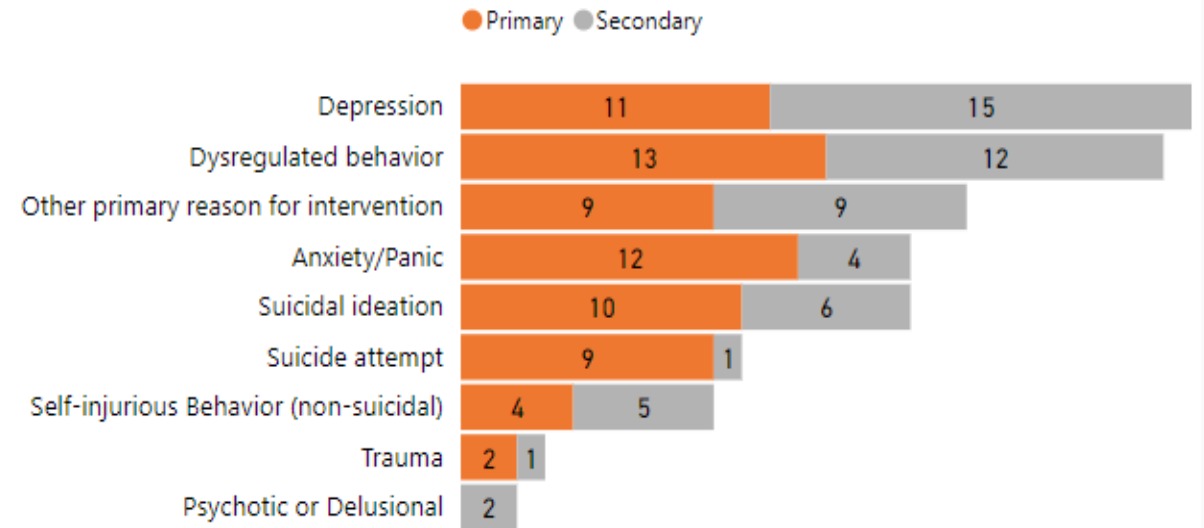
Goodhue County Summary

Southeast Regional Crisis Center

Primary and Secondary Reasons for Intervention (Mobile Response - MHIS Form)



By Primary and Secondary Reason

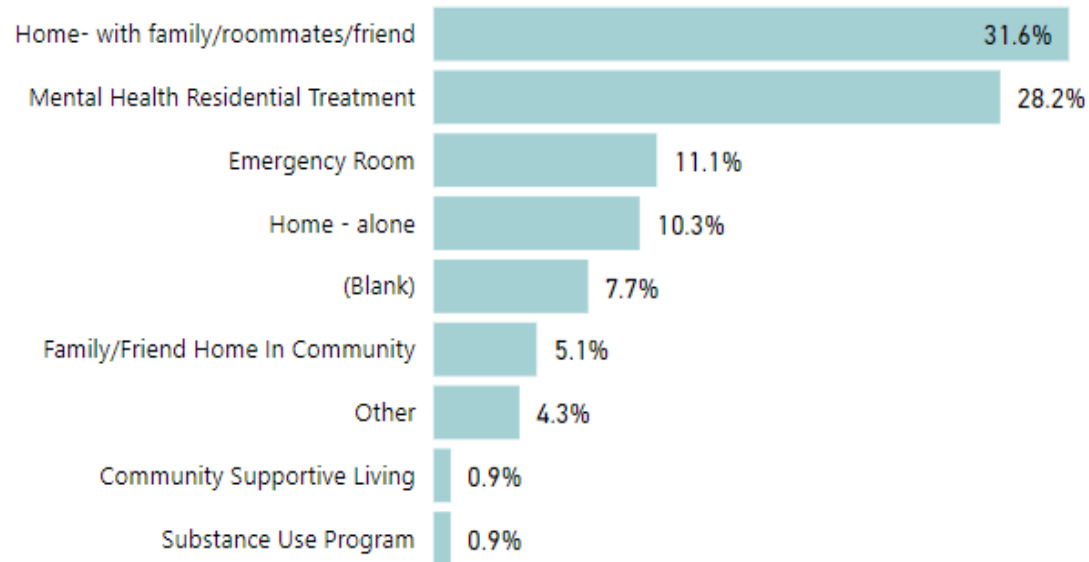


- In the graph above, you will see the primary and secondary reasons for seeking mental health services at SERCC. The primary reason for individuals from Goodhue County was depression, followed closely by dysregulated behavior.

Goodhue County Summary

Southeast Regional Crisis Center

Discharge Location (Discharge Summaries & Care Management Plans)



Discharge Reason (Discharge Summaries & Care Management Plans)

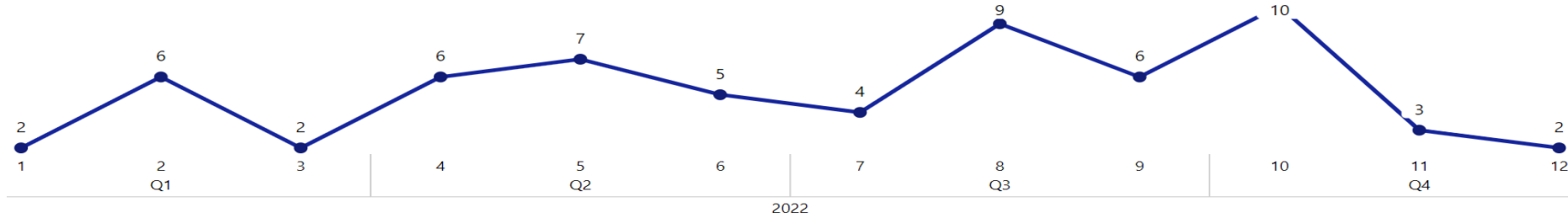
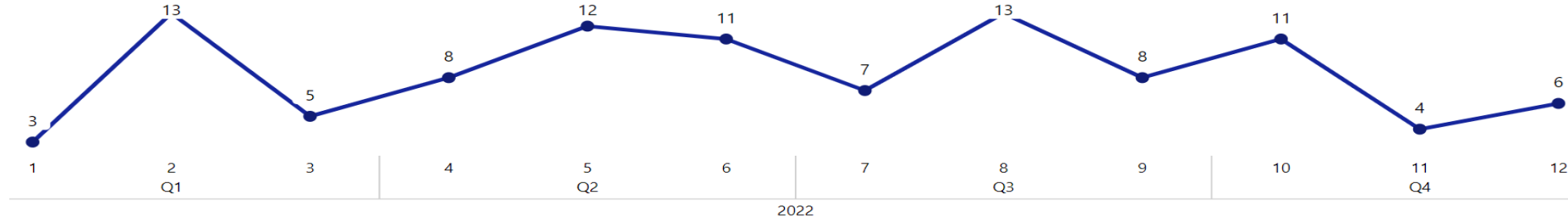
Reason for Discharge	% reason	# notes
Individual is transferring to SERCC Short-Term Residential Services.	29.9%	35
Individual has symptoms and needs that permit a lesser level of service and adequate supports and services are in place (community and professional).	23.1%	27
Individual's MH symptoms required a more intensive level of service.	9.4%	11
Individual was receiving bridging services only (only had DA, therapy and/or psychiatry services).	8.5%	10
Other - Describe in Remarks	6.0%	7
Individual shows evidence of decreased distress and appropriate and community-based alternatives exist (no professional MH/SU services are recommended).	5.1%	6
Individual exhibits aggressive behaviors and requires a more intensive level of service.	4.3%	5
Guardian withdrew individual from services against clinical advice.	3.4%	4
Individual exceeds service allotment.	3.4%	4
Individual does not want to participate in services/programming despite attempts to engage them.	1.7%	2
Total	100.0%	117

- In the graphs pictures above, you will see all discharge locations and reasons for discharge for services provided at SERCC.

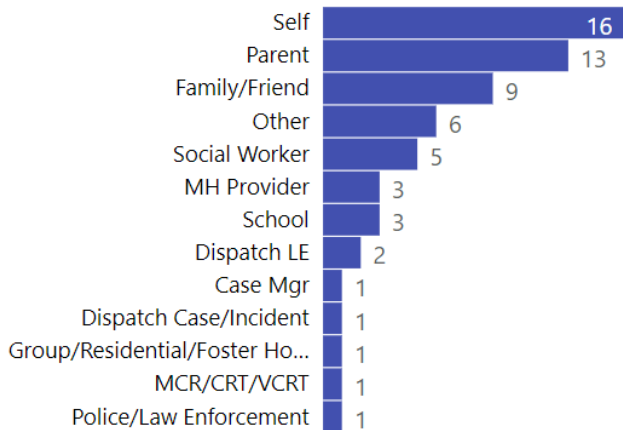
Houston County Summary

Community Mobile Response

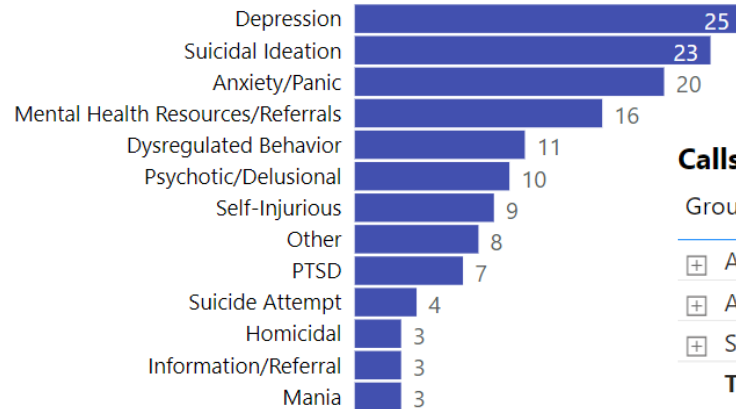
- 101 Calls to the Hotline
 - 43 Night and Weekend
 - 58 Day Time
- 62 Calls transferred to Mobile Response
 - 23 Night and Weekend
 - 39 Day Time



Relationship to Client



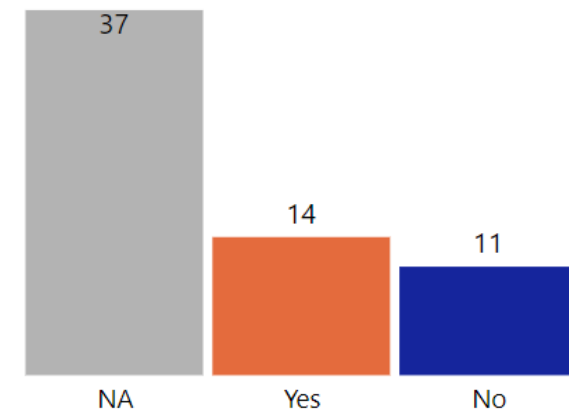
Primary Reasons (up to 2 can be selected)



Calls by Age Group

Grouped	#	%
⊕ Adolescent (ages 18 and under)	21	34%
⊕ Adult (ages 18-64)	35	56%
⊕ Senior (ages over 65)	6	10%
Total	62	100%

Are you thinking of suicide?



Houston County Summary

Southeast Regional Crisis Center

In 2022, we served 14 individuals in the clinic through mobile response from Houston County.

Of the 14 individuals served, 8 entered crisis residential.

We recommended stabilization services in the community to 10 of the 14 individuals served from Houston County.

2 of the 14 individuals served in 2022 received clinic bridging services through SERCC.

Mobile Response		
# 0-Screenings or 1-Assessments	Unique People Served	Individuals Returning
15	14	7%
# 1-Crisis Assessments	Crisis Assessments (0-17 years)	Crisis Assessments (18+)
13	9	4

Crisis Clinic		
# Enrollments	Total Diagnostic Assessments	
2	(Blank)	
Unique People Served	Total Psychiatric Notes	Total Psychotherapy Sessions
2	1	1

Residential				
Unique People Served	Unique Adults Served	Adult Enrollments	Length of Stay (Adult Residential)	Individuals Returning (to the same program)
8	2	2	0.50	(Blank)
# Enrollments	Unique Youth Served	Youth Enrollments	Length of Stay (Youth Residential)	Avg # of Collaborative Case Notes
8	6	6	7.17	0.60

Stabilization		
# Recommendations for Stabilization	Plans Created for Stabilization	Stabilization Appointments
10	0	0

Mobile Response Enrollments with No 0-Screening or 1-Assessment	Enrollments Didn't Go Past 0-Screening
164	2
*2022-present only	

Houston County Summary

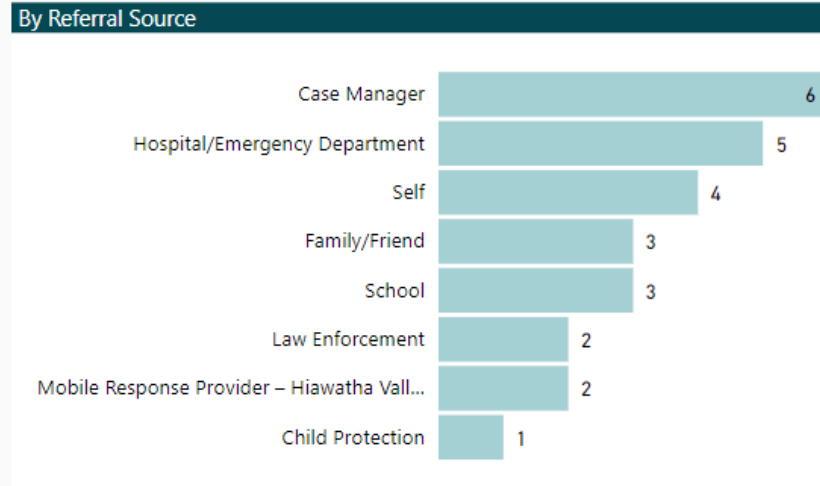
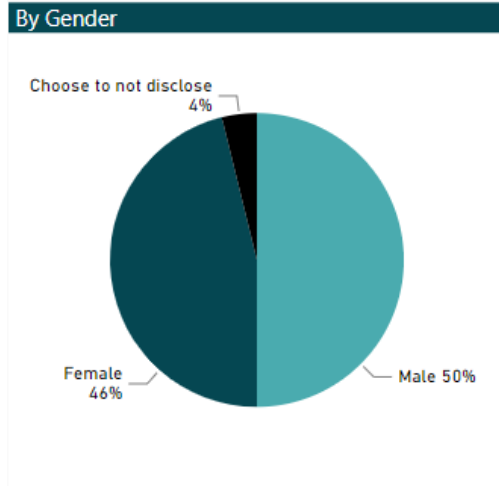
Southeast Regional Crisis Center

Of the 14 unique individuals served, the gender and race/ethnicity data is shown in the graph to the right.

You will also find the referral source for these individuals. The most common referral source was case manager.

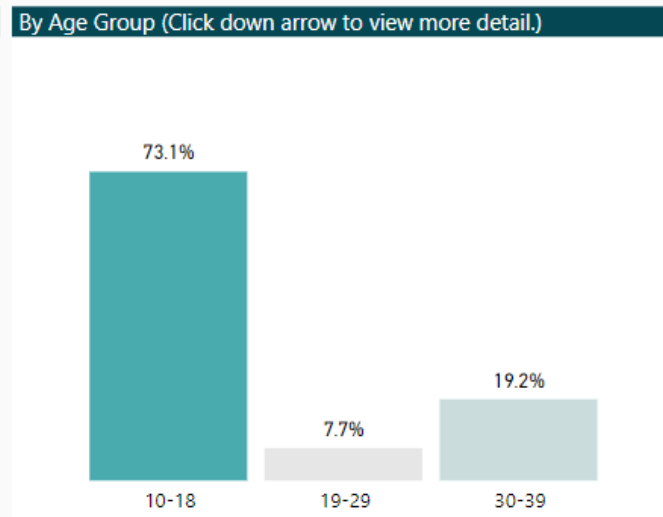
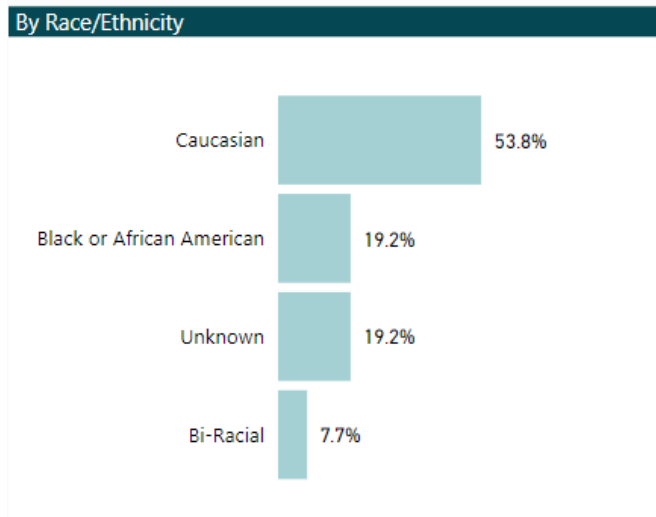
The age breakdown is also shown, with the biggest age group being ages 10-18.

Lastly, the insurance breakdown is listed for those accessing services from Houston County.



