OLMSTED COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) 2025 ANNUAL REPORT

A Collaborative Community Effort Led by: Olmsted County Public Health Services, Olmsted Medical Center, and Mayo Clinic

Effective Date: January 2026

OLMSTED
MEDICAL
CENTER

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Executive Summary

The Community Health Assessment and Planning (CHAP) process is about improving the health and well-being of residents in Olmsted County. Every three years the community conducts a health needs assessment to determine Olmsted County's health priorities; formulates a plan to address the needs; and publishes an annual progress report. Olmsted County Public Health Services (OCPHS), Mayo Clinic, and Olmsted Medical Center (OMC) engage with diverse partners across our community to lead this process.

The core values of the CHAP process are:

- Actionable and Sustainable.
- Collaboration.
- Community Focus.
- Data Driven.
- Health Equity.

The purpose of the 2025 Community Health Improvement Plan (CHIP) Annual Report is to highlight the work completed for the second year of this three-year CHIP cycle. This report describes the efforts being taken by organizations throughout Olmsted County to address the three community health priorities:

1. Mental Health.
2. Drug Use.
3. Access to (Health) Care.

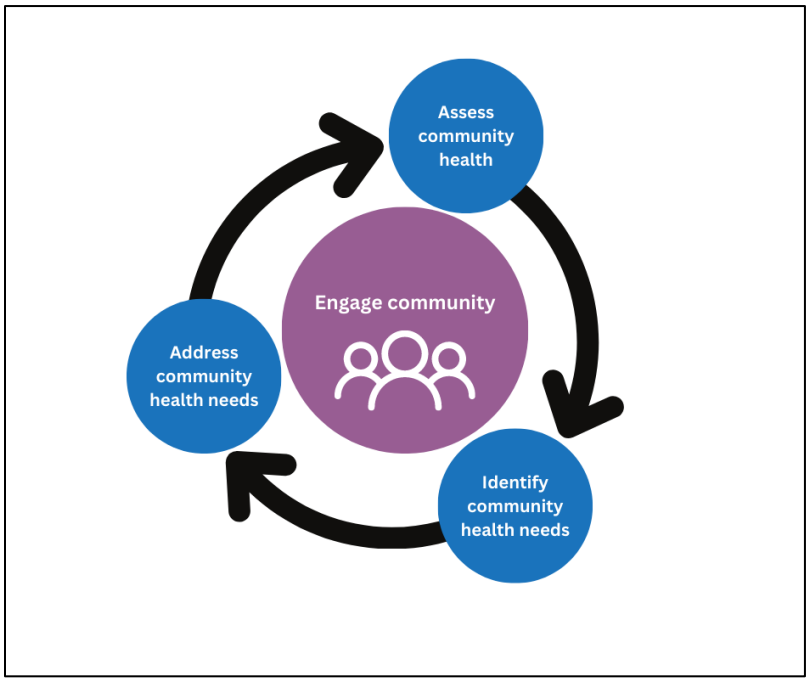
Each health priority has at least one population indicator that is being tracked over time. Four population indicators were able to be assessed with updated data. There were improvements among overdose fatalities, number of deaths by suicide, and adults who have a WHO Well-being Index below 51. There are still opportunities to reduce the percentage of adults who delay any type of health care.

This cycle, a "collective impact" approach is being piloted to address these complex issues. Collective impact involves a group of organizations each identifying something new, expanded or improved that they will do to contribute to making a positive impact on a priority issue. This also includes multi-agency collaborative work offering something new, expanded, or improved that they identify to contribute to making a positive impact on a priority issue. This pilot's primary goal is to expand the individual and collaborative efforts to include more Olmsted County partners over the course of the three-year cycle, thus having more positive impact on the priorities. The commitment by many organizations throughout Olmsted County demonstrates the excitement for implementing this pilot approach and dedication by partners to positively impact these health priorities.

CHAP Process Overview

CHAP Process Statement and Visual:

The Community Health Assessment and Planning (CHAP) Process is about improving the health and well-being of residents in Olmsted County. Every three years the community conducts a health needs assessment to determine Olmsted County's health priorities; formulates a plan to address the needs; and publishes an annual progress report. OCPHS, Mayo Clinic, and OMC engage with diverse partners across our community to lead this process.



CHAP Requirements:

Nonprofit Hospitals

Since its passage into law in 2013, the Patient Protection and Affordable Care Act (PPACA) requires hospitals to conduct a community health needs assessment and adopt an implementation strategy every three years in order to maintain their tax-exempt status.

Additional Information can be found on the Internal Revenue Service (IRS) website: *CHNA for Charitable Hospital Organizations – Section 501(r)(3)*.

Local Public Health Departments

A thorough and valid community health assessment and health improvement plan are customary practices and are core functions of public health. Additionally, health assessments and health improvement plans are a national standard for all public health departments. Since the passage of the Local Public Health Act in 1976, Minnesota community health boards (CHBs) have been required to engage in a community health improvement process, beginning with a community health assessment.

Additional information can be found on the Minnesota Department of Health's website: Assessment and Planning for Local Public Health.

