

**MetrCCS**  
**Leadership Team (LT) Meeting Agenda**  
**Monday, January 29, 2023 – 1:30 to 3:00pm**  
**Zoom**

**Welcome and check-ins**

- 

**Continue conversation on promotional materials**

- Finalize language around costs
- Review proposed revisions to the MetrCCS Guidelines for School Collaboration document.
- Review proposed revisions to the NAMI MN fact sheet

**Closing out 2023**

- Q4 report
- Questions or insights?

**Other**

- Update on the summit
- Is there any interest in self-defense training?
- Who would like to highlight their work at the March leadership team meeting?
- Other?

**Upcoming Important dates:** All meetings on Zoom unless otherwise indicated

- |                                                   |                                                  |
|---------------------------------------------------|--------------------------------------------------|
| • 3/6 from 1:00 to 2:00pm (Summit Planning Team)  | • 4/24 from 10 to 11am (Hospital Group)          |
| • 3/18 from 1:30 to 3:00pm (LT)                   | • 4/31 Q1 report due to DHS                      |
| • 4/1 Summit proposals due                        | • 5/8 from 1:00 to 2:00pm (Summit Planning Team) |
| • 4/10 from 1:00 to 2:00pm (Summit Planning Team) | • 5/13 from 1:30 to 3:00pm (LT)                  |
| • 4/15 from 1:30 to 3:00pm (LT)                   |                                                  |

# **MetrCCS**

## **Leadership Team (LT) Meeting Notes**

### **Monday, January 29, 2023 – 1:30 to 3:00pm**

#### **Zoom**

**Present:** Michael Brooks, Michelle Luehring, Jay Theisen, Sarah Washington, Beth Lovre, Jacinta Moss, Melissa Mikkonen, Cathy Perendy, Danielle Alida, Samantha Axt, Melanie Warm and Kim Vanderwall

#### **Welcome and check-ins**

- The group took a moment to remember Tyrone.
- Scott County has a new supervisor. Traci Hakanson
- Ramsey is still short-staffed. Staff are spending a lot of time with kids who are not going to school.
- UCare brought their Medicaid book back in house
- NAMI working on a series of lunchbox talks. 30 minutes to reach parents.
- Ms Washington is partnering with U to present Charting the Lifecourse. TC Caregivers. Now Chair of Watercourse Counseling Center
- COPE just hired a bunch of new staff. Juggling training and staffing the phone. Living each day without Tyrone. They have an acting supervisor

#### **Practices around fees for service**

- What are the expectations and billing practices of each team? How should we talk about this in promoting the services across the region?
- Plans have care coordinators and access help. Use partners to
- Different services are funded differently at insurance. Commercial plans may not cover mental health
- Some informed consent forms say they will not be billed. EOB discussion when people get them
- The group agreed that we can say:
  - The call is free, regardless of how long you talk. There is generally no out-of-pocket cost for a mobile crisis visit. If you have insurance that covers this kind of service, insurance will be billed. No one will be turned away for inability to pay.

#### **Continue conversation on promotional materials**

- Review proposed revisions to the MetrCCS Guidelines for School Collaboration document.
  - When this document was originally developed, it was designed to be a barrier against schools calling crisis teams all the time. As the group reviewed the new draft, they wanted to make the message more welcoming. Call us!
  - Some teams can help arrange taxis
  - Encourage parents to write this into their BIP
  - Medically supported for insurance.
- Review proposed revisions to the NAMI MN fact sheet
  - The group discussed how we talk about costs. Some people have refused consent because they are afraid of the costs and/or don't want their insurance called. Consent for what? For the services.
  - Emphasize that people should just call. The call is free
  - Beth suggested that people give data and stories to help Sue understand what the continued barriers are financially.

- Law enforcement co-responders are different. Do they want to point this out?
- The group will review revisions again at the next meeting

## **Priorities for 2024**

- 2024 meeting calendar. The group asked Kim to go ahead and send out meeting invites for the whole year.
- Review the 2024 Dashboard. What stands out that needs our focus this year? No changes suggested.