Primary, Secondary, and Tertiary Benefit Assignments

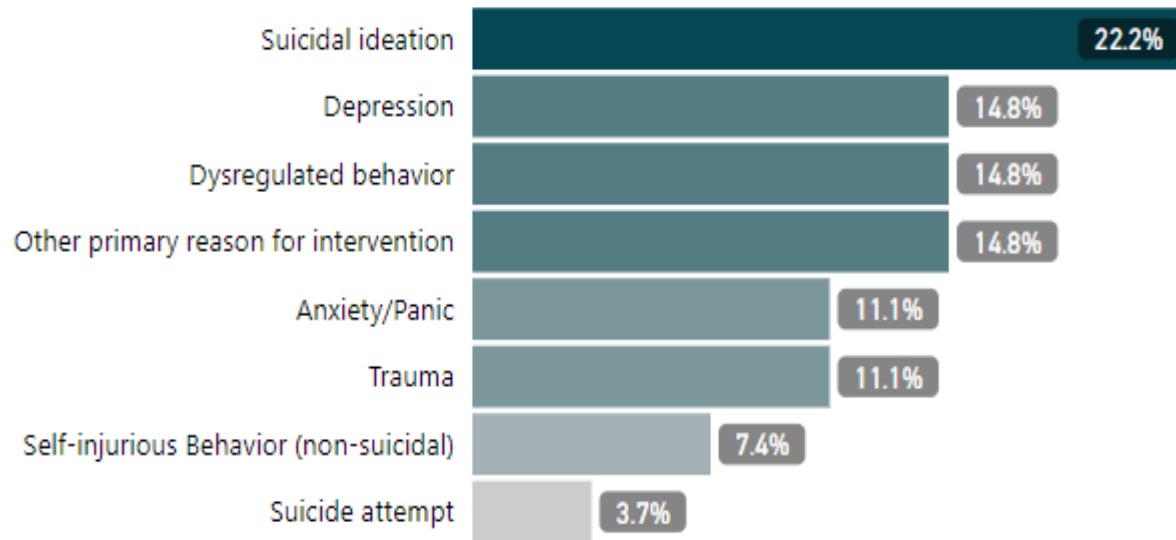
payer_name	%	#
Medical Assistance	86.7%	13
Blue Plus	40.0%	6
MN Medical Assistance	33.3%	5
UCARE (2022)	13.3%	2
County Payer	46.7%	7
Houston County	40.0%	6
Winona County	6.7%	1
Grant Payer	33.3%	5
Crest Regional Grant	33.3%	5
Commercial Insurance	6.7%	1
Quartz	6.7%	1
Total	100.0%	15



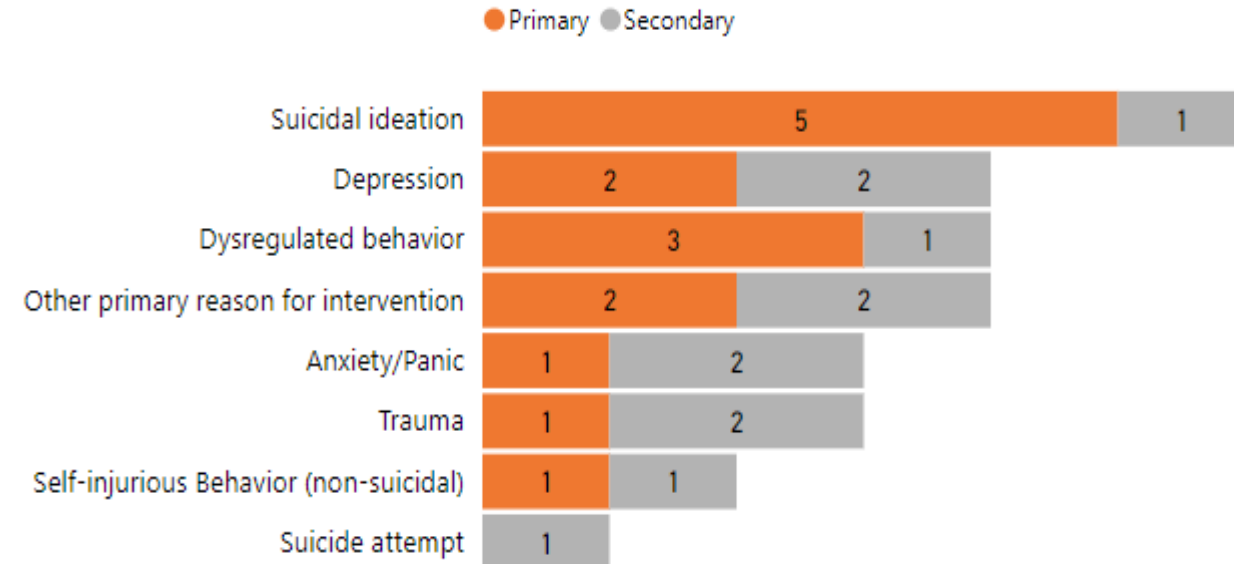
Houston County Summary

Southeast Regional Crisis Center

Primary and Secondary Reasons for Intervention (Mobile Response - MHIS Form)



By Primary and Secondary Reason

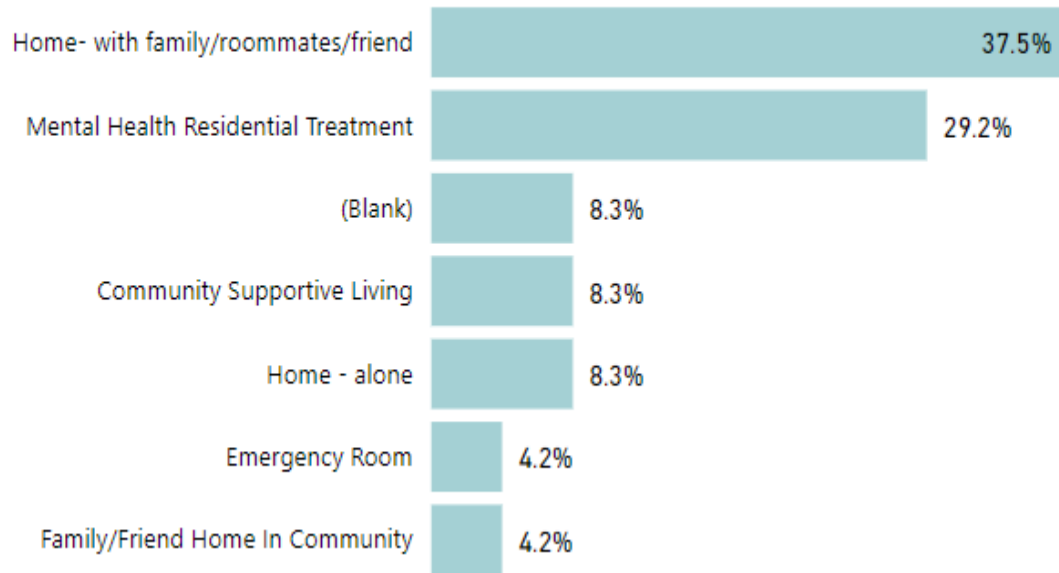


- In the graph above, you will see the primary and secondary reasons for seeking mental health services at SERCC. The primary reason for individuals from Houston County was suicidal ideation.

Houston County Summary

Southeast Regional Crisis Center

Discharge Location (Discharge Summaries & Care Management Plans)



Discharge Reason (Discharge Summaries & Care Management Plans)

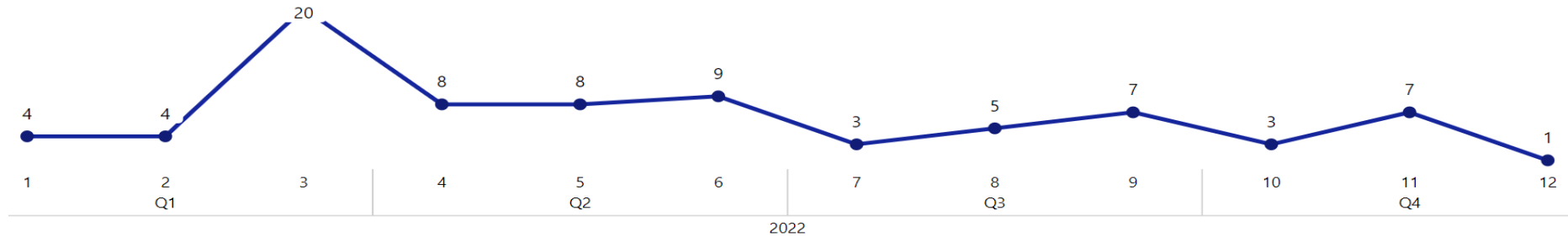
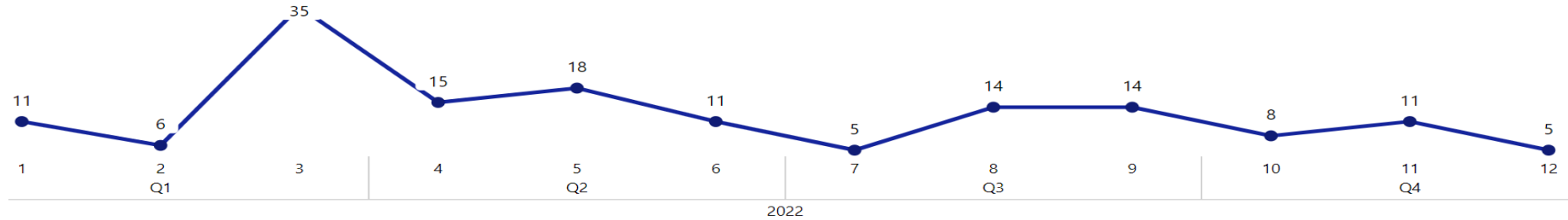
Reason for Discharge	% reason	# notes
Individual has symptoms and needs that permit a lesser level of service and adequate supports and services are in place (community and professional).	33.3%	8
Individual is transferring to SERCC Short-Term Residential Services.	33.3%	8
Individual demonstrates current suicidal intent and risk factors can not be mitigated.	4.2%	1
Individual does not want to participate in services/programming despite attempts to engage them.	4.2%	1
Individual exceeds service allotment.	4.2%	1
Individual has medical or physical health needs that exceed what can be managed at SERCC.	4.2%	1
Individual left against clinical advice.	4.2%	1
Individual was receiving bridging services only (only had DA, therapy and/or psychiatry services).	4.2%	1
Individual's MH symptoms required a more intensive level of service.	4.2%	1
Other - Describe in Remarks	4.2%	1
Total	100.0%	24

- In the graphs pictures above, you will see all discharge locations and reasons for discharge for services provided at SERCC.

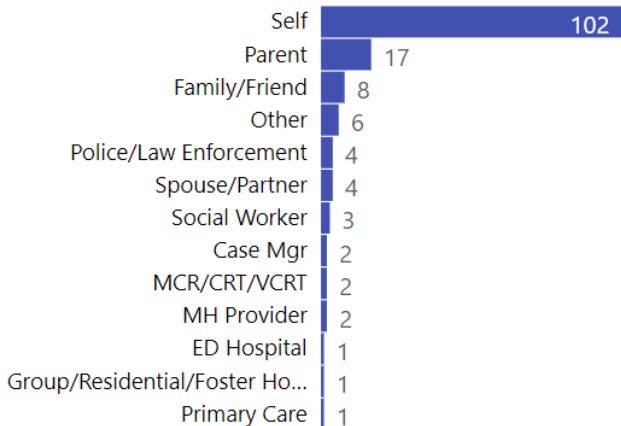
Mower County Summary

Community Mobile Response

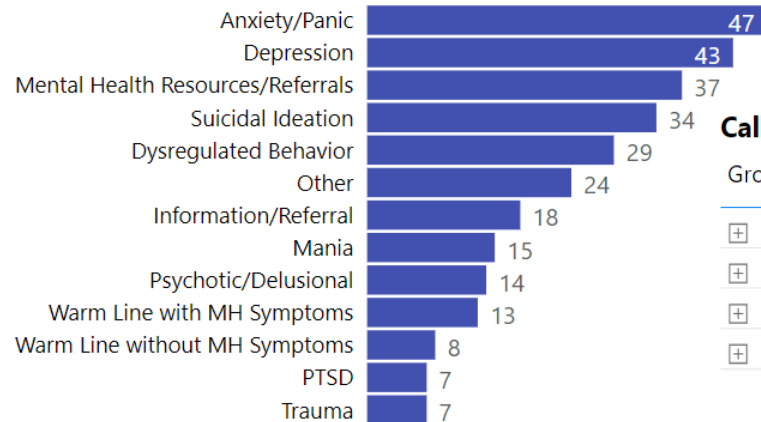
- 153 Calls to the Hotline
 - 78 Night and Weekend
 - 75 Day Time
- 79 Calls transferred to Mobile Response
 - 34 Night and Weekend
 - 45 Day Time



Relationship to Client



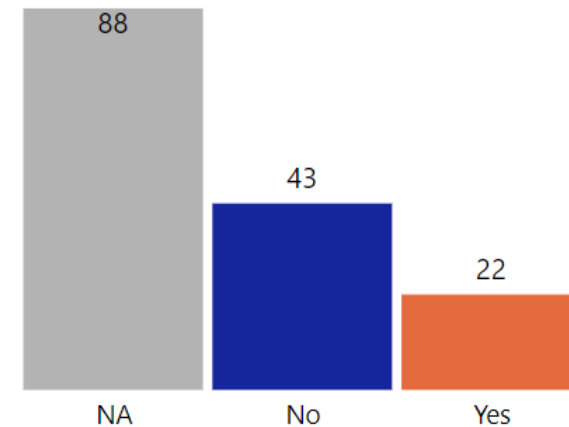
Primary Reasons (up to 2 can be selected)



Calls by Age Group

Grouped	#	%
⊕ Adolescent (ages 18 and under)	21	14%
⊕ Adult (ages 18-64)	105	69%
⊕ Senior (ages over 65)	10	7%
⊕ Unknown	17	11%
Total	153	100%

Are you thinking of suicide?



Mower County Summary

Southeast Regional Crisis Center

In 2022, we served 49 individuals in the clinic through mobile response from Mower County.

Of the 49 individuals served, 24 entered crisis residential. There were 8 repeat enrollments.

We recommended stabilization services in the community to all individuals served from Mower County.

11 of the 49 individuals served in 2022 received clinic bridging services through SERCC.

Mobile Response		
# 0-Screenings or 1-Assessments	Unique People Served	Individuals Returning
52	49	18%
# 1-Crisis Assessments	Crisis Assessments (0-17 years)	Crisis Assessments (18+)
49	14	35

Crisis Clinic		
# Enrollments	Total Diagnostic Assessments	
11	(Blank)	
Unique People Served	Total Psychiatric Notes	Total Psychotherapy Sessions
10	5	12

Residential				
Unique People Served	Unique Adults Served	Adult Enrollments	Length of Stay (Adult Residential)	Individuals Returning (to the same program)
24	17	24	6.17	25%
# Enrollments	Unique Youth Served	Youth Enrollments	Length of Stay (Youth Residential)	Avg # of Collaborative Case Notes
32	7	8	7.25	0.45

Stabilization		
# Recommendations for Stabilization	Plans Created for Stabilization	Stabilization Appointments
49	0	0

Mobile Response Enrollments with No 0-Screening or 1-Assessment	Enrollments Didn't Go Past 0-Screening
164	3
*2022-present only	

Mower County Summary

Southeast Regional Crisis Center

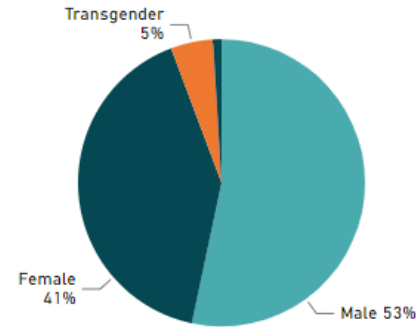
Of the 49 unique individuals served, the gender and race/ethnicity data is shown in the graph to the right.

You will also find the referral source for these individuals. The most common referral source was self referral.

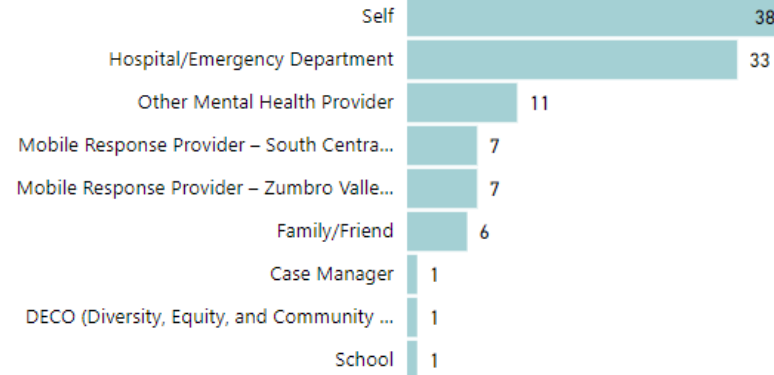
The age breakdown is also shown, with the biggest age group being ages 19-29.

Lastly, the insurance breakdown is listed for those accessing services from Mower County.

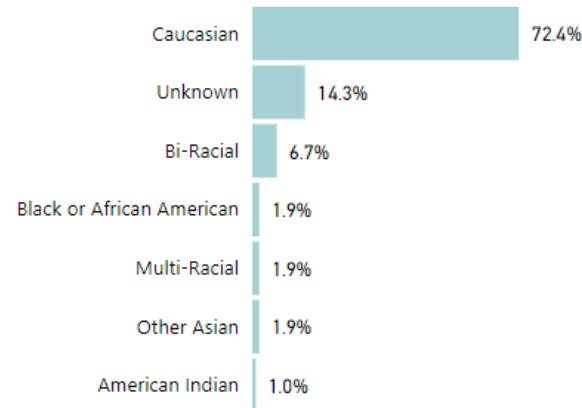
By Gender



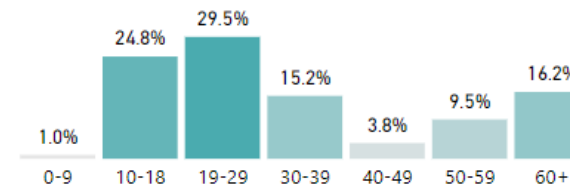
By Referral Source



By Race/Ethnicity



By Age Group (Click down arrow to view more detail.)