Public Health Accreditation

OCPHS is a nationally accredited local health department through the Public Health Accreditation Board (PHAB) — a national voluntary accreditation program for public health agencies. The goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of public health departments. Accreditation standards define the expectations for all public health departments — for a public health department to be accredited, it must meet stringent requirements for the 10 essential services of the core public health functions and demonstrate a commitment to constant improvement. Specifically, to meet national reaccreditation related to CHIP activities, local public health agencies are required to conduct a comprehensive planning process resulting in a community health improvement plan that includes broad participation of community partners; uses assessment data to identify priority issues; develops and implements strategies for action; and establishes accountability to ensure measurable health improvement.

Additional information can be found within the Public Health Accreditation Board's (PHAB) Guide to Reaccreditation: *2022 Standards*.

2024 – 2026 CHIP Priorities

After a community-based prioritization process, the following three health issues were identified as community health priorities for 2024 to 2026:

- Mental Health.
- Drug Use.
- Access to Care.

2025 CHIP Annual Report Overview

Purpose:

The purpose of the CHIP Annual Report is to highlight the work completed for the second year of this three-year CHIP cycle. This report shares work being completed to address the three community priorities by organizations throughout Olmsted County.

The CHIP and its related strategies are dynamic and updated as needed. Changes and revisions are driven by the organizations leading specific strategies.

Framework:

The 2024 – 2026 CHIP is piloting a "collective impact" approach to address the top health priorities. Core Group, the CHAP process's leadership team, approved this pilot approach in January 2023. The collective impact approach brings in principles of Results Based Accountability (RBA). In short, RBA allows communities to track data-driven population indicators over time. The goal is to "turn-the-curve" and advance health outcomes that need improvement; in this case, the three priorities.

For this CHIP cycle, Olmsted County as a whole will be attempting to improve population indicators for each of the three community health priorities. To do this, organizations throughout the community have offered strategies that they will implement between 2024 and 2026 as an effort to improve outcomes. These strategies are either brand new, or enhancements to current efforts. The goal is, with multiple agencies offering different solutions within their sphere of influence, our community will see **measurable impact on these issues in the next few years**.

In addition to specific organizations' individual work to collectively impact these issues, there is space for collaborative strategies (two or more agencies working on the same strategy), particularly for existing partnerships and groups. For example, the Coalition for Community Health Integration (CCHI) is implementing a collaborative strategy around access to care, and the Substance Use Workgroup is implementing a collaborative strategy for drug use.

Organizations Contributing to One or More Priorities:

- Individual Organizations:
  - Blue Cross Blue Shield.
  - Mayo Clinic.
  - Medica.
  - OCPHS.
  - OMC.
  - Rochester Public Schools (RPS).
  - UCare.
  - United Way of Southeast Minnesota (UWSE).
  - Zumbro Valley Health Center (ZVHC).
- Groups:
  - CCHI.
    - Includes all of the individual organizations listed, along with Rochester Area Foundation.
  - Olmsted County Mental Health Education Workgroup.
    - A variety of community partners, led by OCPHS.
  - CHIP Substance Use Workgroup.
    - Organizations include a mixture of Olmsted County government, substance use treatment providers, and non-profit partners.

2025 CHAP Satisfaction Survey Overview

Overview:

Every year, the CHAP process implements a CHAP Satisfaction Survey of its partners. The goal of this survey is to assess how well the CHAP process is doing and serves as an opportunity to identify continuous improvement initiatives. For example, one of the largest initiatives coming from a previous survey was piloting the **CHIP collective impact approach.** Typically, 20 - 30 partners complete the survey.

Data:

Here are a few select data highlights:

- Overall satisfaction with the CHAP process remained the same, on a four-point scale (one through four, with one being strongly disagree with a specific statement and four being strongly agree with the statement), at 3.35 between 2024 and 2025.
- Themes from open-ended questions asking for improvements in the CHAP process were:
    - Communications.
        - A quote from a survey participant: “Better understanding how we communicate progress in priority areas to the community that puts time into answering the CHNA every 3 years.”
    - Meeting structure and organization.
        - A quote from a survey participant: “Periodic in person meetings.”
    - Partnerships for advancing health and wellness.
        - A quote from a survey participant: “Continue to consider participant breadth and welcome new groups and organizations to CHAP meetings to share awareness for mutually beneficial efforts and welcome collaboration.”
    - Revisiting the CHIP based on current events.
- The average, on a scale of zero to 10 (with zero being not at all and 10 being completely), for partners to recommend the CHAP process to someone else increased from 8.35 in 2024 to 8.65 in 2025.
- One of the lowest averages, on a scale of one (strongly disagree), to four (strongly agree), is “the community understands the CHAP process’s purpose” at 2.69.
- Partners shared that they have used the Community Health Needs Assessment (CHNA) in multiple ways, including with grant applications, board reports, miscellaneous projects, and sharing information with others.