## **Other**

- Who would like to highlight their work at the March leadership team meeting?
- Michelle's school gave really positive feedback on the Ramsey County crisis team. Jacinta also gave that team kudos.

## **Upcoming Important dates:** All meetings on Zoom unless otherwise indicated

- 1/31 Q3 report due to DHS
- 2/7 from 1:00 to 2:00pm (Summit Planning Team)
- 2/12 from 1:30 to 3:00pm (LT)
- 3/6 from 1:00 to 2:00pm (Summit Planning Team)
- 3/18 from 1:30 to 3:00pm (LT)
- 4/1 Summit proposals due
- 4/10 from 1:00 to 2:00pm (Summit Planning Team)
- 4/15 from 1:30 to 3:00pm (LT)
- 4/24 from 10 to 11am (Hospital Group)

# MetrCCS

## Summit Planning Team Meeting Notes

### Wednesday, February 7, 2024 – 1–2pm

#### Zoom

**Present:** Amanda Xiong, Sarah Washington Danielle Alida, Sara Danielson and Kim Vanderwall

### Keynotes and other content

- Conversations to-date
  - Dr. Mark Sander and Michelle Muething are set to present.
  - Marie Ridgeway declined, but referred us to someone who could talk about safety. That person will submit a proposal to present on situational awareness. (Note – this presenter also does in-person workshops on self defense. We might want to consider setting this up as a different event.)
- Proposals submitted to-date
  - Psychological aspects of mass casualty trauma
  - Abusive Head Trauma: Introduction
- Mass communications about the RfP
  - Mailing two from our past attendance list went out yesterday. DHS forwarded that reminder this morning. MACMH will include this in their newsletter
  - Amplify and forward!
- Recruitment strategies and assignments to make sure we get the diversity and content we want
  - Panel of peer support people – Sara Danielson
  - Panel of law enforcement and embedded social workers. Dealing with the non-willing. How to partner with crisis. Sara will make a link with their local team member. Kim can look at other counties. Maybe ask Michael from Ramsey County for ideas?
  - Native presenters. Kim will see if Anh Dah Yung could do something about kids in crisis
  - African American presenters. Kim will talk to Asad Dahir and Qamar Abdi
  - Muslim/Jewish presenters. Jewish Family and Children’s services. Talk to imams. Greater MN? Connect faith-based leaders? Kim will pursue.
  - Latinx presenters. Ask Carmen about links
  - Asian presenters
  - LGBTQ. Alex Iantaffi. Trans. Well-known. Author and a clinician. Batsheva and Ace referred. Kim will follow-up
  - *Panel of transition-aged kids?*
  - *Note after the meeting: Jessica Kisling asked about having a roundtable of people with different perspectives – police embedded, police, crisis worker – discuss red flag laws/ERPOs.*

### Landing page

- Amanda showed the basic framework. The group thought it looked good.