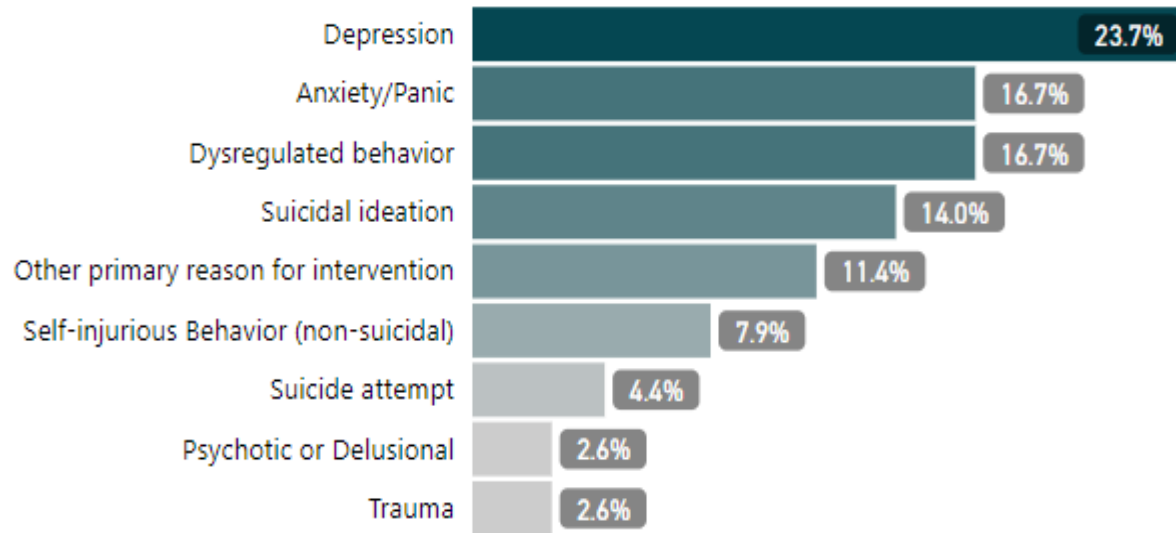
Primary, Secondary, and Tertiary Benefit Assignments

payer_name	%	#
Medical Assistance	67.2%	39
MN Medical Assistance	32.8%	19
UCARE (2022)	31.0%	18
Blue Plus	10.3%	6
HealthPartners	1.7%	1
South Country Health Alliance	1.7%	1
Grant Payer	34.5%	20
Crest Regional Grant	34.5%	20
Commercial Insurance	25.9%	15
Blue Cross Blue Shield	13.8%	8
Medica	6.9%	4
Medica Mayo	5.2%	3
Community Funds	20.7%	12
Community Funds	20.7%	12
County Payer	15.5%	9
Mower County	15.5%	9
Medicare	6.9%	4
Medicare	6.9%	4
Total	100.0%	58

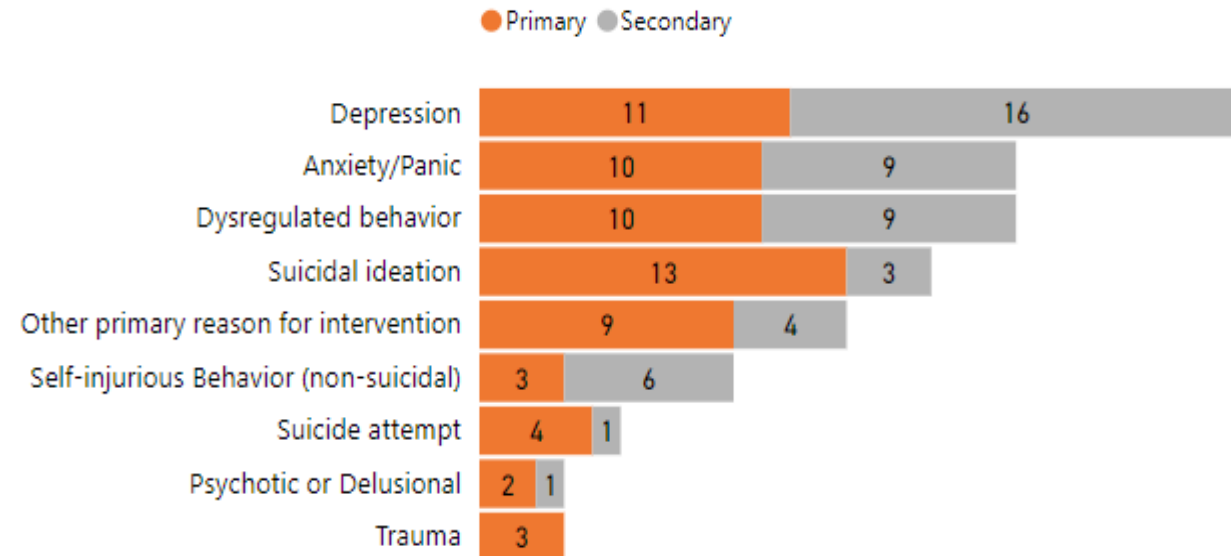
Mower County Summary

Southeast Regional Crisis Center

Primary and Secondary Reasons for Intervention (Mobile Response - MHIS Form)



By Primary and Secondary Reason

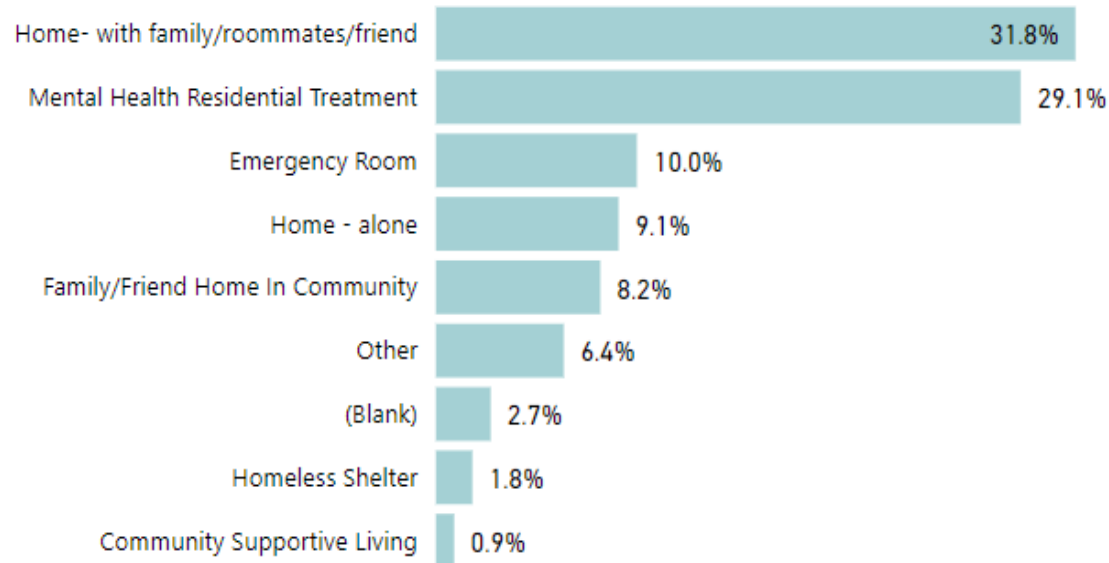


- In the graph above, you will see the primary and secondary reasons for seeking mental health services at SERCC. The primary reason for individuals from Mower County was depression.

Mower County Summary

Southeast Regional Crisis Center

Discharge Location (Discharge Summaries & Care Management Plans)



Discharge Reason (Discharge Summaries & Care Management Plans)

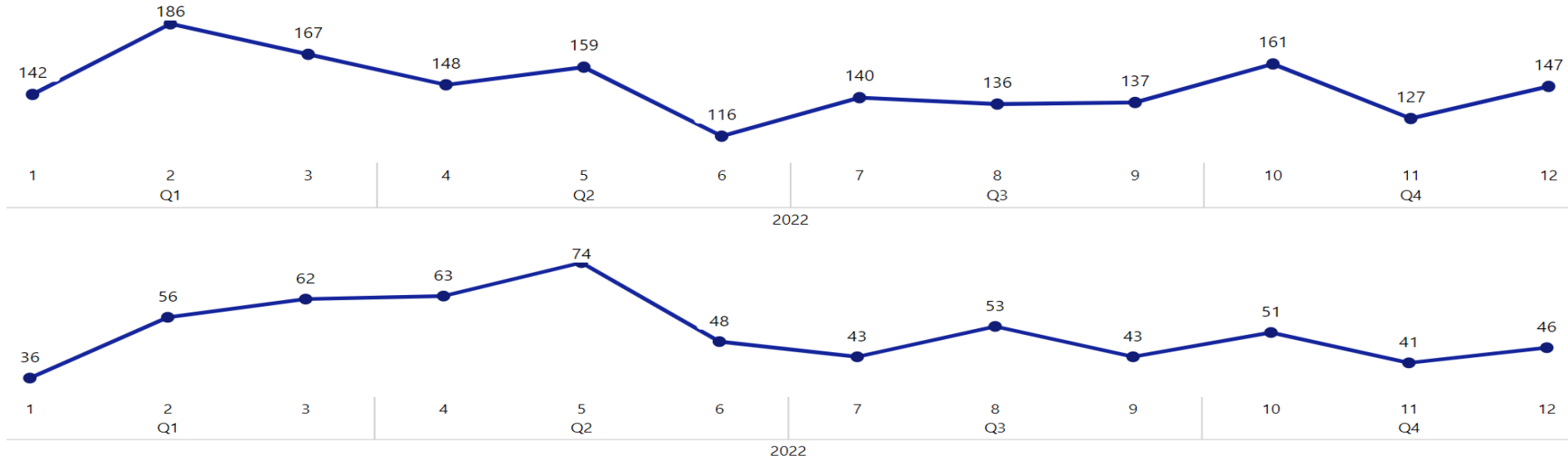
Reason for Discharge	% reason	# notes
Individual is transferring to SERCC Short-Term Residential Services.	28.2%	31
Individual has symptoms and needs that permit a lesser level of service and adequate supports and services are in place (community and professional).	26.4%	29
Individual has medical or physical health needs that exceed what can be managed at SERCC.	8.2%	9
Other - Describe in Remarks	7.3%	8
Individual exceeds service allotment.	6.4%	7
Individual was receiving bridging services only (only had DA, therapy and/or psychiatry services).	6.4%	7
Individual's MH symptoms required a more intensive level of service.	5.5%	6
Individual shows evidence of decreased distress and SERCC intervention met need (has no current services/supports and none are recommended).	4.5%	5
Individual does not want to participate in services/programming despite attempts to engage them.	3.6%	4
Individual shows evidence of decreased distress and appropriate and community-based alternatives exist (no	1.8%	2
Total	100.0%	110

- In the graphs pictures above, you will see all discharge locations and reasons for discharge for services provided at SERCC.

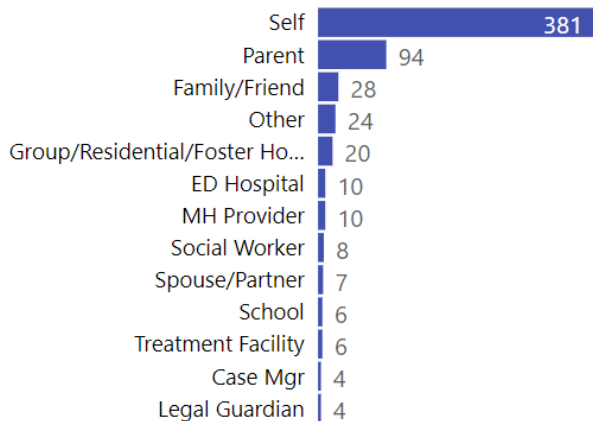
Olmsted County Summary

Community Mobile Response

- 1,766 Calls to the Hotline
 - 840 Night and Weekend
 - 926 Day Time
- 616 Calls transferred to Mobile Response
 - 295 Night and Weekend
 - 321 Day Time



Relationship to Client



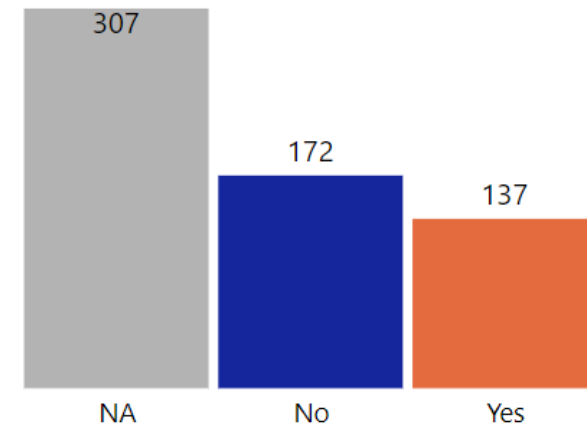
Primary Reasons (up to 2 can be selected)



Calls by Age Group

Grouped	#	%
⊕ Adolescent (ages 18 and under)	116	19%
⊕ Adult (ages 18-64)	459	75%
⊕ Senior (ages over 65)	14	2%
⊕ Unknown	27	4%
Total	616	100%

Are you thinking of suicide?



Olmsted County Summary

Southeast Regional Crisis Center

In 2022, we served 580 individuals in the clinic through mobile response from Olmsted County.

Of the 580 individuals served, 272 entered crisis residential. There were 59 repeat enrollments.

We recommended stabilization services in the community to 523 of the 580 individuals served from Olmsted County.

146 of the 580 individuals served in 2022 received clinic bridging services through SERCC.

Mobile Response		
# 0-Screenings or 1-Assessments	Unique People Served	Individuals Returning
675	580	23%
# 1-Crisis Assessments	Crisis Assessments (0-17 years)	Crisis Assessments (18+)
622	196	426

Crisis Clinic		
# Enrollments	Total Diagnostic Assessments	
149	17	
Unique People Served	Total Psychiatric Notes	Total Psychotherapy Sessions
146	111	152

Residential				
Unique People Served	Unique Adults Served	Adult Enrollments	Length of Stay (Adult Residential)	Individuals Returning (to the same program)
272	172	203	5.88	17%
# Enrollments	Unique Youth Served	Youth Enrollments	Length of Stay (Youth Residential)	Avg # of Collaborative Case Notes
331	100	128	6.45	0.61

Stabilization		
# Recommendations for Stabilization	Plans Created for Stabilization	Stabilization Appointments
523	5	20

Mobile Response Enrollments with No 0-Screening or 1-Assessment	Enrollments Didn't Go Past 0-Screening
164	53
*2022-present only	

Olmsted County Summary

Southeast Regional Crisis Center

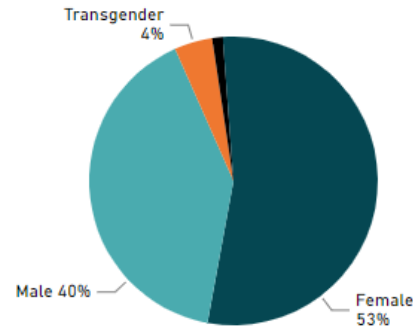
Of the 580 unique individuals served, the gender and race/ethnicity data is shown in the graph to the right.

You will also find the referral source for these individuals. The most common referral source was self referral.

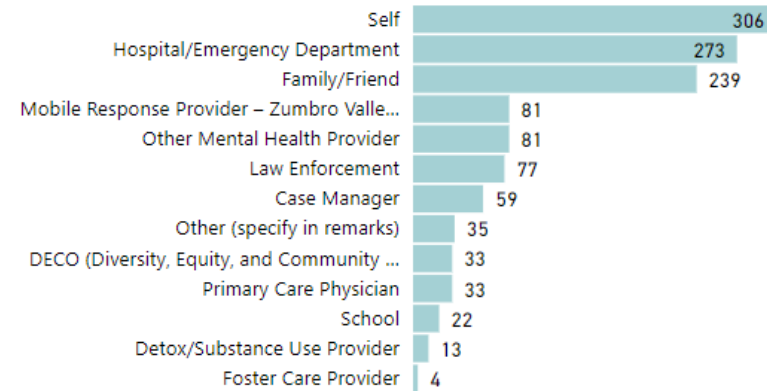
The age breakdown is also shown, with the biggest age group being ages 10-18.

Lastly, the insurance breakdown is listed for those accessing services from Olmsted County.

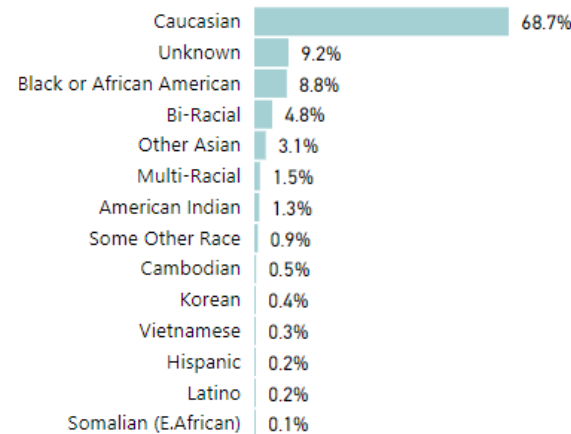
By Gender



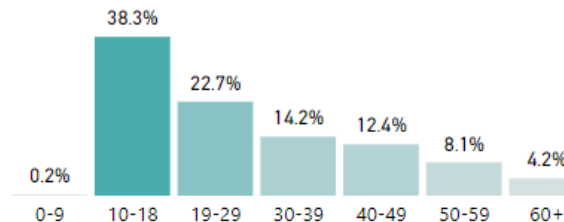
By Referral Source



By Race/Ethnicity



By Age Group (Click down arrow to view more detail.)