Next Steps:

Data from the survey resulted in the following next steps:

1. Initiation of a formal quality improvement project focused on increasing the community’s understanding of the CHAP process’s purpose. This led to the establishment of CHAP Ambassadors among the six CHAP funding partners. These Ambassadors lead communications about the CHAP process within their organization and with external partners.
2. Targeted outreach to specific partners to increase Health Assessment Planning Partnership (HAPP) membership and attendance.
3. Reevaluation of in-person and virtual HAPP meeting cadence.
4. Creation of a brief statement to communicate how CHIP priorities are identified.
5. At the December 2025 HAPP meeting, ideas about how to improve CHAP newsletters were offered. These ideas will be incorporated in 2026 newsletters.
6. The CHAP process will continue to highlight how CHIP priorities are being addressed through annual reports and community-wide communications.

a. In 2025, several news articles highlighted CHIP priorities and CHNA work:
    i. https://www.kaaltv.com/news/olmsted-county-seeks-to-address-health-disparities-for-lgbtq-members/
    ii. After losing her son to suicide, a Lake City mom wants to help others navigate hard conversations - Post Bulletin | Rochester Minnesota news, weather, sports
    iii. A Rochester advisory group on homelessness caps off its first year with a statewide award - Post Bulletin | Rochester Minnesota news, weather, sports

Access to Care

Goal and Population Indicator:

Overall Goal: Reduce Olmsted County residents who delay health care.

Population Indicator(s):

1. Decrease the % of adults who delay any care (including medical, mental health, and/or dental care) from 31.8% in 2021 to 25% in 2027 *(Community Health Needs Assessment).*
    a. *2024 Data: 34.1%*

Collective Impact Strategies, Work Plans, and Organizations Implementing the Work:

Organization:

- Olmsted County Public Health Services.

Goal and Strategies:

- Increase access to care for LBGTQIA+ residents by reducing the portion of non-heterosexual adult residents who have delayed medical care in the past 12 months.
    - Improve navigation of the health care system for LGBTQIA+ residents (Coalition for Community Health Integration led strategy).
    - Improve local health-related resource wayfinding for LGBTQIA+ residents.
    - Improve health care staff training to increase safety and comfortability for LGBTQIA+ residents.

Data:

- Baseline (2021 CHNA): 31% of non-heterosexual adult residents have delayed medical care in the past 12 months.
- 2024 Actual: 26% of non-heterosexual adult residents have delayed medical care in the past 12 months.
- Target (2027): 26% of non-heterosexual adult residents have delayed medical care in the past 12 months.

Update/Next Steps:

- Health Care Team Education on Compassionate LGBTQIA+ Care Provision.
    - 2024: Co-design team developed and tested a three module, three+ hour training for health care staff. Used vignettes or stories from co-design interviews.
    - 2025: Co-design team delivered entire training to Public Health Leadership Team and a subset of training to all Public Health staff and introduced training at Mayo Clinic via two Grand Rounds.
        - Quantitative evaluation data provides evidence of positive outcomes in relevance to the trainee's role, confidence in ability to provide compassionate care, understanding of biases and assumptions, knowledge of terms and identities and understanding health needs and concerns. 100% of post-evaluation respondents said yes, the training should be offered to others within the department.
        - Qualitative evaluation data is also overwhelmingly positive, emphasizing the value and impact of the trainers, the stories and the small group discussion,
            - *"The energy and compassion of the trainers. I never felt judged for not knowing something and I felt encouraged after sharing. I also appreciated the real-life*

vignettes and the presenters reading through them. It helped me get a glimpse into the experiences of people I serve."

- LGBTQIA+ Resource Wayfinding.
    - October 2024, OCPHS Launched Local LGBTQIA+ Resource Hub: https://olmstedcounty.crediblemind.com/landing/lgbtqia-resources. 100 resources currently.
    - July 2025, OCPHS introduced LGBTQ+ Healthcare Directory to increase awareness of local gender-affirming providers. Increased number of local providers registered from three to 13 so this resource was then added to the LGBTQIA+ Resource Hub.
    - LGBTQIA+ Health Care Navigator. March 2025: LGBTQIA+ Health Care Navigator position was put on pause due to funding unknowns given the current political environment.
    - May 2025: OCPHS staff worked with co-design team to develop a youth-focused LGBTQIA2S+ coalition in collaboration with the MDH Suicide Prevention Grant.

Organization:

- Mayo Clinic.

Goal and Strategies:

- Increase the number of primary care patients in Rochester and Kasson who are screened for social determinants of health for community patients and referred for food insecurity concerns.
    - Refer community patients presenting with food insecurity social determinant of health challenges to local resources using community health workers and findhelp.org.

Data:

- Between Jan-Nov 2025, 6348 patients screened positive for food insecurity out of 81,603 screened patients. Attempts were made to contact many and 36% of attempted contacts were completed. In total, 592 food security-related referrals were completed.
    - This compares to 2024 when 7,247 patients screened positive for food insecurity concerns, and 813 patients accepted assistance. Attempts were made to reach as many of the patients who screened positively as possible with available staff capacity. Of the 40% who were reached, not everybody accepted help.

Update/Next Steps:

- In 2025, a strategy was to develop a question in the Mayo Medical Record that asks if a family will accept help. Mayo Clinic plans to continue social determinants of health screening and referral, including for food insecurity, within primary care.

Organization:

- Medica.

Goal and Strategies:

- Increase usage of Intensive Community Based Services (ICBS) by Olmsted County residents who are Medica members each year from 2024 to 2026.
    - Contract with a local provider to offer ICBS program in Olmsted County.
    - Refer Medica members to the program.

Data:

- In 2024, there were 0 ICBS referrals. As of December 2025, there have been three ICBS referrals.

Update/Next Steps:

- Medica Behavioral Health will continue to partner with ZVHC to provide ICBS services to individuals in the area and find ways to collaborate and partner in reaching even more members in 2026.