### Next steps

- Next meeting 3/6

# MetrCCS 2024 Key Initiatives Dashboard

February

Initiative	2023 Tasks	Progress	Status
<b>1. Strengthen partnerships and capture learnings to improve access and seamlessness between systems.</b>	<ul style="list-style-type: none"> <li>• ACTION-ORIENTED. Focus on children and families. Look at how the crisis teams fit in the continuum of care.</li> </ul>		
<ul style="list-style-type: none"> <li>• Continue to seek ways to make hand-offs between teams and hospitals more seamless and family-friendly.</li> </ul>	<ul style="list-style-type: none"> <li>• Meet regularly with hospital and EMS reps</li> <li>• Keep the placement portal up to date.</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting held 1/3</li> </ul>	
<ul style="list-style-type: none"> <li>• Identify other key partner groups and hold strategic discussions about best meeting the needs of youth and families.</li> </ul>	<ul style="list-style-type: none"> <li>• Expand partner lists in key areas, including 988, hospitals, law enforcement, schools &amp; targeted case management.</li> <li>• Do a deep dive at least yearly to improve coordination.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	
<ul style="list-style-type: none"> <li>• Coordinate with other regional and statewide crisis response initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• Tie in conversations from other initiatives and address current or emerging needs.</li> <li>• Ensure contact with 988 call center leads to encourage referrals and hand-offs.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	
<b>2. Improve effectiveness of and access to crisis services by people in marginalized communities.</b>	<ul style="list-style-type: none"> <li>• ACTION-ORIENTED. Focus on children and families.</li> </ul>		
<ul style="list-style-type: none"> <li>• Ensure that crisis response services meet the needs of families</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain and support up to 6 parents on the leadership team. Strive for geographic representation.</li> <li>• Consider having a panel of kids at the summit. Transitional age.</li> <li>• Look for opportunities to support CFPs in crisis work.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	
<ul style="list-style-type: none"> <li>• Review all initiatives through a lens of equity and inclusion</li> </ul>	<ul style="list-style-type: none"> <li>• Consider staff training, outreach materials and policy discussions with this lens</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	
<b>3. Build upon our digital platform to increase awareness of the crisis teams and 988, especially among populations that have low utilization rates of our services.</b>	<ul style="list-style-type: none"> <li>• ACTION-ORIENTED. Focus on children and adults.</li> </ul>		
<ul style="list-style-type: none"> <li>• Optimize the website to serve as a central communication point</li> </ul>	<ul style="list-style-type: none"> <li>• Combine and rebrand the web site with Just Call</li> <li>• Coordinate with 988/others and update messaging to best communicate options for help.</li> </ul>	<ul style="list-style-type: none"> <li>• The webmaster has begun transitioning the website</li> </ul>	
<ul style="list-style-type: none"> <li>• Develop promotional materials to promote the website to referral sources, partners and families.</li> </ul>	<ul style="list-style-type: none"> <li>• Identify ways to continue leveraging JustCall videos</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	

Initiative	2023 Tasks	Progress	Status
<b>4. Promote professional development for individual crisis workers and elevate the field of mental health crisis response</b>	<ul style="list-style-type: none"> <li>• ACTION-ORIENTED. Focus on children and adults.</li> </ul>		
<ul style="list-style-type: none"> <li>• Curate, provide documentation for CEUs, and purposefully drive traffic to the trainings on the MetrCCS website.</li> </ul>	<ul style="list-style-type: none"> <li>• Analyze content, post new content</li> <li>• Work with Remedy Healthcare to promote content</li> <li>• Review usage data and response quarterly</li> </ul>	<ul style="list-style-type: none"> <li>• Data reported in the Q4 report.</li> </ul>	
<ul style="list-style-type: none"> <li>• Host an annual summit on Mobile Mental Health Crisis Response. Feature anti-racism and effective strategies around the state.</li> <li>• Offer other trainings as helpful and requested</li> </ul>	<ul style="list-style-type: none"> <li>• Put together a top-notch educational program.</li> <li>• Connect it with the online training site in a user-friendly way.</li> </ul>	<ul style="list-style-type: none"> <li>• Amanda Xiong from MACMHA is set to actively lead the effort</li> <li>• Planning team meetings held 1/3 &amp; 2/7</li> <li>• Portal refined and open on 1/4. Call for presentations sent out on 1/8 and 2/6</li> <li>• 2 proposals submitted to-date. Two keynotes secured</li> </ul>	
<b>5. Study ways to innovate to strengthen services and efficiently use resources</b>	<ul style="list-style-type: none"> <li>• SHARED LEARNINGS.</li> </ul>		
<ul style="list-style-type: none"> <li>• Retain a strong MetrCCS leadership team.</li> </ul>	<ul style="list-style-type: none"> <li>• Retain a breadth of skills, and perspectives on the team</li> <li>• Consider inviting 988/others onto the team</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	
<ul style="list-style-type: none"> <li>• Continue to promote mutual learning</li> </ul>	<ul style="list-style-type: none"> <li>• Define continuity of care among the teams. Explore creative options for coverage across the region.</li> <li>• Continue to explore how best to ensure cultural effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>• Discussions about costs of services</li> </ul>	
<ul style="list-style-type: none"> <li>• Use data to understand trends and make decisions</li> </ul>	<ul style="list-style-type: none"> <li>• Analyze website data at least twice per year</li> <li>• Access and analyze MHIS, CTL and 9-8-8 usage data</li> </ul>	<ul style="list-style-type: none"> <li>• Website data analyzed in Q4 report</li> </ul>	
<ul style="list-style-type: none"> <li>• Complete oversight restructuring</li> </ul>	<ul style="list-style-type: none"> <li>• Get revised bylaws approved</li> <li>• Formalize new, streamlined oversight from Admin Committee.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	
<ul style="list-style-type: none"> <li>• Retain DHS and other support and engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Submit timely reports</li> <li>• Attend DHS statewide meetings</li> <li>• Encourage DHS and engagement in our initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• 2023 Q4 submitted</li> <li>•</li> </ul>	