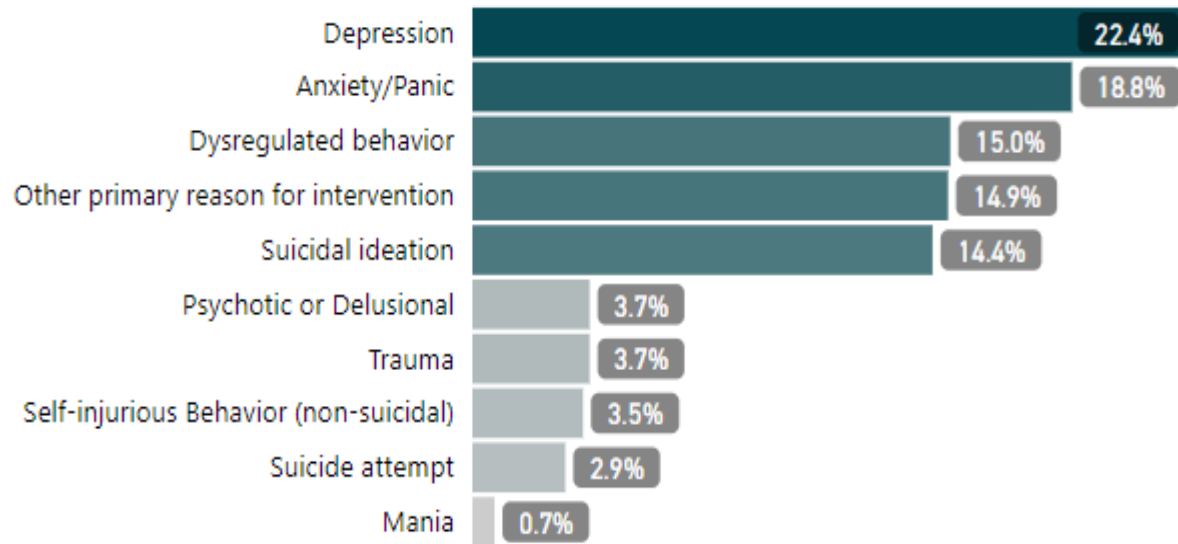
Primary, Secondary, and Tertiary Benefit Assignments

payer_name	%	#
Medical Assistance	63.5%	450
UCARE (2022)	37.1%	263
MN Medical Assistance	15.2%	108
Blue Plus	11.6%	82
HealthPartners	0.8%	6
South Country Health Alliance	0.7%	5
Medica	0.1%	1
UCARE (2021)	0.1%	1
Grant Payer	37.1%	263
Crest Regional Grant	37.1%	263
Commercial Insurance	30.5%	216
Medica Mayo	18.2%	129
Blue Cross Blue Shield	6.8%	48
UnitedHealthcare	2.0%	14
Medica	1.3%	9
HealthPartners	0.8%	6
UMR	0.7%	5
Cigna	0.4%	3
Preferred One	0.4%	3
Aetna	0.1%	1
TriCare West Region	0.1%	1
County Payer	22.4%	159
Olmsted County	21.7%	154
Kittson County	0.4%	3
Mower County	0.3%	2
Community Funds	17.1%	121
Community Funds	17.1%	121
Medicare	5.5%	39
Medicare	5.5%	39
Total	100.0%	709

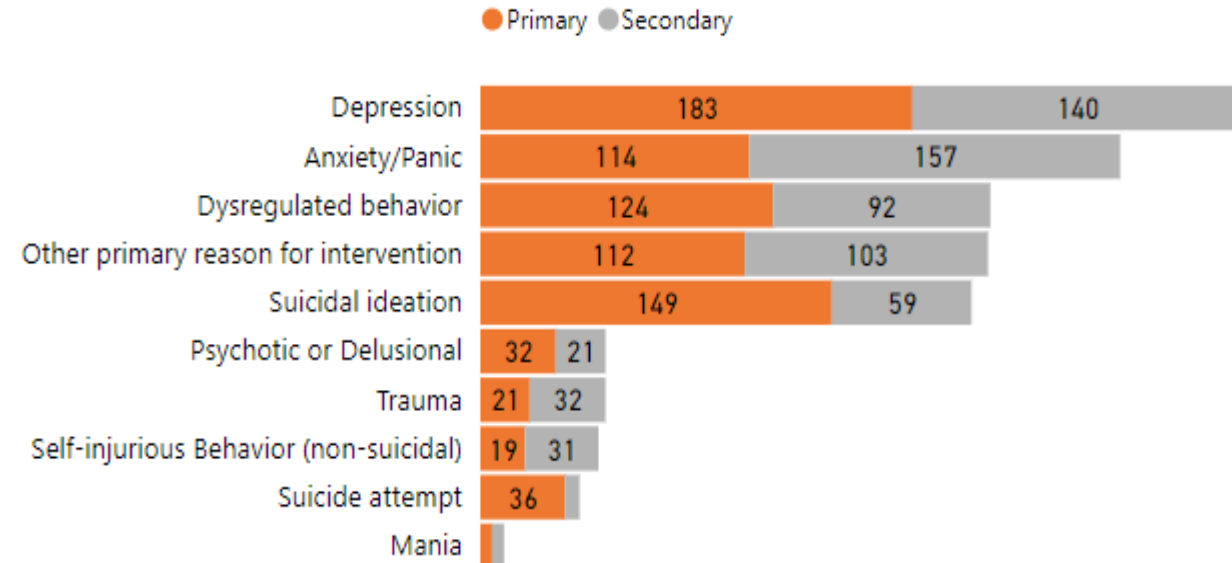
Olmsted County Summary

Southeast Regional Crisis Center

Primary and Secondary Reasons for Intervention (Mobile Response - MHIS Form)



By Primary and Secondary Reason

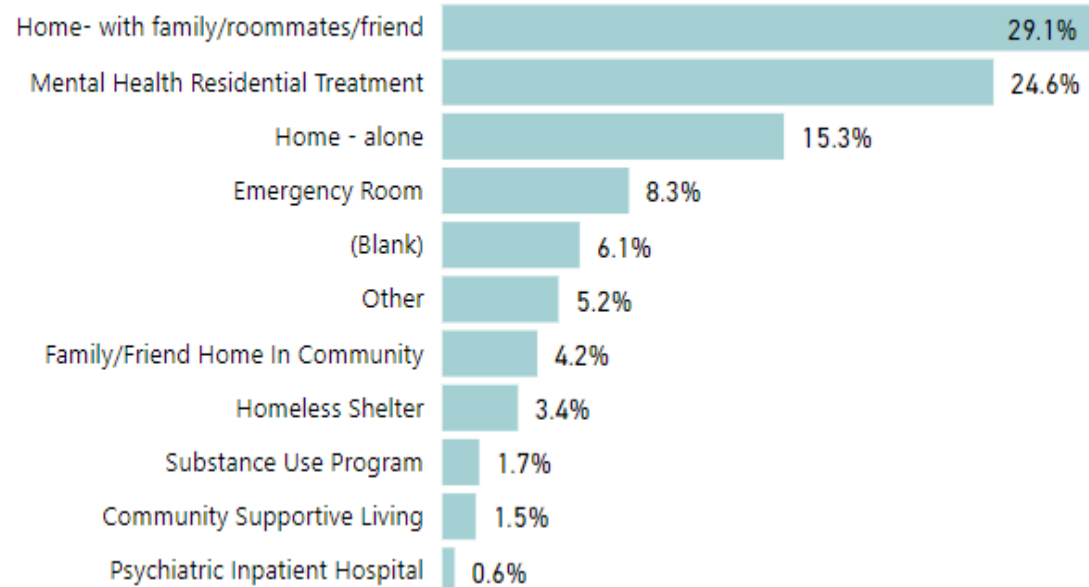


- In the graph above, you will see the primary and secondary reasons for seeking mental health services at SERCC. The primary reason for individuals from Olmsted County was depression.

Olmsted County Summary

Southeast Regional Crisis Center

Discharge Location (Discharge Summaries & Care Management Plans)



Discharge Reason (Discharge Summaries & Care Management Plans)

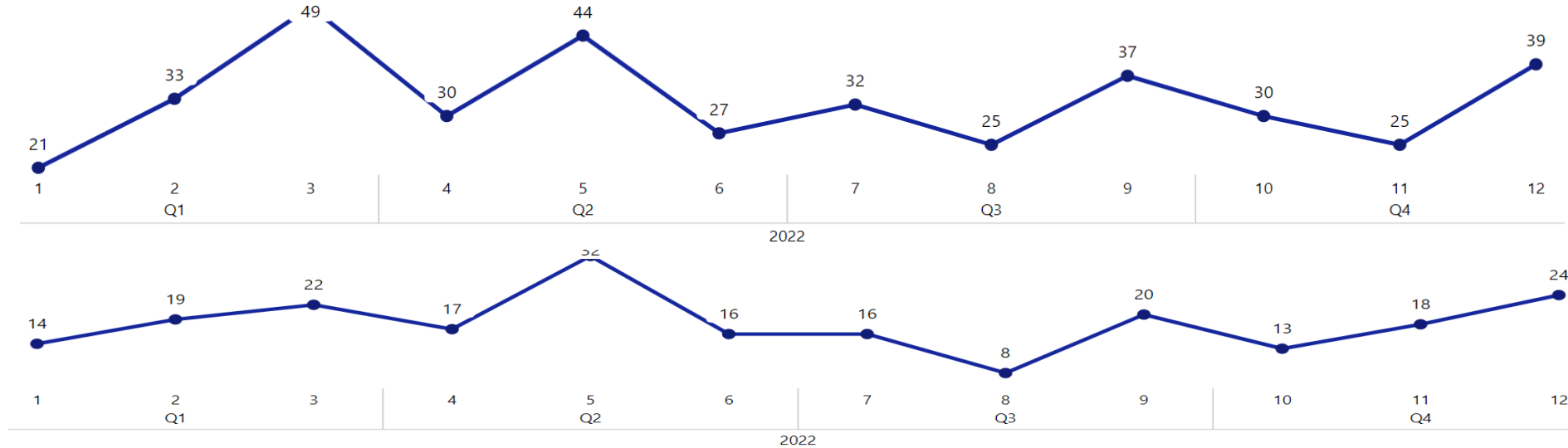
Reason for Discharge	% reason	# notes
Individual has symptoms and needs that permit a lesser level of service and adequate supports and services are in place (community and professional).	27.9%	355
Individual is transferring to SERCC Short-Term Residential Services.	25.7%	327
Individual was receiving bridging services only (only had DA, therapy and/or psychiatry services).	9.1%	116
Other - Describe in Remarks	7.9%	101
Individual's MH symptoms required a more intensive level of service.	5.5%	70
Individual does not want to participate in services/programming despite attempts to engage them.	4.6%	59
Individual shows evidence of decreased distress and appropriate and community-based alternatives exist (no professional MH/SU services are recommended).	4.4%	56
Individual exceeds service allotment.	4.2%	53
Individual has medical or physical health needs that exceed what can be managed at SERCC.	3.5%	44
Individual left against clinical advice.	1.7%	22
Total	100.0%	1271

- In the graphs pictures above, you will see all discharge locations and reasons for discharge for services provided at SERCC.

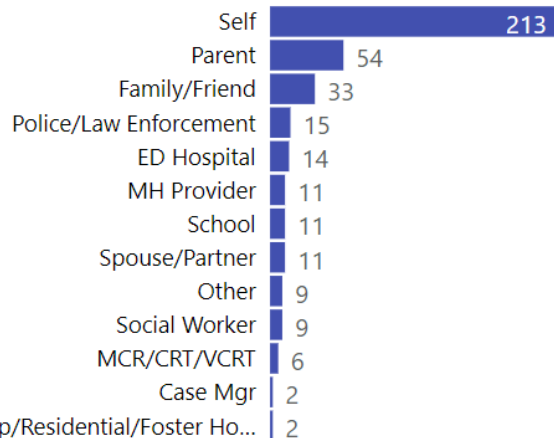
Steele County Summary

Community Mobile Response

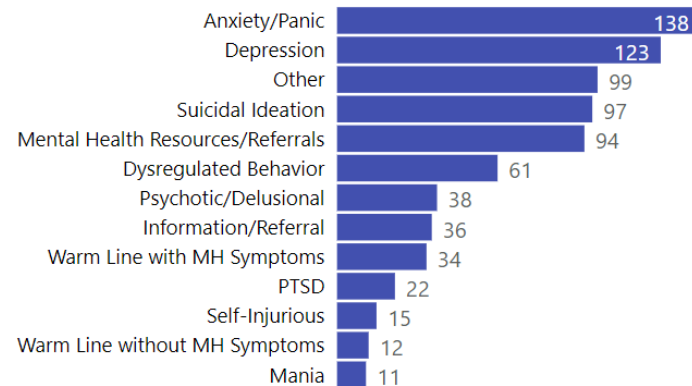
- 392 Calls to the Hotline
 - 174 Night and Weekend
 - 213 Day Time
- 219 Calls transferred to Mobile Response
 - 94 Night and Weekend
 - 125 Day Time



Relationship to Client



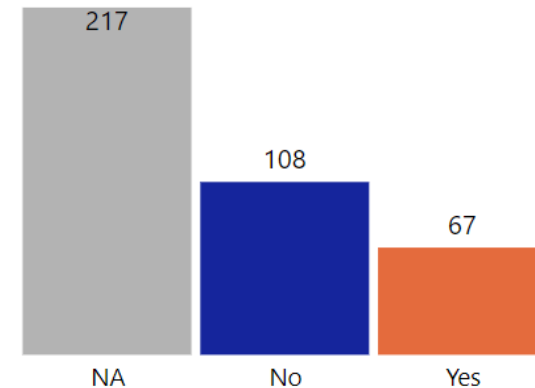
Primary Reasons (up to 2 can be selected)



Calls by Age Group

Grouped	#	%
⊕ Adolescent (ages 18 and under)	71	18%
⊕ Adult (ages 18-64)	249	64%
⊕ Senior (ages over 65)	16	4%
⊕ Unknown	56	14%
Total	392	100%

Are you thinking of suicide?



Steele County Summary

Southeast Regional Crisis Center

In 2022, we served 22 individuals in the clinic through mobile response from Steele County.

Of the 22 individuals served, 13 entered crisis residential. There was 1 repeat enrollment.

We recommended stabilization services in the community to 13 of the 22 individuals served from Steele County.

6 of the 22 individuals served in 2022 received clinic bridging services through SERCC.

Mobile Response		
# 0-Screenings or 1-Assessments	Unique People Served	Individuals Returning
17	22	18%
# 1-Crisis Assessments	Crisis Assessments (0-17 years)	Crisis Assessments (18+)
16	7	9

Crisis Clinic		
# Enrollments	Total Diagnostic Assessments	
6	(Blank)	
Unique People Served	Total Psychiatric Notes	Total Psychotherapy Sessions
5	5	8

Residential				
Unique People Served	Unique Adults Served	Adult Enrollments	Length of Stay (Adult Residential)	Individuals Returning (to the same program)
13	7	7	5.00	8%
# Enrollments	Unique Youth Served	Youth Enrollments	Length of Stay (Youth Residential)	Avg # of Collaborative Case Notes
14	6	7	5.57	0.57

Stabilization		
# Recommendations for Stabilization	Plans Created for Stabilization	Stabilization Appointments
13	0	0

Mobile Response Enrollments with No 0-Screening or 1-Assessment	Enrollments Didn't Go Past 0-Screening
164	1
*2022-present only	

Steele County Summary

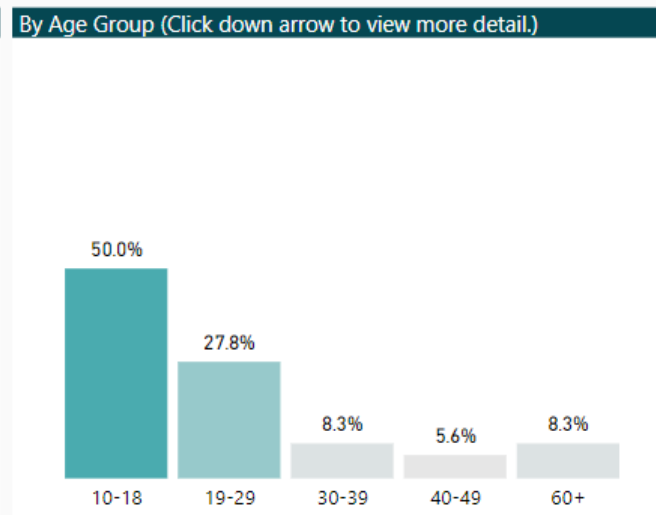
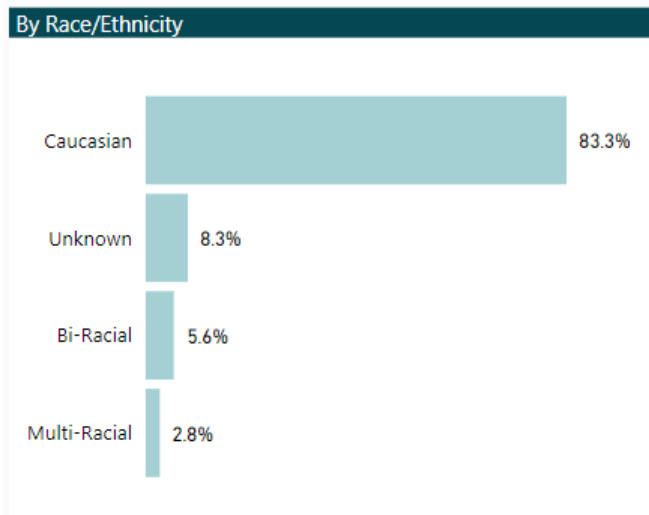
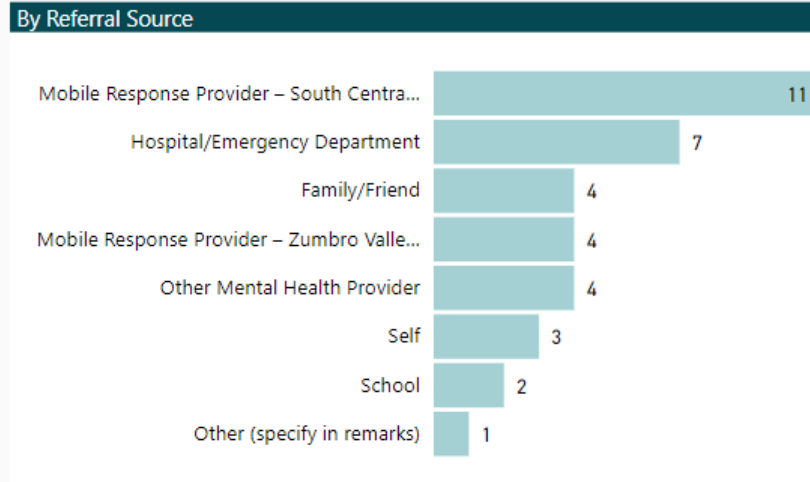
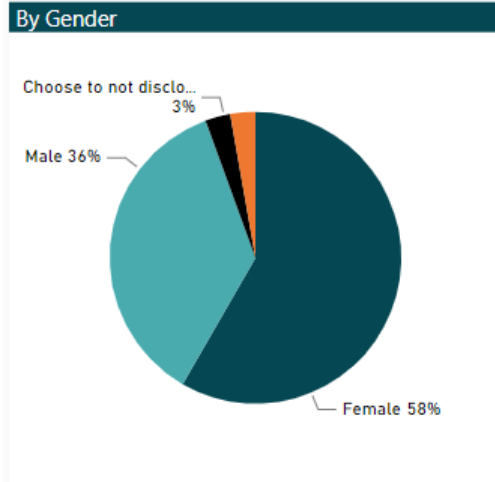
Southeast Regional Crisis Center

Of the 22 unique individuals served, the gender and race/ethnicity data is shown in the graph to the right.