Organization:

- Olmsted Medical Center.

Goal and Strategies:

- Improve access to and awareness of non-traditional care (eVisits, virtual care, on-demand, after-hours, asynchronous) by enhancing patient communication and promoting alternative methods of appointment scheduling as appropriate.

Data:

- Increase telehealth visits by five to 10% each year.

Update:

- In 2025, the following efforts were completed:
    - Offering virtual care to patients as they arrive at acute care if there are extended wait times.
    - Over 1,300 patients were vaccinated in the drive thru clinic – many received both COVID and flu.
    - Provided education to clinicians about how to provide care through the virtual space.
    - Offering GPS Social Workers throughout the organization.
    - Increased staffing in active aging services to improve access.

Organization:

- United Way of Southeast Minnesota.

Goal and Strategies:

- Improve access to information about community care resources by increasing use of 211.
    - Work with community partners to disseminate information and materials into the community.
    - Use 211 data to inform community partners about needs and gaps in the community and spread awareness about issues and available resources (including 211).
    - Issue an all-agency message to the organizations currently listed in the 211 data base to encourage them to update their information regularly and remind them of the importance of 211.
    - Use social media to spread awareness.
    - Continue participating in events and tabling opportunities.

Data:

- As of mid-November 2025: 6,363 requests. The top requests were for housing/shelter, utilities, and food.
    - This compares to 5,272 211 requests in mid-November 2024.

Update/Next Steps:

- United Way of Southeast Minnesota now has 211 materials available in English, Spanish, Somali, and Hmong.

- They also asked all agencies listed in the 211 databases to once again review their 211 information and update/make any changes in light of the recent government shutdown.

Organization:

- Zumbro Valley Health Center.

Goal and Strategies:

- Increase access to dental care by clients.
    - Establish baseline of percentage of ZVHC clients seen for dental care per year in 2024.
    - Supporting Apple Tree Dental to increase dentist and hygienist capacity (space).
    - Standardizing dental screening and referrals.

Data:

- In 2025:
    - 45% of clients have completed a dental exam. This compares to 40% in 2024.
    - 753 outreach and education attempts were made to clients regarding dental care services.

Update/Next Steps:

- In 2025, ZVHC:
    - Convened a strategic initiative for improving access to dental care.
    - Created a client resource guide for dental options, by insurance plan.
    - Provided an oral care lunch and learn to staff (presented by Apple Tree Dental).
    - Completed a dental care outreach campaign, disseminated dental care kits to clients with dental gaps, while providing education, intervention, and scheduling assistance.
    - Completed a collaborative grant request between ZVHC and Apple Tree Dental to support increased access to dental care for ZVHC clients.
        - Apple Tree Dental now has a permanent space to expand services and capacity at ZVHC.
    - Began building renovations in the dental clinic space at ZVHC to support increasing client volumes and the types of dental procedures to be completed.

Organization:

- Blue Cross Blue Shield

Goal and Strategies:

- Implement Omada: a healthy lifestyle habit development program.
- Implement Maven program to improve maternal and post-maternal outcomes.

Data:

- Omada:
    - In 2025, 4,741 total members enrolled.
    - 90% of members met weight loss goal by 30 weeks. Average weight loss was 3.2% by 30 weeks.
    - 80% of members met blood pressure reduction target at 39 weeks.
- Maven:
    - In 2025, 90 total members enrolled.

Update/Next Steps:

- The full one-year evaluation of Omada was completed near the end of 2025.
- The Maven program ended at the end of 2025.
    - An evaluation of new initiatives to better serve their low to moderate risk pregnancy members is occurring in 2026.
        - In the interim, all pregnant members will be offered material case management support.

Drug Use

Goal and Population Indicators:

Overall Goal: Reduce drug use among Olmsted County residents.

Population Indicator(s):

1. Decrease in the number of overdose fatalities among Olmsted County residents from 42 in 2022 to zero in 2028 *(Minnesota Department of Health).*
    a. *2025 Data: 20 overdose fatalities.*
2. Increase the % of students who reported that they feel using marijuana and/or prescription drugs is a risk from 72.4% (marijuana) and 82.6% (prescription drugs) in 2022 to 80% (marijuana) and 88% (prescription drugs) in 2028 *(Minnesota Student Survey).*
3. Decrease the % of 8th, 9th, and 11th graders who have used any drugs in past 12 months from 16.8% in 2022 to 12% in 2028 *(Minnesota Student Survey).*

Collective Impact Strategies, Work Plans, and Organizations Implementing the Work:

Organization:

- CHIP Substance Use Workgroup.

Goal and Strategies:

- Implement at least three strategies to increase drug use education for school staff, families, and students by the end of 2025.

Data:

- Seven strategies were implemented in 2025.

Update/Next Steps:

- In 2025, workgroup members:
    - Created youth support groups.
    - Developed a Caregiver Connections group.
    - Participated in community education opportunities such as Safe City Nights and Thursdays Downtown.
    - Researched caregivers' roles in substance use treatment.
    - Applied for a youth-focused Licensed Alcohol and Drug Counselor position.
    - Implemented a Rally for Recovery event.
    - Led a second annual fall fest.

Organization:

- Mayo Clinic.