Key: Green: Making good progress  
Yellow: Making some progress, but pay attention  
Red: Problem area – action or discussion required

## **County Crisis Services**

1919 University Avenue West, Suite 400, St. Paul, MN 55104

651-645-2948 or 888-NAMIHELPS      www.namihelps.org

### **What are county crisis services?**

County crisis services help people of all ages who are experiencing a mental health crisis. They help to resolve the situation and link people to resources. Sometimes trained crisis responders come to homes or another meeting place to help.

Each county has a crisis line that can give advice and support. The crisis lines are open 24 hours a day, 7 days a week, 365 days a year.

### **What do crisis responders do?**

Crisis responders will listen to you over the phone to get a sense of what is happening. If you **mutually decide that it would be helpful and safe**, they will come to you in person or do a telehealth visit. If not, they help resolve the situation and link people to resources over the phone. They can contact emergency services if needed.

If a crisis responder comes in person, they will assess for safety and provide support to get you through the crisis, work with you to create a “crisis plan” for future situations and connect you with resources and long-term services.

If requested, crisis responders may also be able to provide up to six weeks of follow-up to make sure that families are receiving the ongoing support and services they need. **(Do we need to name this as crisis stabilization and then lay out the criteria?)**

### **Are crisis responders police?**

No, crisis responders are not police officers. They are mental health professionals or mental health specialists. In some communities, police may work with crisis responders in certain situations. *Note: Some law enforcement offices do have a model where social workers go on calls with peace officers. That is a different kind of service.*

### **Are crisis responders part of child protective services?**

The crisis responders are not child protection officers. They are mental health providers whose goal is to help you with the crisis. If you or someone else is at risk of harm, they are mandated reporters.

### **Who can use county crisis services?**

Anyone in Minnesota can use these services, regardless of legal or immigration status.

You can call for yourself. Family and friends of a person having a mental health crisis can call a crisis team to help and support their loved one. A parent can call a crisis team to help their child. Note: in general, crisis teams can only work with people who consent to receiving their help. Parents/guardians must give consent for crisis response to minors, except in emergency situations.

### **What does it cost?**

The call is free, regardless of how long you talk. There is generally no out-of-pocket cost for a mobile crisis visit. If you have insurance that covers this kind of service, insurance will be billed. No one will be turned away for inability to pay.

### **What are the benefits of county crisis services?**

A mental health crisis can be very scary. It is difficult for both the person in crisis and those around them. Sometimes loved ones and caregivers need the advice and help of trained professionals to handle these situations.

Calling a crisis team can save time and unneeded travel. In most cases, their response is better, safer and less expensive for the person experiencing a crisis than calling law enforcement or going to an emergency room. (Note – if the person is in immediate risk of harm, call 911.) Crisis services can also help people stay safely in the community, access medical care and connect with resources.

### **What should I say when I call?**

Explain that you or someone else is having a mental health crisis. Be clear about what exactly is happening and if you want a crisis responder to come in person. Try to remain calm, but tell them the situation is urgent.