You will also find the referral source for these individuals. The most common referral source was mobile response.

The age breakdown is also shown, with the biggest age group being ages 10-18.

Lastly, the insurance breakdown is listed for those accessing services from Steele County.



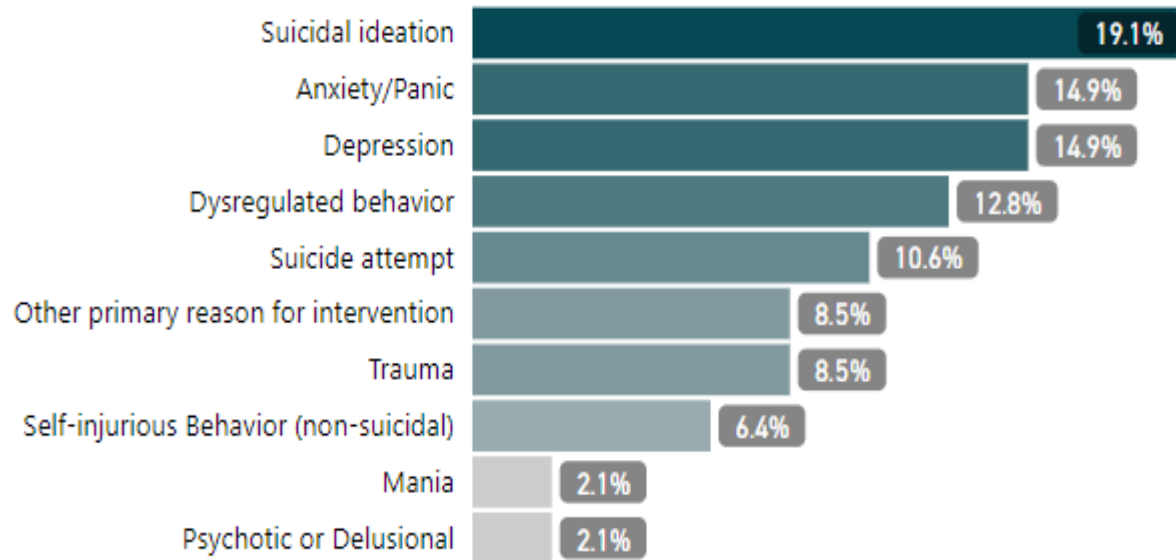
Primary, Secondary, and Tertiary Benefit Assignments

payer_name	%	#
Medical Assistance	69.6%	16
South Country Health Alliance	43.5%	10
MN Medical Assistance	13.0%	3
UCARE (2022)	8.7%	2
Blue Plus	4.3%	1
Commercial Insurance	30.4%	7
Blue Cross Blue Shield	13.0%	3
Cigna	4.3%	1
HealthPartners	4.3%	1
Medica	4.3%	1
UMR	4.3%	1
County Payer	26.1%	6
Steele County	26.1%	6
Grant Payer	21.7%	5
Crest Regional Grant	21.7%	5
Community Funds	4.3%	1
Community Funds	4.3%	1
Medicare	4.3%	1
Medicare	4.3%	1
Total	100.0%	23

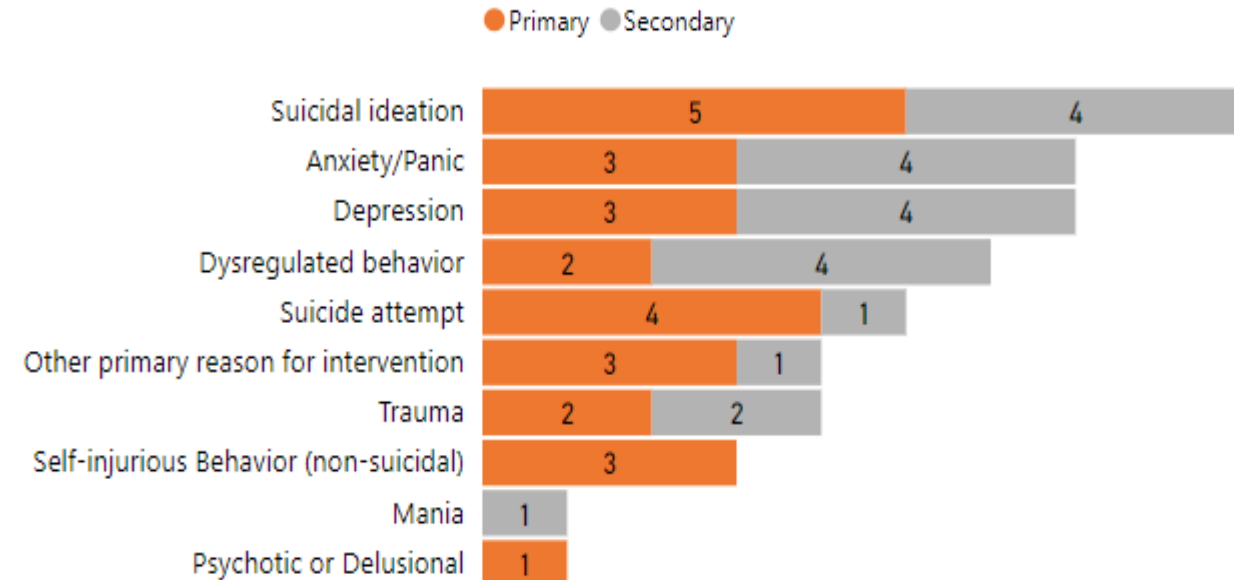
Steele County Summary

Southeast Regional Crisis Center

Primary and Secondary Reasons for Intervention (Mobile Response - MHIS Form)



By Primary and Secondary Reason

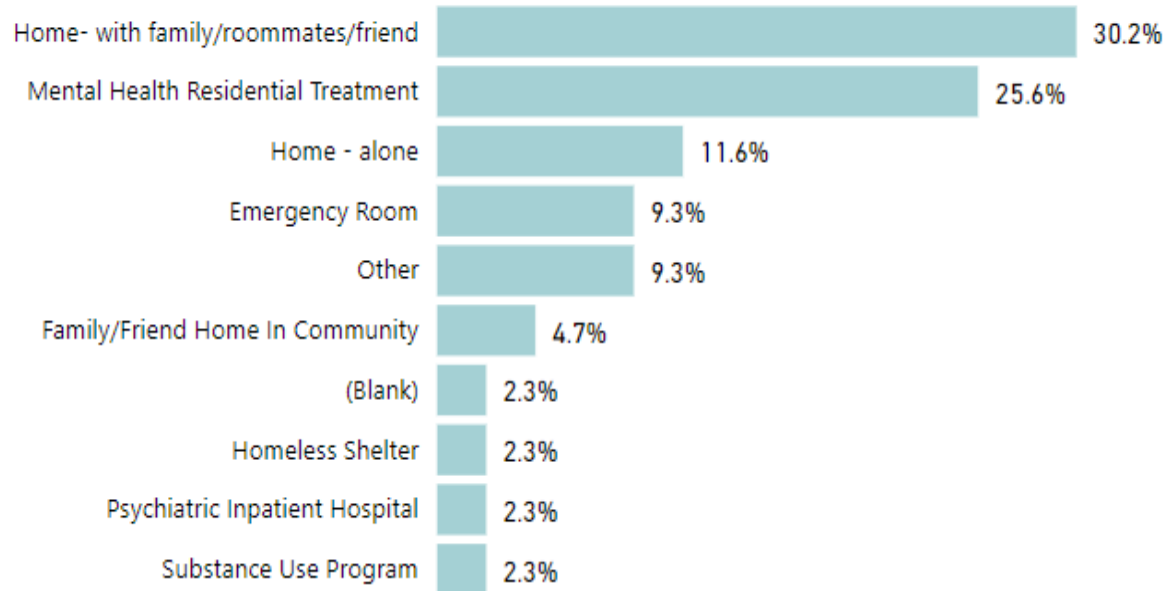


- In the graph above, you will see the primary and secondary reasons for seeking mental health services at SERCC. The primary reason for individuals from Steele County was suicidal ideation.

Steele County Summary

Southeast Regional Crisis Center

Discharge Location (Discharge Summaries & Care Management Plans)



Discharge Reason (Discharge Summaries & Care Management Plans)

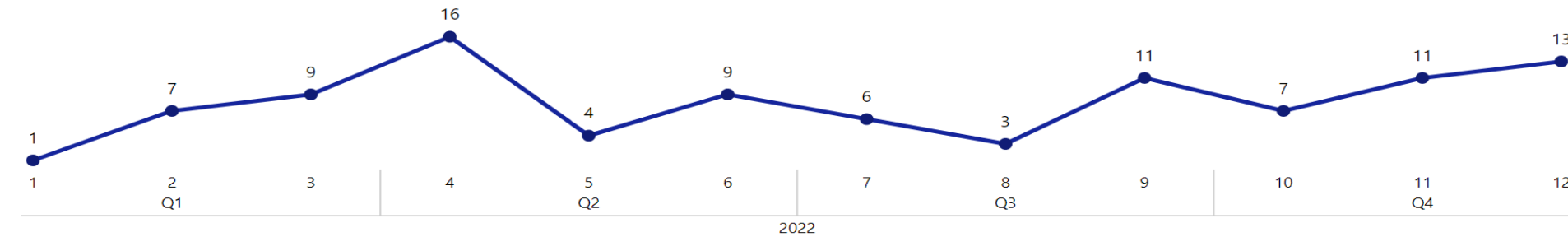
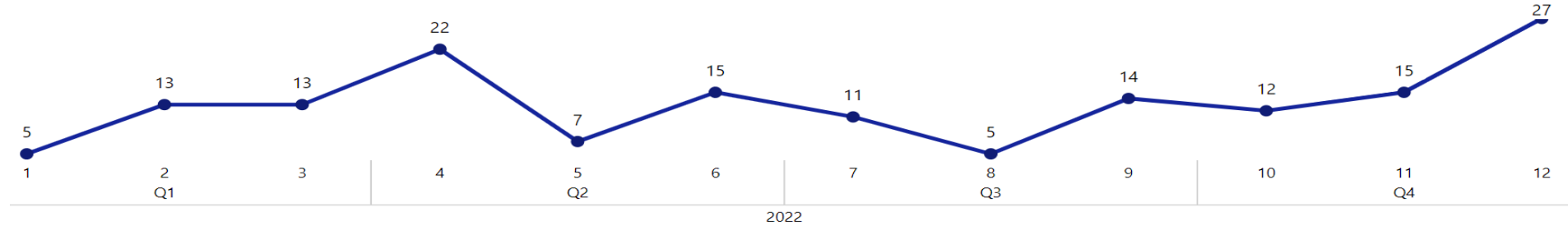
Reason for Discharge	% reason	# notes
Individual is transferring to SERCC Short-Term Residential Services.	30.2%	13
Individual has symptoms and needs that permit a lesser level of service and adequate supports and services are in place (community and professional).	23.3%	10
Other - Describe in Remarks	16.3%	7
Individual has medical or physical health needs that exceed what can be managed at SERCC.	7.0%	3
Individual was receiving bridging services only (only had DA, therapy and/or psychiatry services).	7.0%	3
Individual's MH symptoms required a more intensive level of service.	7.0%	3
Individual shows evidence of decreased distress and appropriate and community-based alternatives exist (no professional MH/SU services are recommended).	4.7%	2
Individual does not want to participate in services/programming despite attempts to engage them.	2.3%	1
Individual exceeds service allotment.	2.3%	1
Total	100.0%	43

- In the graphs pictures above, you will see all discharge locations and reasons for discharge for services provided at SERCC.

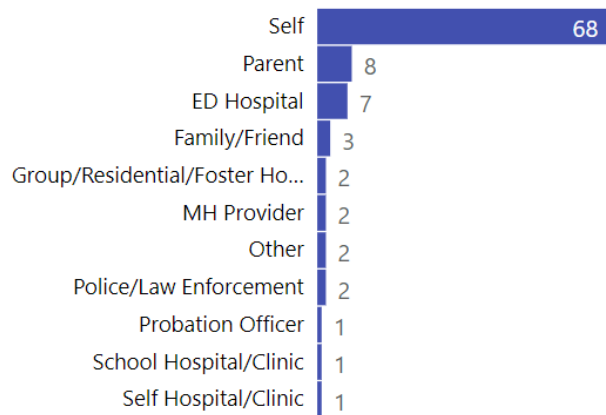
Wabasha County Summary

Community Mobile Response

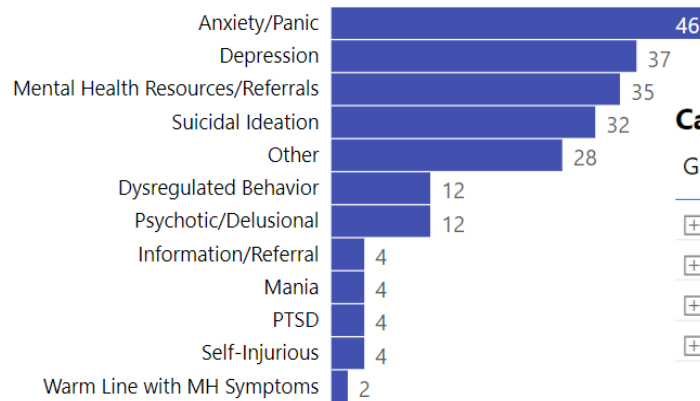
- 159 Calls to the Hotline
 - 73 Night and Weekend
 - 86 Day Time
- 97 Calls transferred to Mobile Response
 - 50 Night and Weekend
 - 47 Day Time



Relationship to Client



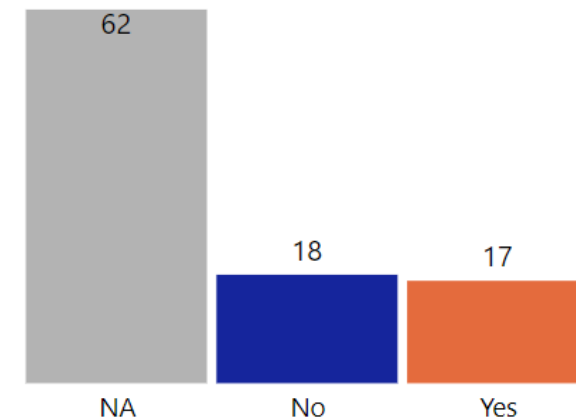
Primary Reasons (up to 2 can be selected)



Calls by Age Group

Grouped	#	%
⊕ Adolescent (ages 18 and under)	5	5%
⊕ Adult (ages 18-64)	81	84%
⊕ Senior (ages over 65)	5	5%
⊕ Unknown	6	6%
Total	97	100%

Are you thinking of suicide?



Wabasha County Summary

Southeast Regional Crisis Center

In 2022, we served 37 individuals in the clinic through mobile response from Wabasha County.

Of the 37 individuals served, 20 entered crisis residential. There were 5 repeat enrollments.

We recommended stabilization services in the community to all of the individuals served from Wabasha County.

9 of the 37 individuals served in 2022 received clinic bridging services through SERCC.