Goal and Strategies:

- A Social Innovation grant that creates a partnership with Doc's Recovery House with the goal of developing a digital solution to help increase access to substance abuse care in Olmsted County.
    - Increase the number of website interactions.
    - Increase the number of connections with Peer Recovery Specialist.
    - A Post Bulletin article on the effort is found here.
- Improve providers' awareness and skills in identifying and treating substance use disorders.

- Increase substance use disorder educational efforts for health care professionals inside and outside of Mayo Clinic.

Data:

- From January to November 2025, there were 3,041 site sessions and 41 connections with Peer Recovery Specialists, compared to none in 2024.
- 682 staff have completed the opioid DEA course between January and October 2025.
- 350 learners completed the *Ending the Crises* audiobook in 2025.

Update/Next steps:

- Mayo Clinic plans to continue to offer the Opioid Drug Enforcement Agency Course and *Ending the Crises* Audiobook for employees and non-employees.
- Mayo Clinic is committed to supporting policy and system change both within and outside of the organization to effectively prevent and treat opioid overdose.

Organization:

- Medica.

Goal and Strategies:

- Increase usage of Intensive Community Based Services (ICBS) by Olmsted County residents who are Medica members each year from 2024 to 2026.
  - Contract with a local provider to offer ICBS program in Olmsted County.
  - Refer Medica members to the program.

Data:

- In 2024, there were zero ICBS referrals. As of December 2025, there have been three ICBS referrals.

Update/Next Steps:

- Medica Behavioral Health will continue to partner with ZVHC to provider ICBS services to individuals in the area and find ways to collaborate and partner in reaching even more members in 2026.

Organization:

- Olmsted County Public Health Services.

Goal and Strategies:

- Support the passing of a local cannabis ordinance(s) and establish a system to license, regulate, and educate the public.[#]
  - 2024 — Support the development of a potential cannabis ordinance(s) in Olmsted County. Investigate best practices and draft a potential plan for local licensing, regulation and education.
  - 2025 — Finalize and roll out plan for local licensing policy, regulation and education.
  - 2026 — Cannabis education will be mandatory in schools. Therefore, OCPHS's School Age Services team will engage with schools to offer this and set a specific goal at that time.

Data:

- Passage and updating of three Cannabis Ordinances (2150, 3100, and 4000) and conducted three lotteries to issue all 14 available registrations.

Update/Next Steps:

- Passage of ordinance:
    - The cannabis ordinance was first passed in November 2023, and it regulated public use. In November 2024, it was updated to include registration of cannabis businesses, limits on cannabis businesses in the county, temporary cannabis event permits and standards, and enforcement measures under the ordinance.
- Updates and Implementation:
    - In April of 2025, the ordinance was again updated with language that includes standard and additional provisions that address lower-potency hemp edible sales.
    - The ordinance was updated again to define the process for determining applicants who will receive of the limited cannabis retailer registrations in May of 2025.
    - In early August 2025, the first lottery was held for the eight microbusiness registrations.
    - On September 11, 2025, the lottery for the two mezzobusiness registrations was held. Because there were fewer than five applications for the retailer registrations (four), a lottery was not needed for this registration type.
- Community and school-based education strategies:
    - Olmsted County is partnering with other regional public health departments to implement a regional media campaign targeting parents and caregivers on the topic of youth cannabis use prevention and safe storage. The tentatively planned campaign launch is for early 2026.
    - Olmsted County's School Aged Services team is supporting local school districts in selecting curriculum to meet the state mandate and will be piloting the REACH Lab's Safety-First curriculum in the Byron and Stewartville school districts.

Organization:

- Olmsted Medical Center.

Goal and Strategies:

- Improve Medication Assisted Treatment (MAT) clinic access and program adherence through expanded services.
    - Introduce an integrated alcohol and drug counseling program within the MAT clinic.
    - Conduct outreach services in collaboration with community partners.

Data:

- Adherence to treatment for 12+ months – show improvement each year in the number of patients who adhere to treatment at the end of each year.
- # of Referrals to the MAT clinic – increase the number of referrals to the MAT clinic by 5 - 10% each year.

Update:

- Clinicians lead a presentation on October 14, 2025 focused on Kratom.
- Expanded clinics that administer the long-acting Buprenorphine.
- Active participation in the MDH/DHS Buprenorphine workgroup.
- Collaborated with Mayo Clinic Ambulance service in starting their 911 suboxone in mid-January.
- Added psychiatry services to treat patients with co-occurring mental health and drug abuse disorders.

Organization:

- UCare.

Goal and Strategies:

- Reduce substance use for Olmsted County residents who are UCare members by increasing utilization of ICBS.
- Increase Olmsted County stakeholder awareness of program and referral pathways.

Data:

- 15 referrals in 2025.
    - 42 referrals in 2024.

Update/Next Steps:

- Performance feedback is sent frequently to ZVHC to provide insight into ICBS program usage and has supported their efforts to improve outcomes.
- In 2025, UCare tightened up referral criteria to ensure that only the most at-risk members are sent to Zumbro Valley Health Center for ICBS programming.

# denotes recommendations related to policy—either new policies or changes to existing policies.

Mental Health

Goal and Population Indicators:

Overall Goal: Increase overall mental wellbeing among Olmsted County residents.