They may ask for your name as well as the name, age, and a description of the person in crisis. Depending on the situation, they may need to ask for more details. They will need the person's current location if they are going to do an in-person visit.

This could include: if the person has a weapon. You may also be asked about the person's mental health history and diagnoses. The questions could be about medications, past suicide attempts or violence, drug use, triggers, what has helped in the past, and if they have currently lost touch with reality. Be honest if you do not know the answers to these questions. You do not have to be with the person who is in crisis to call.

### **Are services available in different languages?**

Yes. Ask for an interpreter when you call.



### **How do I contact county crisis services?**

911 dispatchers should connect callers with county crisis services. However, it may be easiest to contact each county's crisis services directly. The Minnesota Department of Human Services list these numbers at this website: <https://mn.gov/dhs/people-we-serve/adults/health-care/mental-health/resources/crisis-contacts.jsp>. You can also scan the QR Code to find the Mobile Crisis Team phone numbers.



If you are unsure of which county you are in, or which crisis team to call, you can enter your location here to find the correct number: <https://justcallmn.com/>

### **Are county crisis services available on tribal reservations?**

The Fond Du Lac and Red Lake Band tribes do not have crisis response numbers. DHS recommends calling 911 from these locations. The White Earth and Leach Lake tribe crisis response numbers are available on the above directory.

### **What other crisis services are available?**

- National Suicide and Crisis Lifeline: **988** (24 hours a day, 7 days a week)
- Text “home” to the Crisis Text Line: **741741** (24 hours a day, 7 days a week)
- Minnesota Department of Human Services website: <https://mn.gov/dhs/people-we-serve/adults/health-care/mental-health/>
- National NAMI HelpLine: 1-800-950-6264 (Mon-Fri, 10 AM – 10 PM eastern time)
- Free NAMI Minnesota publications for developing crisis plans can be found at <https://namimn.org/support/information-and-resources/crisis-resources/>

**Metro Children’s Crisis Services (MetrCCS)  
Guidelines for School Collaboration  
Updated 2/1/24**

MetrCCS is a 7 county collaboration of 24-7 mobile service providers designed to respond to the mental health needs of children and their families by providing onsite crisis de-escalation, mental health evaluation, and stabilization services. The primary goals of MetrCCS providers are to:

1. Help youth with mental health needs receive the right level of care that correlates with their assessed level of need.
2. When possible, help youth receive mental health services while remaining at home, in their community, and in their home school.
3. Insure that children with mental health crises have options that ensure the safety of themselves, their family, and their community.
4. Prevent youth from inappropriate entry into the juvenile justice system by diverting youth during a mental health crisis into appropriate non-corrections services.
5. Reduce the use of acute inpatient psychiatric and hospital emergency services while enhancing the effectiveness of community mental health services for youth.
6. Develop a more seamless and collaborative service delivery system that is community based, youth and family friendly, and equally accessible to all regardless of where they live, have insurance, or have financial resources to pay.

When school staff need assistance from outside professionals in order to help children and parents manage a mental health crisis – MetrCCS teams stand ready to help. **Just call.**

**Mental health focus**

MetrCCS teams respond to **mental health crises**, as defined by the student and/or the family. The teams are not able to respond to issues related to the enforcement of school disciplinary procedures, but are always available for phone consultation to determine the mental health needs in the situation.

**Should I call MetrCCS or a school resource first?**

If you have mental health resource people within your building, call them first. Generally, school staff who know the student will be most effective in deescalating and evaluating crises that arise at school. You can talk with them about whether additional crisis response is needed.

**Parent permission**

Before MetrCCS staff can work with a child, parent permission is required. The exception to this permission is governed by the emergency consent statute (MsS 144.344) which allows services without parental consent when, in the child crisis responder’s professional judgment, “the risk to the minor’s life or health is of such a nature that treatment should be given without delay, and the requirement of consent would delay or deny treatment”

**Physical restraints or transportation**

MetrCCS teams do not provide physical restraints or transportation. Teams may accompany youth (in a separate vehicle) to the emergency room, when possible and helpful, to facilitate intake. Some teams may be able to arrange for a taxi for transport.