Mobile Response		
# 0-Screenings or 1-Assessments	Unique People Served	Individuals Returning
38	37	22%
# 1-Crisis Assessments	Crisis Assessments (0-17 years)	Crisis Assessments (18+)
35	13	22

Crisis Clinic		
# Enrollments	Total Diagnostic Assessments	
9	1	
Unique People Served	Total Psychiatric Notes	Total Psychotherapy Sessions
9	9	10

Residential				
Unique People Served	Unique Adults Served	Adult Enrollments	Length of Stay (Adult Residential)	Individuals Returning (to the same program)
20	11	16	6.88	20%
# Enrollments	Unique Youth Served	Youth Enrollments	Length of Stay (Youth Residential)	Avg # of Collaborative Case Notes
25	9	9	7.56	0.71

Stabilization		
# Recommendations for Stabilization	Plans Created for Stabilization	Stabilization Appointments
39	0	0

Mobile Response Enrollments with No 0-Screening or 1-Assessment	Enrollments Didn't Go Past 0-Screening
164	3
*2022-present only	

Wabasha County Summary

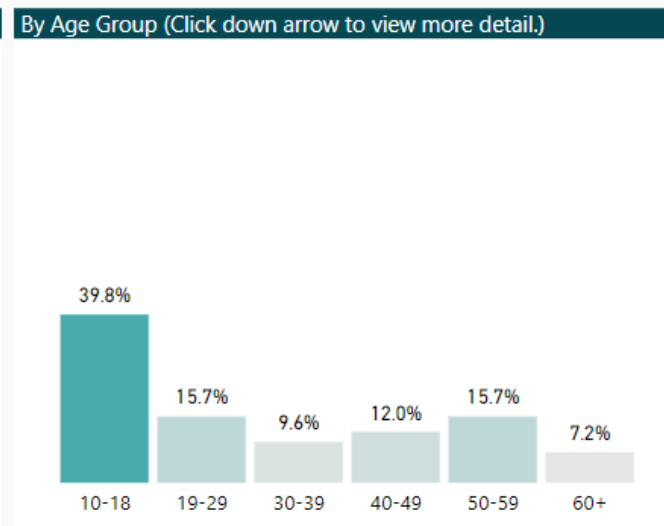
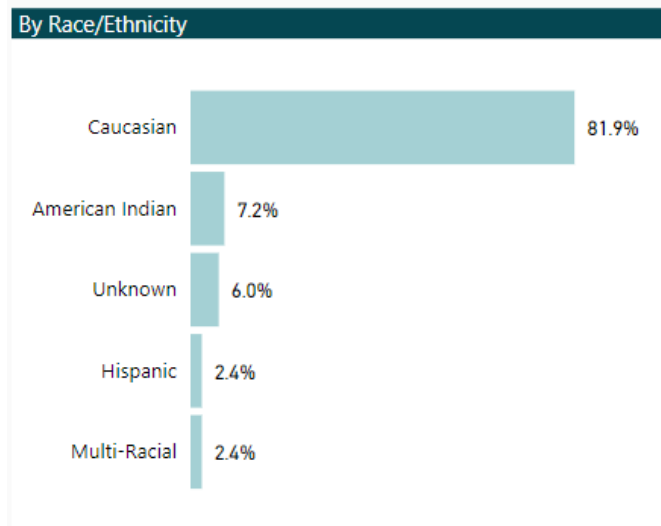
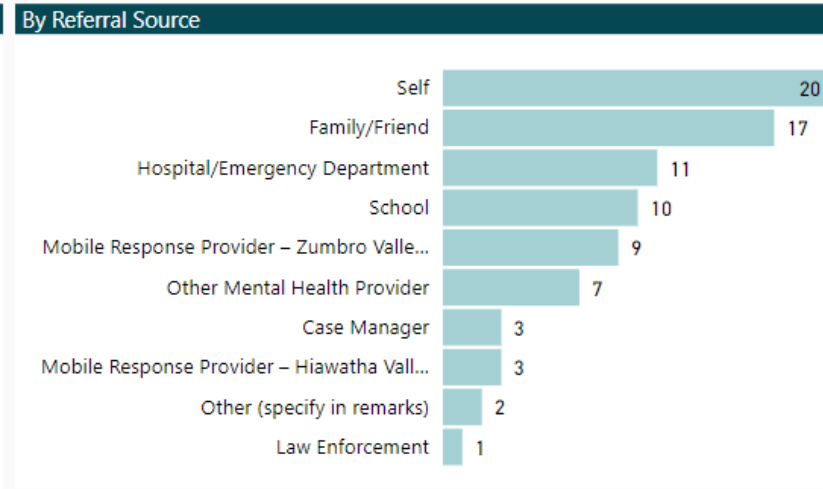
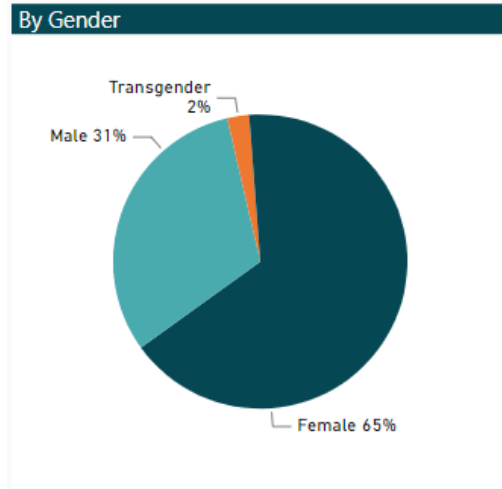
Southeast Regional Crisis Center

Of the 37 unique individuals served, the gender and race/ethnicity data is shown in the graph to the right.

You will also find the referral source for these individuals. The most common referral source was self referral.

The age breakdown is also shown, with the biggest age group being ages 10-18.

Lastly, the insurance breakdown is listed for those accessing services from Wabasha County.



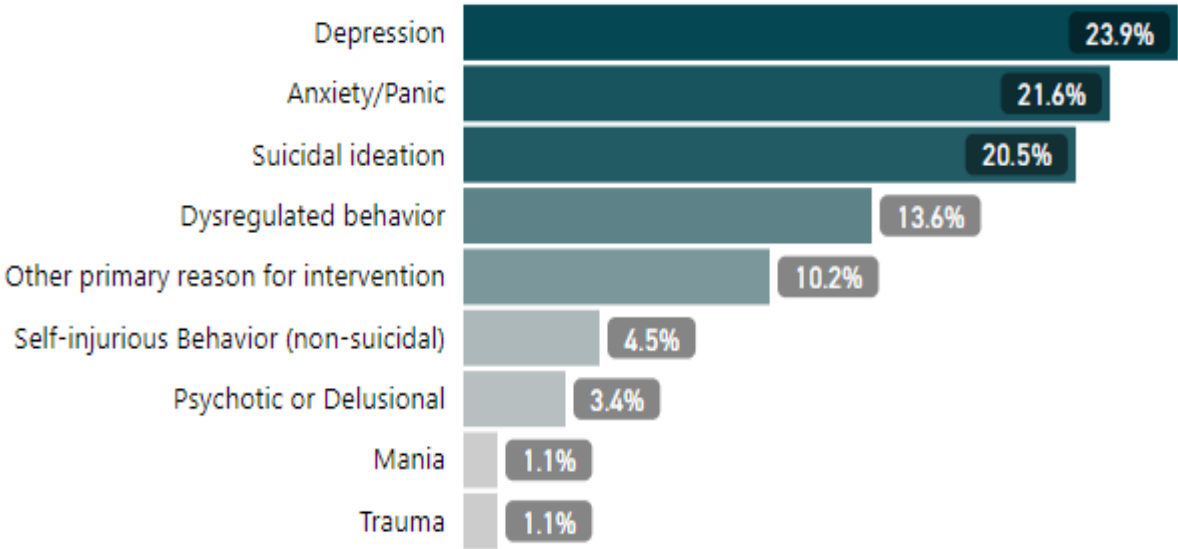
Primary, Secondary, and Tertiary Benefit Assignments

payer_name	%	#
Medical Assistance	71.1%	32
South Country Health Alliance	24.4%	11
Blue Plus	17.8%	8
MN Medical Assistance	15.6%	7
UCARE (2022)	11.1%	5
HealthPartners	2.2%	1
Grant Payer	37.8%	17
Crest Regional Grant	37.8%	17
Commercial Insurance	26.7%	12
Medica Mayo	8.9%	4
UnitedHealthcare	8.9%	4
Blue Cross Blue Shield	4.4%	2
Medica	2.2%	1
UMR	2.2%	1
County Payer	22.2%	10
Wabasha County	20.0%	9
Goodhue County	2.2%	1
Olmsted County	2.2%	1
Community Funds	15.6%	7
Community Funds	15.6%	7
Medicare	8.9%	4
Medicare	8.9%	4
Total	100.0%	45

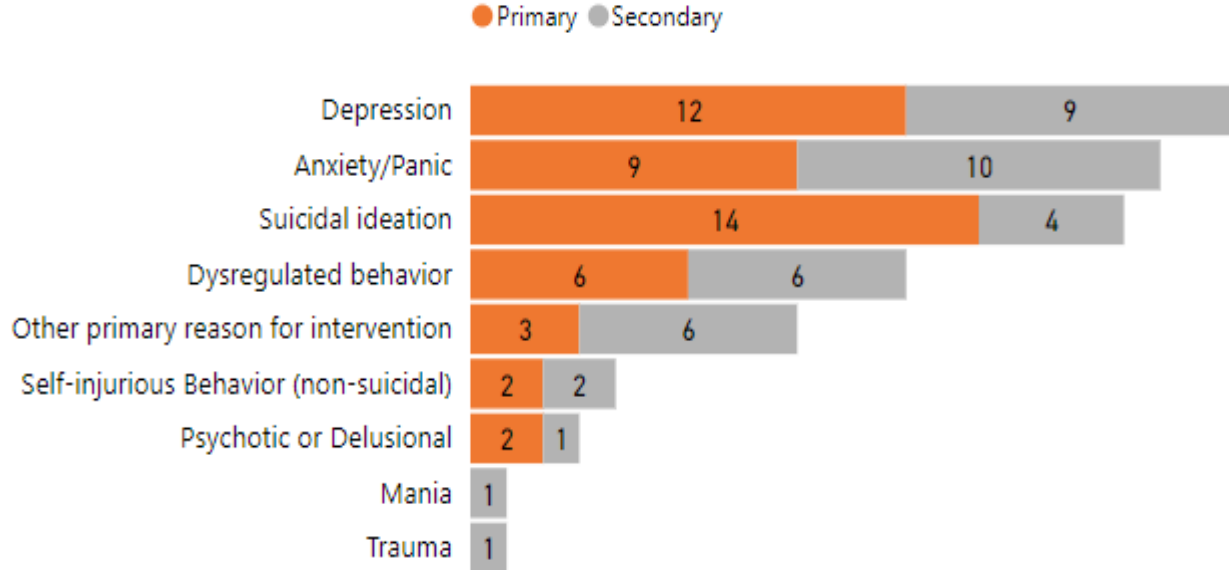
Wabasha County Summary

Southeast Regional Crisis Center

Primary and Secondary Reasons for Intervention (Mobile Response - MHIS Form)



By Primary and Secondary Reason

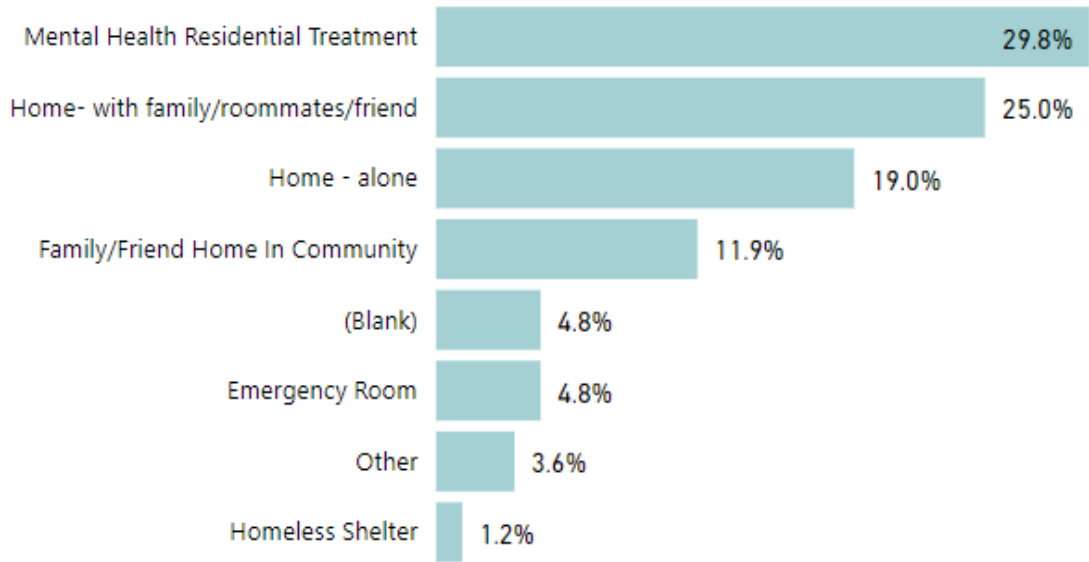


- In the graph above, you will see the primary and secondary reasons for seeking mental health services at SERCC. The primary reason for individuals from Wabasha County was depression.

Wabasha County Summary

Southeast Regional Crisis Center

Discharge Location (Discharge Summaries & Care Management Plans)



Discharge Reason (Discharge Summaries & Care Management Plans)

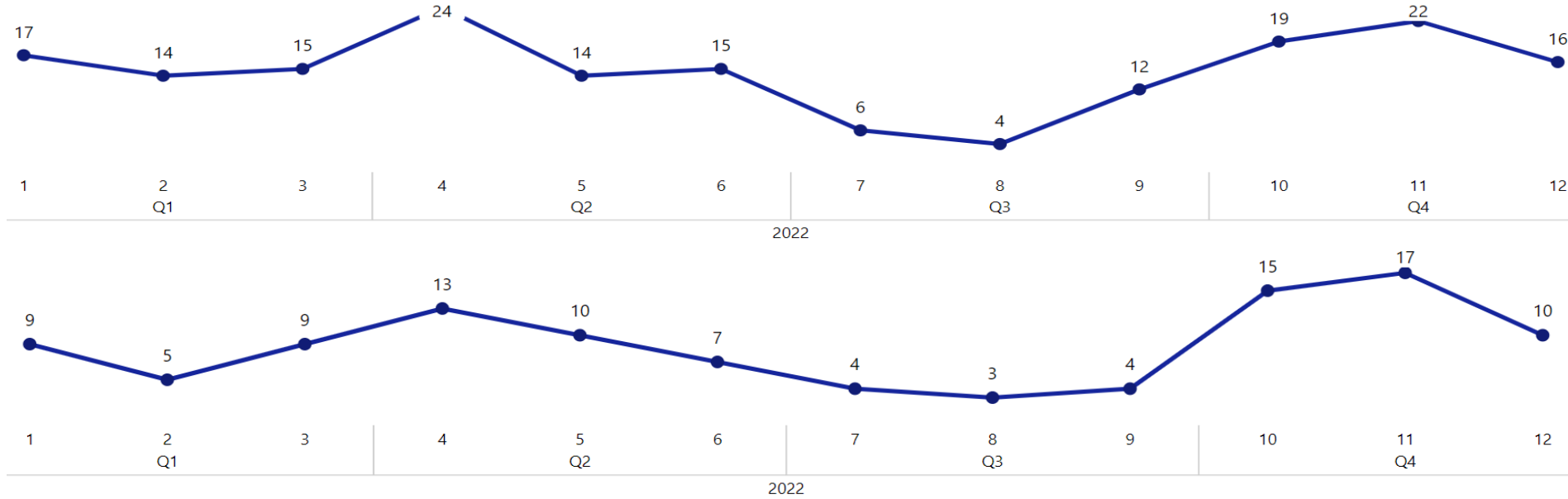
Reason for Discharge	% reason	# notes
Individual has symptoms and needs that permit a lesser level of service and adequate supports and services are in place (community and professional).	31.0%	26
Individual is transferring to SERCC Short-Term Residential Services.	31.0%	26
Individual was receiving bridging services only (only had DA, therapy and/or psychiatry services).	8.3%	7
Other - Describe in Remarks	8.3%	7
Individual exceeds service allotment.	6.0%	5
Individual shows evidence of decreased distress and appropriate and community-based alternatives exist (no professional MH/SU services are recommended).	4.8%	4
Individual does not want to participate in services/programming despite attempts to engage them.	3.6%	3
Individual has medical or physical health needs that exceed what can be managed at SERCC.	3.6%	3
Individual's MH symptoms required a more intensive level of service.	2.4%	2
Individual shows evidence of decreased distress and SERCC intervention met need (has no current	1.2%	1
Total	100.0%	84

- In the graphs pictures above, you will see all discharge locations and reasons for discharge for services provided at SERCC.

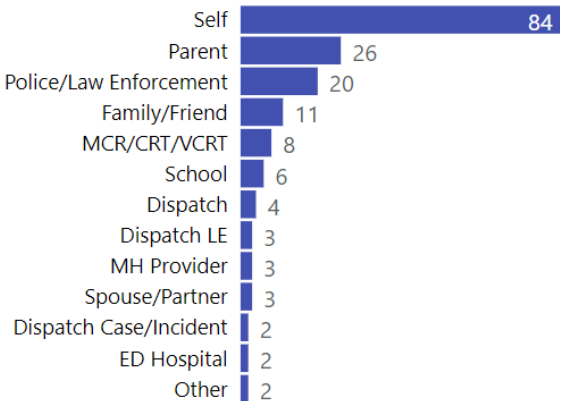
Waseca County Summary

Community Mobile Response

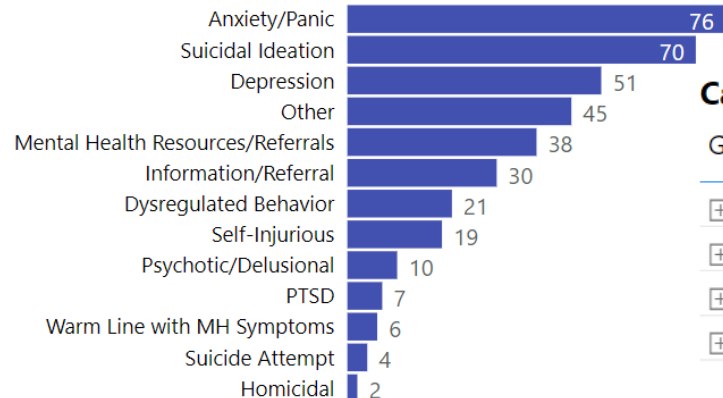
- 178 Calls to the Hotline
 - 96 Night and Weekend
 - 82 Day Time
- 106 Calls transferred to Mobile Response
 - 56 Night and Weekend
 - 50 Day Time



Relationship to Client



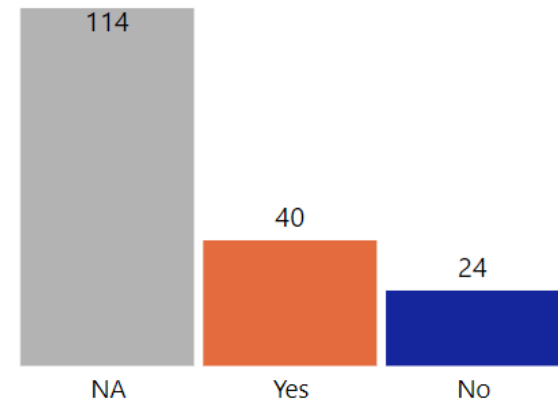
Primary Reasons (up to 2 can be selected)



Calls by Age Group

Grouped	#	%
<input type="checkbox"/> Adolescent (ages 18 and under)	30	17%
<input type="checkbox"/> Adult (ages 18-64)	123	69%
<input type="checkbox"/> Senior (ages over 65)	5	3%
<input type="checkbox"/> Unknown	20	11%
Total	178	100%

Are you thinking of suicide?