Population Indicator(s):

1. Decrease the number of deaths by suicide in Olmsted County from 25 in 2022 to zero in 2028 (Syndromic Surveillance - ESSENCE).
    a. *2025 Data: 14 deaths by suicide.*
2. Decrease the % of Olmsted County adults with a WHO Well-Being Index Below 51 from 20.8% in 2022 to 13% in 2028 *(Community Health Needs Assessment)*.
    a. *2024 Data: 17.5%*
3. Decrease the % of adolescents reporting emotional distress from 76.2% in 2022 to 72% in 2028 *(Minnesota Student Survey).*

Strategies, Work Plans, and Organizations Implementing the Work:

Organization:

- Olmsted County Mental Health Education workgroup (OCMHE).

Goal and Strategies:

- Educate all school districts in Olmsted County about the School Health Assessment and Performance Evaluation (SHAPE) system and related educational materials.
    - Promote "Stay Connected Minnesota" campaign with Olmsted County Schools (Q1 2024).
    - Educate all public and private schools in Olmsted County about the SHAPE system, along with the latest statewide SHAPE cohort (Q2 2024).
    - Determine next steps with Olmsted County school teams as state cohort program finishes (Q4 2024).
    - Educate schools in Olmsted County on CredibleMind resource (Q4 2024).

Data:

- Eight school districts were educated in 2024.

Update/Next Steps:

- Given a new, pressing need, the work of this workgroup will shift to be focused on implementing an LGBTQIA+ focused suicide prevention coalition. Initial planning efforts began in 2025, including convening of partners. In 2026, the coalition will focus on identifying strategies to implement.

Organization:

- Mayo Clinic.

Goal and Strategies:

- Decrease the wait time for initial psychotherapy consults at Mayo Clinic through the Integrative Behavioral Health Program at Primary Care sites.
    - Change the triage and appointment setting process with the Mayo Clinic Integrative Behavioral Health Program at Mayo Clinic NW and SE Clinics.

Data:

- In Sept 2025, the median wait time for appointments at NW Clinic was 14 days and SE Clinic was 16 days.
- In Oct 2025, the median wait time for first appt was 13 days at NW Clinic and 17 days at SE Clinic.
- In November 2025, the median wait time for first appt was 14 days at NW Clinic and 21 days at SE Clinic
    - Compared to average wait times of 32.4 days at the NW Clinic and 40.6 days at the SE Clinic during 2023-24.

Update/Next Steps:

- Mayo Clinic plans to continue to systematically screen for mental health concerns within primary care and intervene with appropriate internal and local external resources.

Organization:

- Medica.

Goal and Strategies:

- Increase usage of Intensive Community Based Services (ICBS) by Olmsted County residents who are Medica members each year from 2024 to 2026.
    - Contract with a local provider to offer ICBS program in Olmsted County.
    - Refer Medica members to the program.

Data:

- In 2024, there were zero ICBS referrals. As of December 2025, there have been three ICBS referrals.

Update/Next Steps:

- Medica Behavioral Health will continue to partner with ZVHC to provide ICBS services to individuals in the area and find ways to collaborate and partner in reaching even more members in 2026.

Organization:

- Olmsted County Public Health Services.

Goal and Strategies:

- Increase usage of the CredibleMind platform.

Data:

- As of November 17, 2025: 8,630 total users (1,224 returning).
    - Most users were under 24 years old.
- Olmsted County staff presented on CredibleMind nine times in 2025 including three booths, three community partner presentations, and three national conferences and webinars.

Update/Next Steps:

- Initiated a formal quality improvement project focused on increasing CredibleMind utilization.
- OCPHS was invited by CredibleMind to deliver three national presentations highlighting our work with the platform. We presented alongside the CEO, Chief Marketing and Market Solutions Officer, and Chief Medical Director from CredibleMind.

- In 2025, OCPHS's Health Promotion unit created new materials available on the CredibleMind landing page on the Public Health website including:
    - CredibleMind general communications toolkit.
    - CredibleMind posters.
    - CredibleMind social media posts.
    - CredibleMind newsletter and social media communications toolkit.
    - CredibleMind higher education communications toolkit.
- On the CredibleMind landing page, they also included content developed by CredibleMind in collaboration with Leadership Greater Rochester:
    - CredibleMind posters.
    - CredibleMind social media posts by topic.

Organization:

- Olmsted Medical Center.

Goal and Strategies:

- Improve mental health service accessibility by diversifying support beyond Psychiatry/Psychology Departments.
    - Introduce nurse visits for ongoing assistance between provider appointments, encompassing medication review, monitoring, and addressing patient concerns.
- Expand outreach services to branch offices, additional departments, and community partners, ensuring comprehensive coverage and support.

Data:

- # of Outreach Visits – increase by 5 - 10% each year
- # of Nurse Visits – increase by 5 - 10% each year

Update:

- OMC has added several new providers to the psychiatry/psychology department including two new child psychologists.
- OMC is in the process of adding a psychometrist to help assist with testing for autism and ADHD in addition to other screening tools for patients.
- OMC will be adding TMS (Transcranial Magnetic Stimulation) as a new service to help treat patients with depression.
- Developing a Program to Encourage Active, Rewarding Lives (PEARL) to focus on older adults with symptoms or diagnoses of depression; currently one registered nurse is certified in the program.
- Provided Edinburgh depression screening education for new Moms and throughout the first-year post-partum.
- OMC is developing a stress-reduction care package for those patients screened to be at risk for stress as part of the social determinants of health questionnaire.