**How else can MetrCCS help school staff and families?**

Each county can provide various forms of assistance. Some of the options include the following (check with your specific county crisis provider to better understand specifically what is available for your students and staff):

1. Short training sessions to school staff related to mental health crisis intervention and assessment.
2. Consultation on specific children’s mental health crisis situations. Examples of consultation include working with school staff to brainstorm creative ways to help clients re-regulate in school, working with school staff to determine when emergency services (police and/or ambulance) should be called, working with schools to

develop creative strategies for engaging parents, etc.

3. Help for parents in developing plans to both prevent and allow for safe and effective intervention should future crises arise.
4. Consultation with parents regarding the need or benefits of various treatments for children in crisis.
5. Parents can put support from the crisis team into their Behavioral Intervention Plan (BIP).

**When the crisis involves a student who lives outside of the county in which the school is located:**

Generally, it is best to work with the crisis providers who are a part of the county in which the school building is located. (If other arrangements have been made with your crisis teams, then follow the agreements made within your counties.) If the student resides in another county, the initial crisis response group will collaborate with the home county of the client to coordinate ongoing crisis stabilization services.

**Cost of service**

There is no charge for calling a crisis response team – regardless of how long the call lasts. If the team does an in-person visit, there will generally be no out-of-pocket cost. If the family has insurance that covers this kind of service, insurance will be billed. No one will be turned away for inability to pay.

**How do I contact the crisis providers within the MetrCCS group?**

The phone numbers for the MetrCCS providers in the seven-county metropolitan area are as follows. Feel free to share these numbers with staff and families. Anyone can call for help.

Anoka:	763-755-3801
Carver	952-442-7601
Dakota	952-891-7171
Hennepin	612-596-1223
Ramsey	651-266-7878 (Adult crisis 651-266-7900)
Scott	952-818-3702
Washington	651-275-7400

**What message can you give to the families you serve about calling crisis response teams?**

Mobile crisis response teams are available 24/7/365 in every part of Minnesota. If you or someone you know is experiencing a mental health crisis, you can call your local team. Mental health professionals will help you by phone and, if appropriate, will come to you to de-escalate the situation, assess needs and get a safety plan in place. There is no out-of-pocket charge for this service.

We created the **Just Call** campaign to help people know that there is help available for children, adults and/or families experiencing a mental health crisis. If you're not sure the situation is a "crisis," or don't know who to call, no worry. **Just Call** your local team, anywhere in the state of Minnesota. Go to our website [JustCallMN](#) and find the phone number for your local crisis team.

Watch and share this [90 second video](#) to help spread the word.

# Appendix A



## CRS Grants 2023

### Quarterly Progress Report Template

(Quarterly Submission)

### Developing and Supporting a Continuum of Care

**Agency Name:** MetrCCS

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**Person Filling Out This Form:** Kim Vanderwall

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**Position:** MetrCCS Coordinator

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**Contact:** [kim@vanderwallconsulting.com](mailto:kim@vanderwallconsulting.com) 651 303-9268

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**Reporting Date:**

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Send to: [dhs.cmhcrisis@state.mn.us](mailto:dhs.cmhcrisis@state.mn.us)

<input type="checkbox"/> Due on 4/30/2023
<input type="checkbox"/> Due on 7/31/2023
<input type="checkbox"/> Due on 10/31/2023
<input checked="" type="checkbox"/> Due on 1/31/2024



**CRS Grants (2021) Quarterly Progress Report Template**

(Quarterly submission continued)

*Please use one page for each of the following items.*

**How many episodes of face-to-face assessment did you provide during the quarter? How many adults? How many children?**

N/A

**Address the work plan progress on each element (Example: Access and coordination, conversion rate, collaboration, outreach, staff training, youth family and service user, and development and sustainability.)**

**Improved Access and Coordination**

- The full MetrCCS leadership team met two times in the fourth quarter. We have been discussing supports needed for Muslim and Jewish people after October 7. We have also been discussing the best way to work with schools, and how the new mandate that schools put crisis information on student IDs impacts that. As part of the effort, we are working on editing our guidelines for working with schools. The mental health resources available in schools, as well as the need for mental health services, have changed markedly since we last edited our guidelines. We have decided to make the guidelines more of a marketing piece for discussion with schools.
- The hospital group met once in the fourth quarter. We continue to coordinate and communicate well with hospital staff.