Waseca County Summary

Southeast Regional Crisis Center

In 2022, we served 11 individuals in the clinic through mobile response from Waseca County.

Of the 11 individuals served, 6 entered crisis residential. There were no repeat enrollments.

We recommended stabilization services in the community to 5 of the 11 individuals served from Waseca County.

0 of the 11 individuals served in 2022 received clinic bridging services through SERCC.

Mobile Response		
# 0-Screenings or 1-Assessments	Unique People Served	Individuals Returning
5	11	9%
# 1-Crisis Assessments	Crisis Assessments (0-17 years)	Crisis Assessments (18+)
4	1	3

Crisis Clinic		
# Enrollments	Total Diagnostic Assessments	
0	(Blank)	
Unique People Served	Total Psychiatric Notes	Total Psychotherapy Sessions
(Blank)	(Blank)	(Blank)

Residential				
Unique People Served	Unique Adults Served	Adult Enrollments	Length of Stay (Adult Residential)	Individuals Returning (to the same program)
6	4	4	8.00	(Blank)
# Enrollments	Unique Youth Served	Youth Enrollments	Length of Stay (Youth Residential)	Avg # of Collaborative Case Notes
6	2	2	9.00	1.22

Stabilization		
# Recommendations for Stabilization	Plans Created for Stabilization	Stabilization Appointments
5	0	0

Mobile Response Enrollments with No 0-Screening or 1-Assessment	Enrollments Didn't Go Past 0-Screening
164	1
*2022-present only	

Waseca County Summary

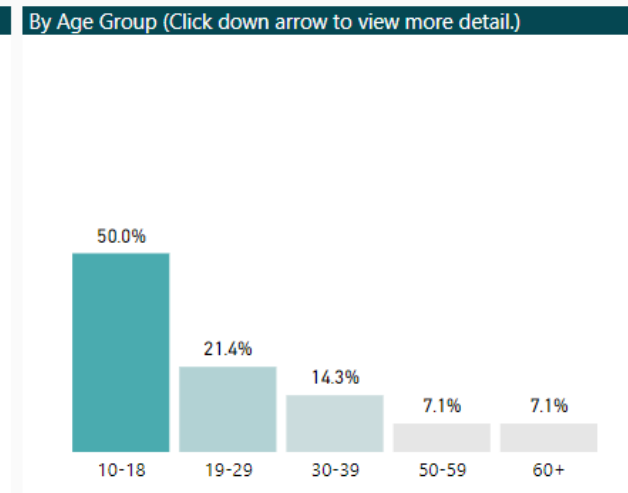
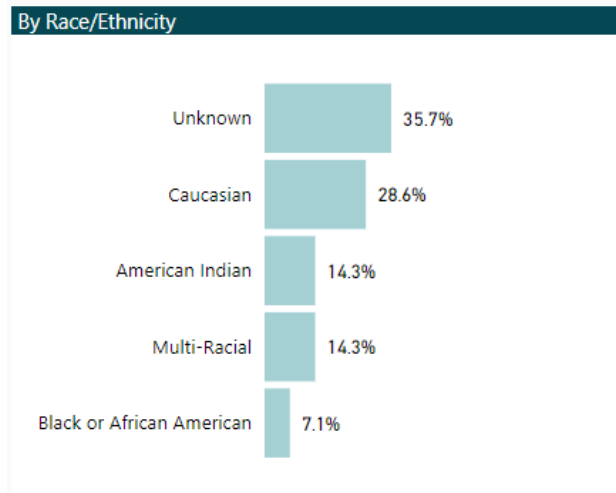
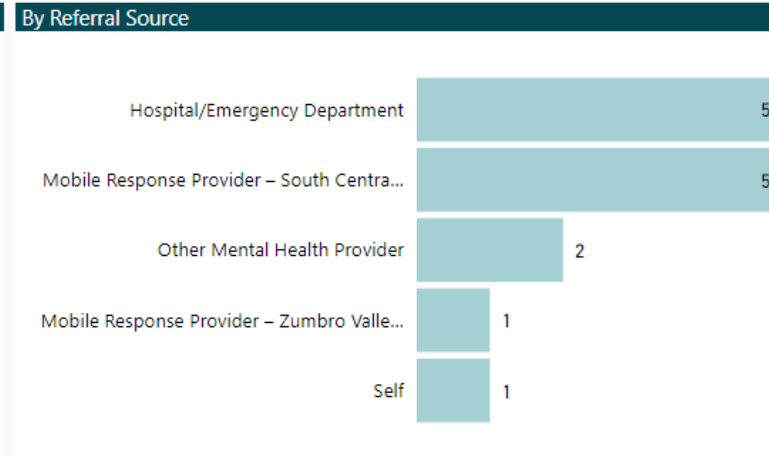
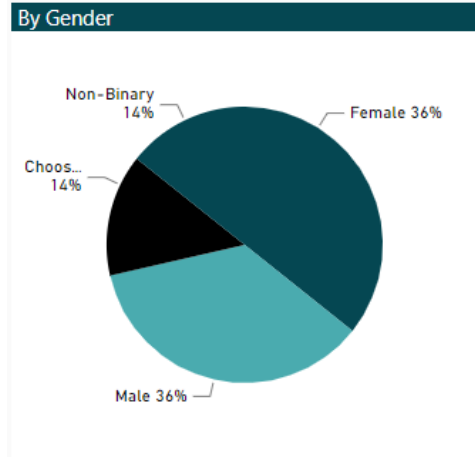
Southeast Regional Crisis Center

Of the 11 unique individuals served, the gender and race/ethnicity data is shown in the graph to the right.

You will also find the referral source for these individuals. The most common referral source was hospital or emergency department.

The age breakdown is also shown, with the biggest age group being ages 10-18.

Lastly, the insurance breakdown is listed for those accessing services from Waseca County.



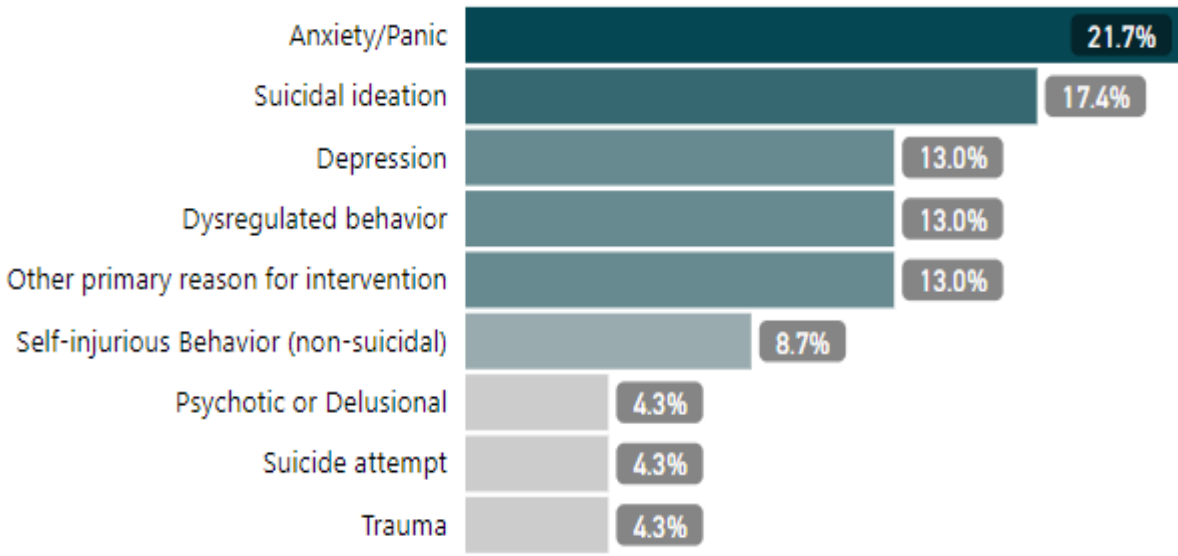
Primary, Secondary, and Tertiary Benefit Assignments

payer_name	%	#
Medical Assistance	88.9%	8
MN Medical Assistance	44.4%	4
South Country Health Alliance	33.3%	3
UCARE (2022)	11.1%	1
Grant Payer	33.3%	3
Crest Regional Grant	33.3%	3
County Payer	22.2%	2
Waseca County	22.2%	2
Commercial Insurance	11.1%	1
Medica Mayo	11.1%	1
Total	100.0%	9

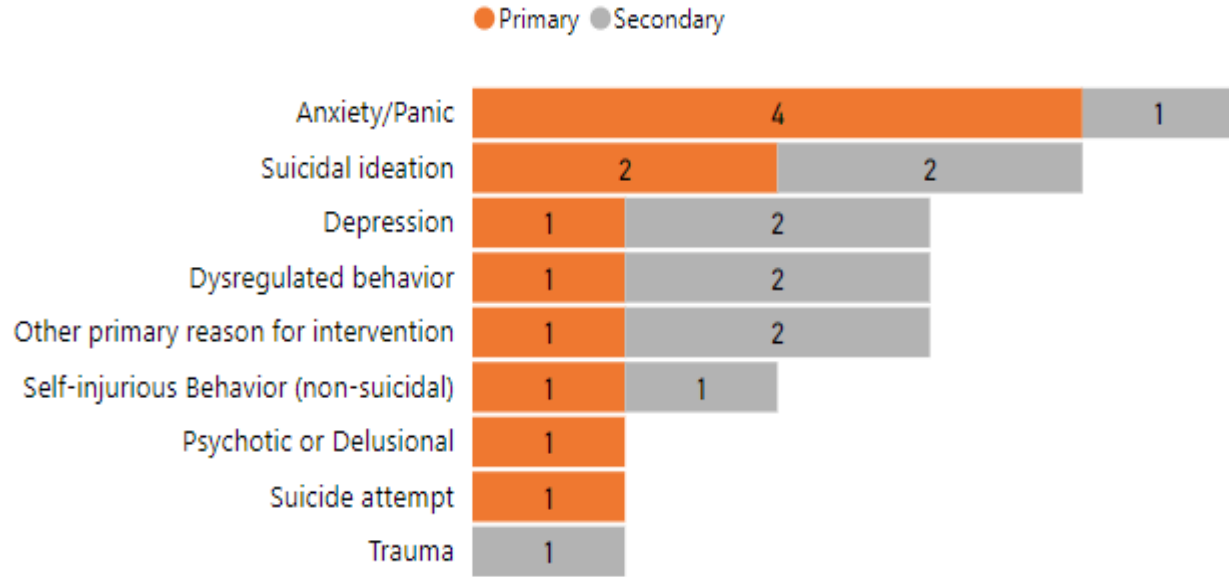
Waseca County Summary

Southeast Regional Crisis Center

Primary and Secondary Reasons for Intervention (Mobile Response - MHIS Form)



By Primary and Secondary Reason

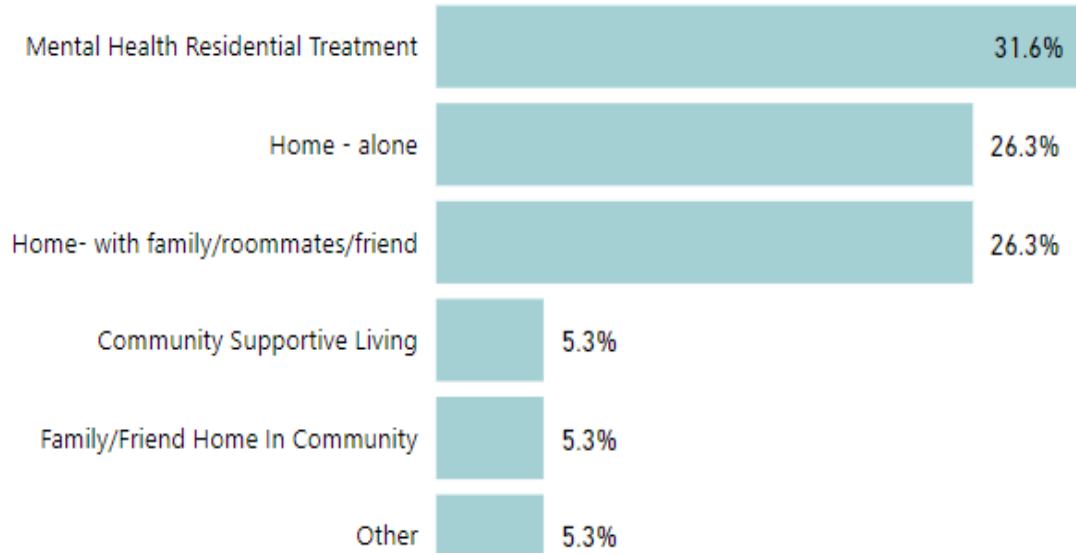


- In the graph above, you will see the primary and secondary reasons for seeking mental health services at SERCC. The primary reason for individuals from Waseca County was anxiety/panic.

Waseca County Summary

Southeast Regional Crisis Center

Discharge Location (Discharge Summaries & Care Management Plans)



Discharge Reason (Discharge Summaries & Care Management Plans)

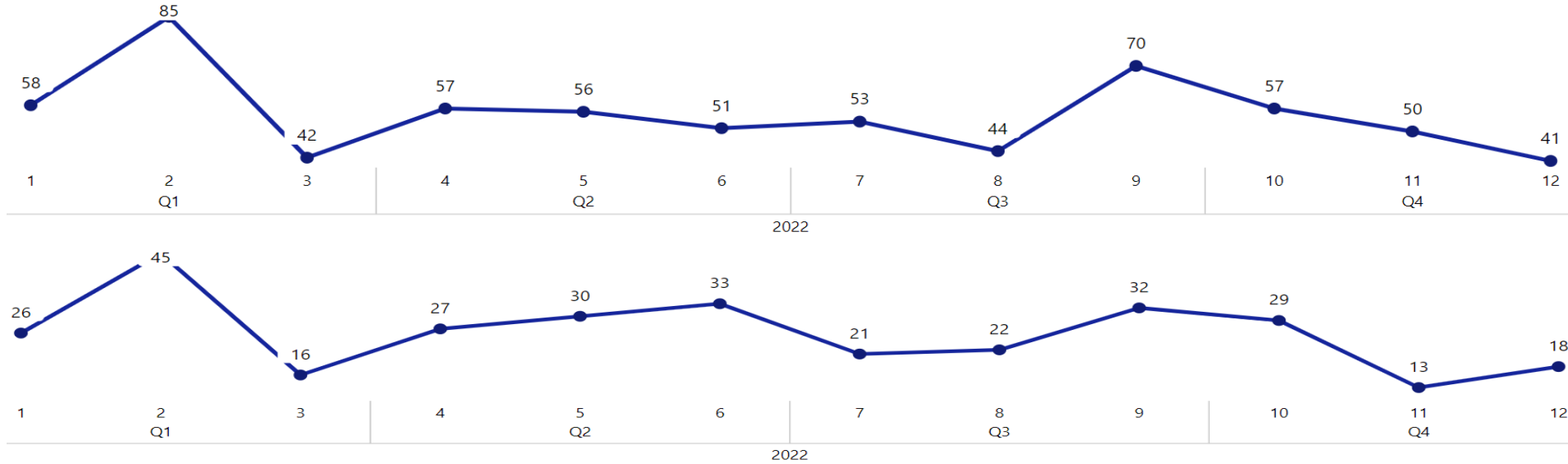
Reason for Discharge	% reason	# notes
Individual is transferring to SERCC Short-Term Residential Services.	31.6%	6
Individual has symptoms and needs that permit a lesser level of service and adequate supports and services are in place (community and professional).	21.1%	4
Individual shows evidence of decreased distress and appropriate and community-based alternatives exist (no professional MH/SU services are recommended).	15.8%	3
Other - Describe in Remarks	10.5%	2
	5.3%	1
Individual does not want to participate in services/programming despite attempts to engage them.	5.3%	1
Individual exceeds service allotment.	5.3%	1
Individual has medical or physical health needs that exceed what can be managed at SERCC.	5.3%	1
Total	100.0%	19

- In the graphs pictures above, you will see all discharge locations and reasons for discharge for services provided at SERCC.

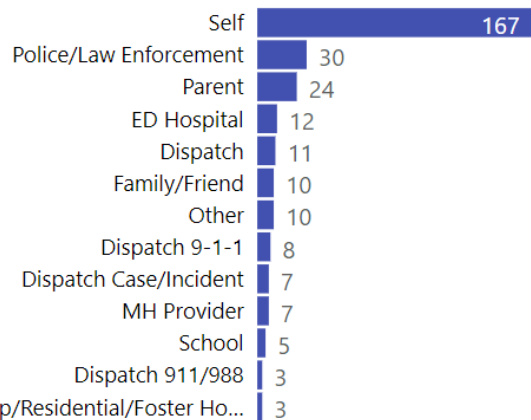
Winona County Summary

Community Mobile Response

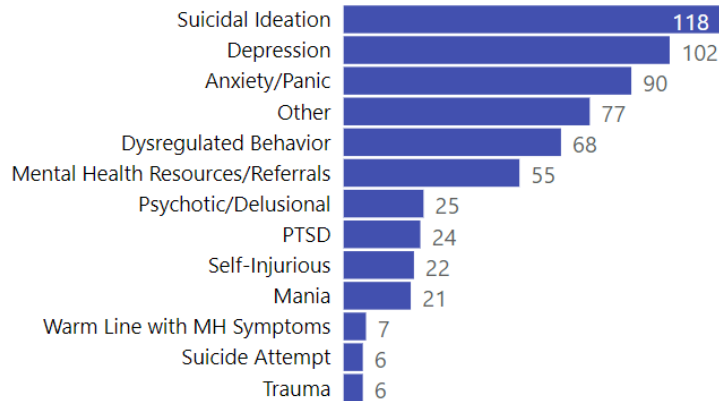
- 664 Calls to the Hotline
 - 376 Night and Weekend
 - 288 Day Time
- 312 Calls transferred to Mobile Response
 - 160 Night and Weekend
 - 152 Day Time



Relationship to Client



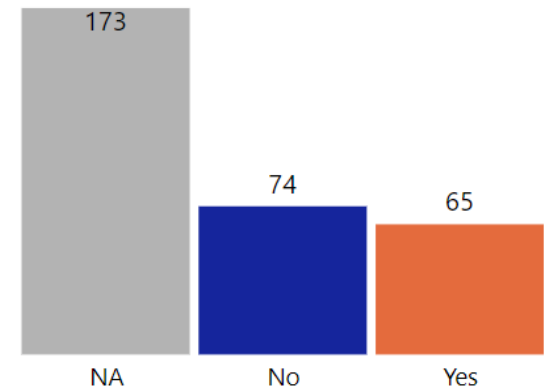
Primary Reasons (up to 2 can be selected)



Calls by Age Group

Grouped	#	%
⊕ Adolescent (ages 18 and under)	36	12%
⊕ Adult (ages 18-64)	241	77%
⊕ Senior (ages over 65)	16	5%
⊕ Unknown	19	6%
Total	312	100%

Are you thinking of suicide?