Organization:

- Rochester Public Schools.

Goal and Strategies:

- Implement universal mental health screening in all school buildings within the Rochester Public School district.

- In school years 23 - 24, pilot two validated and normed mental health screeners in eight buildings who have self-selected screening as a goal.
    - Using data and feedback from the two screeners, select one for universal adoption in Rochester Public Schools.
- Screening will be implemented three times a year and be used to identify students for referral to intervention resources as appropriate.
- Screening data will also be used to inform building-wide and district-wide initiatives.

Data:

- Since the last report, RPS has increased the number of buildings participating in screening from 9 to 13, with more buildings planning to begin screening in the spring of 2026.
- In the fall of 2024, we screened roughly 900 students. By the fall of 2025, that number has increased to almost 1700 students.

Update/Next Steps:

- School buildings who are participating in screening are using the data to help families and caregivers determine next steps for their students as well as to identify interventions that could be utilized during the school day to decrease barriers to accessing academic instruction.

Conclusion

In its second year of piloting the “collective impact” approach, there continued to be incredible energy around the CHIP. Nine organizations identified specific strategies to contribute to the collective impact approach, and three additional groups implemented collaborative strategies. An additional organization began contributing a strategy in 2025 as part of an intentional expansion effort.

A few common themes from the various strategies include:

- Assessment of current situations and implementation of data-driven solutions.
- Partnership establishment and expansion.
- Information sharing and improved communication with clients and patients.
- Increasing accessibility of services.
- Educating staff, partners and the community.

Several population indicators were able to be assessed with updated data:

1. Decrease the % of adults who delay any care (including medical, mental health, and/or dental care) from 31.8% in 2021 to 25% in 2027 *(Community Health Needs Assessment).*
    a. *2024 Data: 34.1%.*
2. Decrease in the number of overdose fatalities among Olmsted County residents from 42 in 2022 to zero in 2028 *(Minnesota Department of Health).*
    a. 2025 Data: 20 overdose fatalities.
3. Decrease the number of deaths by suicide in Olmsted County from 25 in 2022 to zero in 2028 (Syndromic Surveillance - ESSENCE).
    a. 2025 Data: 14 deaths by suicide.
4. Decrease the % of Olmsted County adults with a WHO Well-Being Index Below 51 from 20.8% in 2022 to 13% in 2028 *(Community Health Needs Assessment)*.
    a. 2024 Data: 17.5%.

Communication about CHIP progress occurs in different settings. Firstly, those contributing to the collective impact approach share their effort with CCHI partners on an ongoing basis. During these meetings, they present on the approach and then receive questions and feedback. Secondly, every January, the CHAP process will continue to release this CHIP annual progress report to the community.

The CHAP process is looking forward to continued expansion, collaboration, and impact of this work.

Record of Changes

Date	Changes/Updates Summary	Responsible Person(s)

Acknowledgements

A special thank you to all the individuals, organizations, and partners that have been involved throughout the CHAP process!

The development of the CHIP Annual Report would not have been feasible without the leadership, guidance, direction, and dedication from the:

- CHAP Core Group.
- Coalition for Community Health Integration.
- Health Assessment Planning Partnership.
- Organizations implementing strategies to address the prioritized health issues.

Questions regarding the CHIP document or process can be directed to:

OCPHS

Performance Management, Quality Improvement, and Accreditation Team

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Appendix A- Other Community Strategies

Below are some additional efforts being implemented around each priority in 2025 that are not part of the collective impact approach. The list is not exhaustive. It is in alphabetical order.

Access to Care

- Children's Dental Health Taskforce relaunched with support from OCPHS.
- Expansion of specialty care clinics at Salvation Army's Good Samaritan Clinic.
- Intercultural Mutual Assistance Association's (IMAA) Community Health Worker outreach to the immigrant and refugee community.
- Mayo Clinic increased offering times for virtual care outside of regular clinic hours for primary care patients.
    - Mayo Clinic provided health care and a free legal clinic at The Landing.
- Mayo Clinic's *Cancer Care Beyond Walls* initiative to reach families in their homes and local communities.
- OCPHS and Cradle 2 Career led co-design efforts to better understand barriers in accessing prenatal care.
- OCPHS continues to partner with local health care providers to increase childhood lead testing.
- OCPHS leading workgroups and strategies on a variety of vaccine preventable diseases and other diseases, including STIs/STD, HIV, and tuberculosis.
- OCPHS supported school located immunization clinics.
- OCPHS' Women Infant and Children (WIC) program being on-site at OMC's NW clinic, along with WIC allowing online scheduling and grocery shopping.
- OCPHS's Healthy Homes website.
- OCPHS's WIC program expanded clinical services such as client height, weight, and hemoglobin with authorization at Head Start. It allows clients to conduct the rest of their appointment virtually.
- OMC working on telehealth in rural communities.
- Philanthropic programs prioritizing and increasing grants to community health priorities in Olmsted County.
- Rebooting the Olmsted County dental coalition, lead by OCPHS.
- RPS increased the hours available at the Mayo Clinic-lead Alternative Learning Center (ALC) school, along with extended services to RPS families experiencing homelessness.
- The Landing's effort to increase access to services for those experiencing homelessness.
- The Southeast Regional Crisis Center's (SERCC) work to increase services for those facing mental health crisis.
- Zumbro Valley Health Center's social determinants of health screening with clients and then connecting them with resources.
- Zumbro Valley Medical Society's Street Medicine Initiatives.
- ZVHC added navigators within intake to bridge services between initial intake and getting fully admitted to the program.
- ZVHC added transition-age youth care, which created structure and roles, added life skills groups, and integrated staffing between child and adult services.
- ZVHC expanded ICBS work.
- ZVHC focused on high-acuity, high-utilizer clients by engaging with them more, doing follow-up after hospitalization, having extra visits, and doing crisis stabilization.
- ZVHC increased youth and family services, which added structure and support for the whole family, especially for those who have multiple family members receiving services from the organization.