**Conversion Rate**

- N/A. As a collaborative, we do not provide direct services.

**Outreach**

- We continue to host our public-facing website. \*Note: Google Analytics updated their platform on 7/1 and required that all websites transition to the new GA4 system in order to get good data on usage. We got a consultant to transition our websites in July. He completed the work on July 25, at which point we could start the new way of analyzing usage. Some of the fields of data collected on the new platform are different than what we have collected in the past. In addition we still have two websites. The data presented here is derived from a combination of reports.
- Our fourth quarter data looks unusual. We had 2,459 visits by 2,354 unique individuals during the fourth quarter which is almost double the traffic from the previous quarter. 99% were first time visitors. 542 of the visits went to languages other than English. The bounce rate (73% -- too high)

and average duration of visit (nine seconds – too low) on the main site look like a lot of fast traffic. JustCall had an average duration of one minute and 8 seconds – which is excellent. Our engagement rate for the quarter was 26%, with each user having 0.27 engaged sessions. (Above 71% is considered good in either of these metrics.) 9% of the visits were from smart phones, the lowest it has been since we started tacking.

- More than 400 of the visits included going to the locator page.
- Our sites were hacked on 11/29. We saw the problem on 12/1 and the sites were fully functional again on 12/3. During those five days there was no traffic to the sites.
- We have been working on suggested edits to the NAMI MN materials that describe crisis services. This has helped us get clearer about our messaging in general, and will impact our website conversion.
- We continue to discuss how to use our new JustCall videos.

#### **Staff training**

- We now have 544 subscribers to the training site. In the fourth quarter we had 135 visits by 71 individuals. We had some technical glitches during the quarter that impeded people from accessing the training site. We worked through them and recognize the need to update all the components of the site to ensure stability.
- The planning team for the 2024 Summit met once in the fourth quarter. This is the earliest that we have ever gotten started on planning. We prepared the call for proposals, which was sent out very early in January. The deadline for submission in 4/1. We hope to have the entire program ready by the beginning of June. MACMHA is involved at a deeper level this year, which will really strengthen all of our planning and execution.

#### **Parent and Youth and Service User Involvement**

- We continue to have three parents on our team from Scott, Ramsey and Hennepin Counties; as well as two NAMI parents. The parents on our leadership team and summit planning committee to ensure that our discussions are grounded in the lived realities of people who have experienced the system.

#### **Development and Sustainability**

- Our conversations about common messaging across the teams about services have led us to discuss fees. We agreed that we can say that there will be no out-of-pocket cost for a visit, though if the person has insurance, it will be billed. Some teams do accept copays, though none of them seek them out.

#### **Describe the success you have encountered this reporting period?**

- We are months ahead of previous years in planning the summit.
- We met the technical challenges faced by our websites.
- Our new videos are beautiful and moving.

**Describe the challenges you have encountered this reporting period.**

- Our training site had out of sync components (plugins and security features that had become incompatible) that took it down for several weeks.
- A month later our main sites were hacked and the URLs redirected people to an Eastern European gaming site. We realized this and repaired the situation and had all up and running within days.
- Important note –no data was compromised in either situation.

**Describe your strategies to address the challenges listed above.**

- We had to upgrade our security and communication protocols for both situations. We believe that we have them both stabilized. But as we migrate our public-facing site to JustCall, we will be extra careful to make sure it is secure from evolving challenges.