Winona County Summary

Southeast Regional Crisis Center

In 2022, we served 49 individuals in the clinic through mobile response from Winona County.

Of the 49 individuals served, 24 entered crisis residential. There were 6 repeat enrollments.

We recommended stabilization services in the community to 45 of the 49 individuals served from Winona County.

13 of the 49 individuals served in 2022 received clinic bridging services through SERCC.

Mobile Response

# 0-Screenings or 1-Assessments	Unique People Served	Individuals Returning
58	49	27%
# 1-Crisis Assessments	Crisis Assessments (0-17 years)	Crisis Assessments (18+)
56	12	44

Crisis Clinic

# Enrollments	Total Diagnostic Assessments	
13	2	
Unique People Served	Total Psychiatric Notes	Total Psychotherapy Sessions
13	11	14

Residential

Unique People Served	Unique Adults Served	Adult Enrollments	Length of Stay (Adult Residential)	Individuals Returning (to the same program)
24	20	23	5.57	21%
# Enrollments	Unique Youth Served	Youth Enrollments	Length of Stay (Youth Residential)	Avg # of Collaborative Case Notes
30	5	7	6.43	0.85

Stabilization

# Recommendations for Stabilization	Plans Created for Stabilization	Stabilization Appointments
45	1	20

Mobile Response Enrollments with No 0-Screening or 1-Assessment

164

*2022-present only

Enrollments Didn't Go Past 0-Screening

2

Winona County Summary

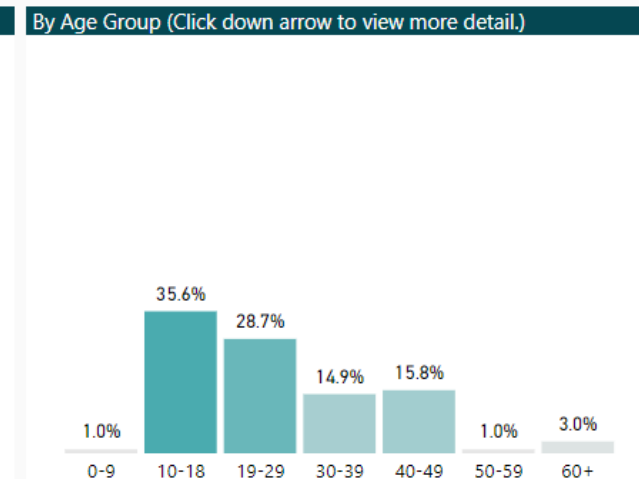
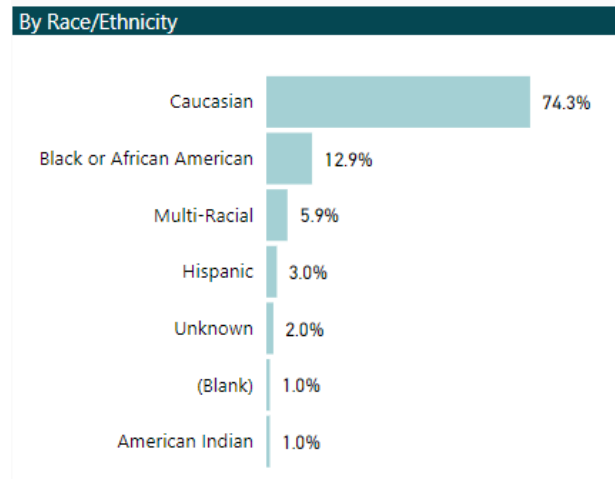
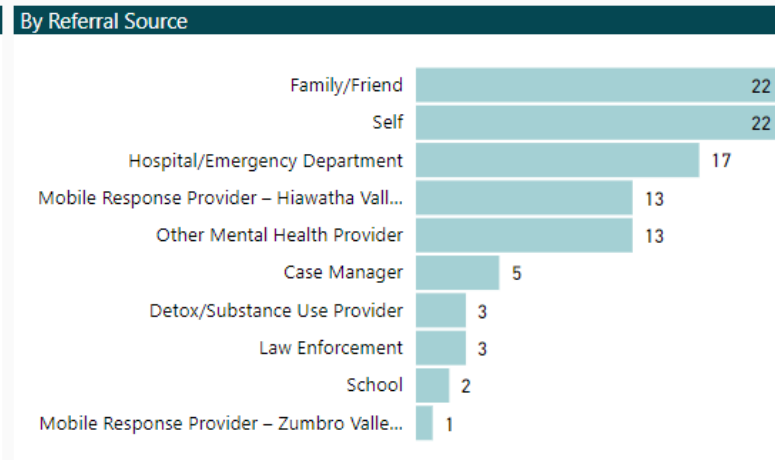
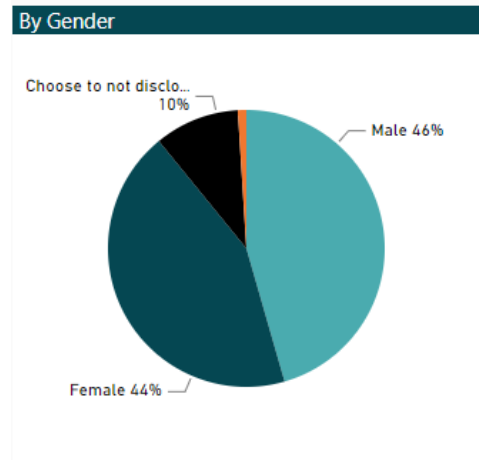
Southeast Regional Crisis Center

Of the 49 unique individuals served, the gender and race/ethnicity data is shown in the graph to the right.

You will also find the referral source for these individuals. The most common referral source was family/friend and self referral.

The age breakdown is also shown, with the biggest age group being ages 10-18.

Lastly, the insurance breakdown is listed for those accessing services from Winona County.



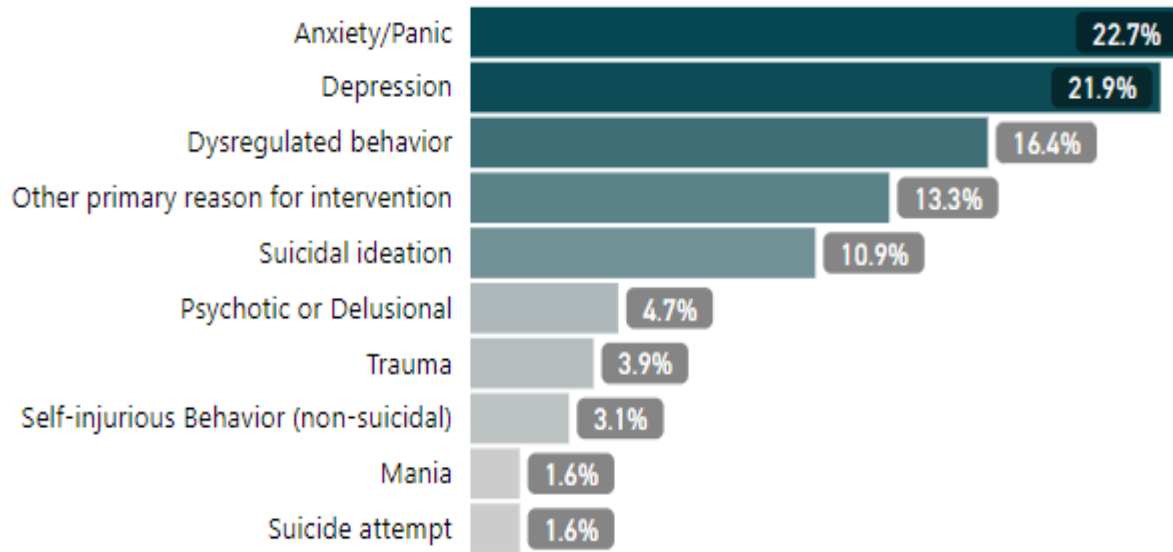
Primary, Secondary, and Tertiary Benefit Assignments

payer_name	%	#
Medical Assistance	81.3%	52
UCARE (2022)	43.8%	28
Blue Plus	26.6%	17
MN Medical Assistance	15.6%	10
South Country Health Alliance	1.6%	1
Grant Payer	21.9%	14
Crest Regional Grant	21.9%	14
Commercial Insurance	17.2%	11
Blue Cross Blue Shield	12.5%	8
Medica Mayo	3.1%	2
TriCare West Region	1.6%	1
Community Funds	17.2%	11
Community Funds	17.2%	11
County Payer	14.1%	9
Winona County	14.1%	9
Total	100.0%	64

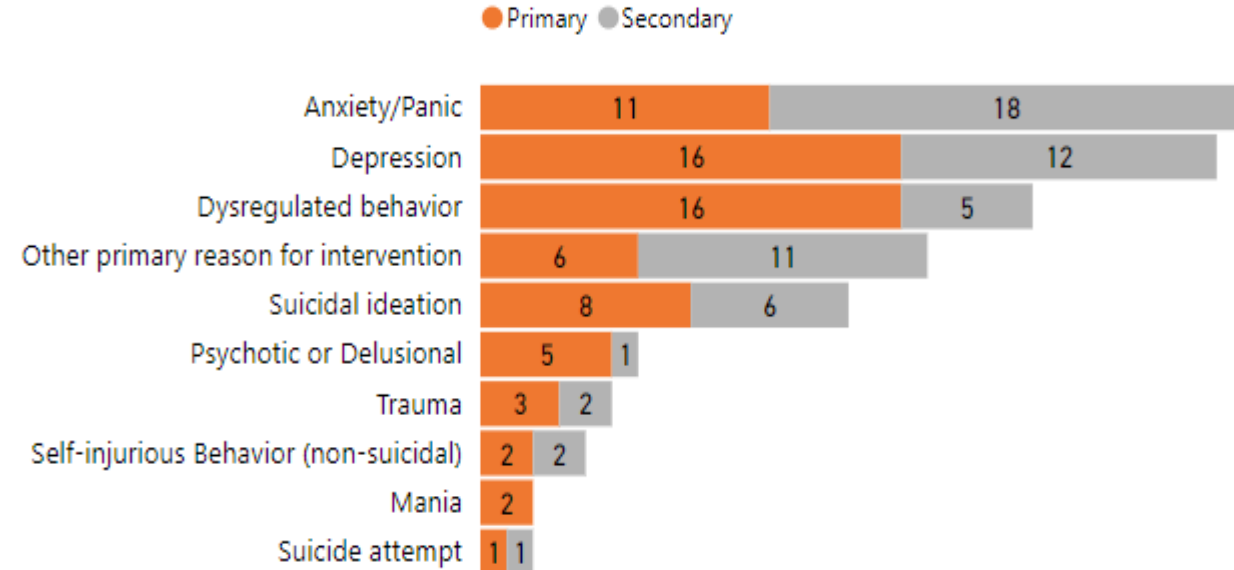
Winona County Summary

Southeast Regional Crisis Center

Primary and Secondary Reasons for Intervention (Mobile Response - MHIS Form)



By Primary and Secondary Reason

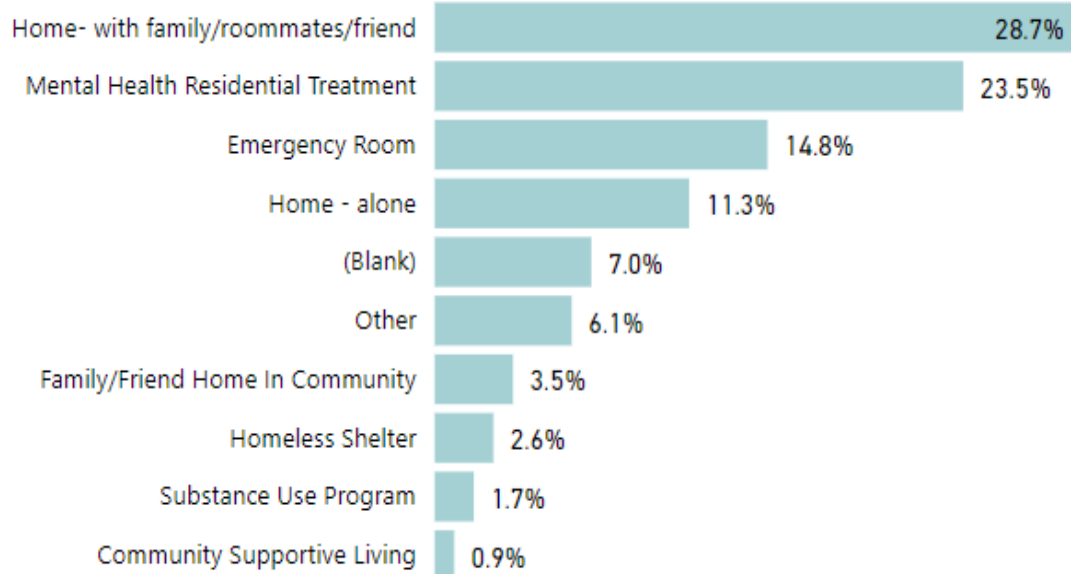


- In the graph above, you will see the primary and secondary reasons for seeking mental health services at SERCC. The primary reason for individuals from Winona County was anxiety/panic.

Winona County Summary

Southeast Regional Crisis Center

Discharge Location (Discharge Summaries & Care Management Plans)



Discharge Reason (Discharge Summaries & Care Management Plans)

Reason for Discharge	% reason	# notes
Individual has symptoms and needs that permit a lesser level of service and adequate supports and services are in place (community and professional).	27.0%	31
Individual is transferring to SERCC Short-Term Residential Services.	24.3%	28
Individual was receiving bridging services only (only had DA, therapy and/or psychiatry services).	11.3%	13
Other - Describe in Remarks	10.4%	12
Individual exhibits aggressive behaviors and requires a more intensive level of service.	6.1%	7
Individual has medical or physical health needs that exceed what can be managed at SERCC.	6.1%	7
Individual's MH symptoms required a more intensive level of service.	5.2%	6
Individual does not want to participate in services/programming despite attempts to engage them.	3.5%	4
Individual exceeds service allotment.	2.6%	3
Individual shows evidence of decreased distress and appropriate and community-based alternatives exist (no professional MH/SU services are recommended).	1.7%	2
Total	100.0%	115

- In the graphs pictures above, you will see all discharge locations and reasons for discharge for services provided at SERCC.

Opportunities

- Transportation in rural areas
- Increased referrals and support for local law enforcement agencies
- More opportunities for training within the community around supporting those experiencing mental health crises
- Establishing relationships with providers in the community



Vision Forward

- Coordination of mobile crisis teams with the addition of the new Mobile Crisis Coordinator
- Continued collaboration amongst the 10 county region through the Steering Committee
- Rate discussions and community funding
- Continued movement with 988



Key Contacts

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Executive Director

Foster, Adopt, and Community Services

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Mobile: (612) 368-2950

Rylee Roshon

Administrative Assistant

rroshon@serccnexus.org

Office: (507) 322-3019

Southeast Regional Crisis Center

www.crisisresponsesoutheastmn.com

Direct Phone: 507-322-3019

Fax Number: 507-242-3130

Crisis Hotline

1-844-274-7472



CRISIS RESPONSE

24/7 Mental Health Services

**Spread the word that 24/7 crisis support is available and add the hotline to your email signature! Suggested wording:
*For immediate 24/7 mental health help call the Crisis Hotline at 1-844-274-7472***



CRISIS RESPONSE

24/7 Mental Health Services



**Minnesota Department of Human Services
Elmer L. Andersen Building
Commissioner Jodi Harpstead
Post Office Box 64998
St. Paul, Minnesota 55164-0998**

March 21, 2023

Mr. Linda Flanders
Chair, Goodhue County Board of Commissioners
509 West 5th Street
Red Wing, MN 55066

Re: Calendar year 2022 financial reporting

Dear Commissioner Flanders:

It is my pleasure to commend you and your staff for perfect performance in meeting the Department of Human Services (DHS) financial reporting requirements for calendar year 2022. All key quarterly fiscal reports for programs your county participates in were submitted to our Financial Operations Division on or before the report deadlines in perfect order. This effort required submission of 32 major reports covering the four calendar quarters of 2022. These reports are:

Local Collaborative Time Study (LCTS)*	Income Maintenance Expense
MFIP Consolidated Fund	Social Service Fund
Client Statistics	Title IV-E
SEAGR	BRASS-Based Grant Fiscal Report

*If your county participates in a “local collaborative”, submission of this report may require the collection of multiple local partner reports for consolidated submission to DHS.

I know this accomplishment requires planning, an efficient operation, and teamwork within your county Human Service Department. The result is timely revenue for your county and compliance with federal reporting for us at the State. Please congratulate your management and staff on this superb effort.

Sincerely,

/s/

Jodi Harpstead
Commissioner

Cc: Nina Arneson, Goodhue County Director