Drug Use

- BCBS expanded access to mental health and substance use disorder services through expanding their virtual network.
- Community Engagement Response Team (CERT) members Thursday evening group titled “Hustlers Anonymous.”
- Mayo Clinic participated in community efforts around National Drug Take Back Day to promote the safe disposal of prescribed medications. Events every April and October collect more than 1,000 pounds of unused prescription drugs for safe disposal.
- Mayo Clinic supported training and staffing of peer support specialists to be present in emergency rooms to help serve patients with addiction and addiction related behavioral health disorders.
- Mayo Clinic’s Opioid Stewardship Program to limit unnecessary use of opioids with medical treatment.
- OCPHS collects real-time emergency room data to drive strategy and decision-making for partners throughout the community.
- OCPHS conducted an initial round of low dose cannabis retail scans.
- OCPHS developing and sharing data with health care and community partners around overdoses and suicides.
- OCPHS established an Opioid Overdose Review Committee and an Opioid Spike Response Team.
- OCPHS hosted a parent substance use education sessions.
- OCPHS partners with southeast Minnesota local public health agencies to create safe use regional media campaigns.
- OCPHS ran Be in the Know campaign around opioid misuse this past summer.
- OCPHS’s Cannabis Substance Use Prevention Grant, which is funding to address cannabis and other drug use prevention work.
- Olmsted County DART (Drug and Alcohol Response Team) is implementing alcohol and drug prevention and mitigation efforts.
- OCPHS participated in events like Safe City Nights to educate the community about substances.
- Peer Specialist benefit expanded for commercial and Medicare Advantage prescription drug plan (MAPD) members, in addition to Medicaid.
- RPS and OCPHS collaborated to participate in a youth substance use prevention coalition and associated youth summit.
- RPS expanded the services of Chemical Health Specialists.
- RPS has hired licensed drug and alcohol counselors for their schools.
- RPS is currently updating policy to allow for self-carry of Naloxone, following the state law change.
- Substance use screenings and referrals by multiple agencies.
- Tackling Overdose with Networks (TOWNS) grant through the Minnesota Department of Health, and received by OMC, to develop an alcohol and drug counselling program.
- ZVHC expanded services to include Medication Assisted Treatment (MAT).
- ZVHC integrated treatment with groups consisting of ARMHS, therapy, and substance use disorder components.
- ZVHC is working on including the substance use disorder component to the transition-age youth services they have already begun.

Mental Health

- BCBS expanded access to mental health and substance use disorder services through expanding their virtual network.
- BCBS launched a new Health in Her HUE program. It is a digital platform that connects women of color to culturally competent health information and content through condition-specific virtual care squads. The current virtual care squad is depression, anxiety, and diabetes.
- BCBS partnered with Minnesota North College Addiction Studies Department to provide scholarships to individuals living in a rural county of Minnesota seeking a degree in Addiction Studies.
- Development and pilot of the Mental Health Advisor Screening and Intervention Program within Mayo Clinic primary care.
- Family Service Rochester is building a resource center, that will provide comprehensive resources for families.
- Fernbrook is changing the way they bring services to families through in-home and telemedicine, along with now offering autism testing.
- Informal LGBTQIA+ mental health and older adult outreach by various Olmsted County organizations.
- Mayo Clinic is building an EmPATH Center, which will create a more comprehensive psychiatric emergency service.
- Mental health screenings and referrals by multiple agencies.
- Nature Rx class at RPS's Alternative Learning Center.
- OCPHS classroom education for schools throughout Olmsted County, focused on mental health and suicide awareness.
- OCPHS implemented Erika's Lighthouse at Byron MS/HS-mental health education, depression awareness, and suicide prevention curriculum to help combat stigma and promote well-being.
- OCPHS staff were trained in Question, Persuade, and Refer (QPR) and began training others.
- OCPHS worked on establishing partnerships with other departments to share Syndromic Surveillance data regarding suicides.
- OCPHS's promotion of the Family Acceptance Project, a support for LGBTQIA+ youth and their families.
- OCPHS's Healthy Children and Family's mothers and babies intervention, and training home visiting nurses in evidence-based mental health initiative.
- OCPHS's mental health first aid.
- OCPHS's suicide prevention grant work.
- OMC has added clinical health psychology, child psychiatrists, and group therapy to their services.
- OMC's nurse-led SIAD program.
- RPS invested grant dollars in individuals seeking their master's in social work.
- ZVHC expanded screening for social determinants of health across programs and connected clients with resources.

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