**Please indicate the co-occurring I/DD/TBI and mental health disorders trainings your staff attended during the quarter and the number of staff trained. (Please list title of training)**

N/A

Mental Health Crisis Services Quarterly Budget Reporting Form

Approved Budget		January 1, 2023 - March 31, 2023	April 1, 2023 - June 30, 2023	July 1, 2023 - September 30, 2023	October 1, 2023 - December 31, 2023
<b>Area:</b>					
<b>Mobile Crisis Response Services</b>		<b>Amount</b>	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>
Total Amount					
MH Professional(s)		\$0			
MH Practitioner(s)		\$0			
MH Rehab Worker(s) (Adult Stabilization only)	\$0				
Rapid Access Psychiatrist		\$0			
Certified Peer Specialist	\$0				
Staff Benefits and Payroll Taxes		\$0			
<b>On-Call Staff</b>		<b>Amount</b>	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>
Total Amount					
Professionals		\$0			
Practitioners	\$0				
Certified Peer Specialist	\$0				
Staff Benefits and Payroll Taxes		\$0			
<b>Total Mobile and On-call Program FTEs and costs→</b>		\$0	\$0	\$0	\$0
<b>Phone Triage and Dispatch</b>		<b>Amount</b>	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>
Total Amount					
MH Professional(s)		\$0			
MH Practitioner(s)	\$0				
MH Rehab Worker(s)	\$0				
Certified Peer Specialist	\$0				
Other Trained staff					
Staff Benefits and Payroll Taxes		\$0			
Other Trained staff					
Contracted services					
Total Triage and Dispatch FTE and	\$0	\$0	\$0	\$0	\$0
<b>A) Total Program Staff Wages →</b>	\$0	\$0	\$0	\$0	\$0
<b>Administrative/Support Staff</b>		<b>Amount</b>	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>
Total Amount					
Data Collection/ Administrative Support	\$46,350	\$6,325	\$13,622	\$17,723	\$9,105
Fiscal support staff					
Grant management/monitoring					
Staff Benefits and Payroll Taxes					
Technology & Billing					
<b>B) Total Admin Staff Wages →</b>	\$46,350	\$6,325	\$13,622	\$17,723	\$9,105
* FTE = Full Time Equivalent based upon 40 hours per week					
Total Staff Wages -Total Program and Admin/Support Staff Wages from above (A+B)	\$46,350	\$6,325	\$13,622	\$17,723	\$9,105
<b>Other Administrative Costs</b>		<b>Amount</b>	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>
Total Amount					
Staff Orientation/Training*	\$19,864	\$0	\$100	\$5,000	\$13,250
Staff Travel					
Transportation to hospital, appointments etc.					
Occupancy (rent, mortgage, facility improvements)					
Utilities (heat, electric, phone)					
Equipment					
Supplies					
Insurance/Liability					
Other (Parent engagement)-	\$4,050	\$150	\$627	\$1,750	\$200
<b>C) Total Other Administrative Costs</b>	\$23,914	\$150	\$727	\$6,750	\$13,450
<b>Sum of A, B and C</b>	<b>\$ 70,264</b>	<b>\$ 6,475</b>	<b>\$ 14,348</b>	<b>\$ 24,473</b>	<b>\$ 22,555</b>
<b>Public Outreach/Education</b>		<b>Amount</b>	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>
Total Amount					
Purchased advertising costs	\$4,000				
Flyers, leaflets, magnets, pens, etc.	\$0			\$7,257	
Other (Website maintenance)-	\$4,600				\$3,632
<b>D) Total Public Outreach/Education Costs</b>	<b>\$8,600</b>	<b>\$0</b>	<b>\$0</b>	<b>\$7,257</b>	<b>\$3,632</b>
<b>Residential Costs (Adults Only)</b>		<b>Amount</b>	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>
Total Amount					
Crisis Stabilization Bed Per Diems (Adult only)					
<b>E). Total Residential Costs</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Expenditures Sum of A, B, C, D, and E).→</b>	<b>\$78,864</b>	<b>\$6,475</b>	<b>\$14,348</b>	<b>\$31,729</b>	<b>\$26,187</b>