



**AITKIN COUNTY HEALTH & HUMAN SERVICES
BOARD MEETING AGENDA
September 25, 2018**

9:05 A.M. START

- 9:06 I. Review/Approval of Health & Human Services Board Agenda**
- 9:07 II. Review/Approval of August 28, 2018 Health & Human Service Board Minutes**
- 9:08 III. Review/Approval of Bills**
- 9:10 IV. Jessi Schultz, Children Social Services Supervisor**
 - A. Directors Update**
- 9:15 V. Jessi Goble, Financial Assistance Supervisor**
 - A. PDM (Periodic Data Match) Update**
- 9:30 VI. Committee Reports from Commissioners**
 - A. H&HS Advisory Committee – Commissioners Wedel and/or Pratt**
 - 1. Committee Members attending today: Carole Holten and Roberta Elvecrog.**
 - 2. Draft Copy of the September 5, 2018 meeting minutes included in the packet.**
 - B. AEOA Committee Update – Commissioner Westerlund**
 - C. NEMOJT Committee Update – Commissioner Niemi**
 - D. CJI (Children’s Justice Initiative) – Commissioner Westerlund**
 - E. Lakes & Pines Update – Commissioner Niemi**

**9:45
END**

Next Meeting – October 23, 2018



**AITKIN COUNTY HEALTH & HUMAN SERVICES
COUNTY BOARD MEETING MINUTES
August 28, 2018**

Attendance

The Aitkin County Board of Commissioners met this 28th day of August, 2018, at 9:01 a.m. as the Aitkin County Health & Human Services Board, with the following members present: Board Chair Anne Marcotte, Commissioners Laurie Westerlund, J. Mark Wedel, Don Niemi, and Bill Pratt. Others present included: County Administrator Jessica Seibert, Health & Human Services Director Cynthia Bennett, Accounting Supervisor Carli Goble, Child Social Services Supervisor Jessi Schultz, Public Health Supervisor Erin Melz, Adult Social Services Supervisor Kim Larson, Social Workers Reina Irvine, Rebecca Person, and Nick Anderson, Assistant to the County Administrator Sue Bingham, and Guests: Robert Marcum/H&HS Advisory Committee Member, Kari Paulsen/H&HS Advisory Committee Member, Brielle Bredsten/Aitkin Independent Age, Joel Hoppe/Citizen, and Bob Harwarth/Citizen.

Agenda

There was a request to add a new Item V, Erin Melz, Public Health Supervisor for an Out of State Travel request, to the agenda and to move all the following Items down one.

Motion by Commissioner Wedel, seconded by Commissioner Westerlund and carried, all members voting yes to approve the August 28, 2018 Health & Human Services Board agenda with the addition.

Minutes

Motion by Commissioner Westerlund, seconded by Commissioner Niemi and carried, all members voting yes to approve the July 24, 2018 Health and Human Services Board minutes.

Bills

Motion by Commissioner Wedel, seconded by Commissioner Niemi and carried, all members voting yes to approve the bills.

Health & Human Services Director Report, Cynthia Bennett H&HS Director

Cynthia started by thanking the Board members for the great Strategic Planning workshop that was held last week.

She talked about attending the MACSSA meeting, the end of July, and that she had three main topics she wanted to bring to the Board's attention-

1. MACSSA and AMC are working together to form a group that will work on building relationships between the two organizations and to look at 'big picture' trends that are affecting service delivery so they can develop legislative platforms together.
2. She reviewed a presentation given by the Assistant DHS Commissioner Clair Wilson on Mental Health Funding. Clair's main point during this presentation was that we need to look at a new business model for providing funding. When you have a grant based source of funding, that funding goes up and down and is not consistent, yet the need for service remains consistent. DHS wants to work with MACSSA on legislative priorities to try to alter that funding source to be more consistent, balanced, and reliable. DHS is also wanting to

have a better understanding of programs and interventions that are considered best practice. What are counties doing that works or doesn't work? They plan to use focus groups, surveys, and a national database called Results First to share the information across all of the counties.

As an addition, the RFP's for the Mental Health Bonding monies would be coming out in September.

3. Cynthia also reviewed a presentation given by the State Chief Medical Officer and CEO of DHS's Regional Treatment Centers on Competency Restoration. They have been working on a Continuous Quality Improvement (CQI) program for the past year. Some of the changes made had had an impact on the Counties. DHS is now discharging 25% of the individuals prior to competency restoration and discharge planning being done. These individuals are being discharged back to the jail in the county of residence. This brought up the question of who is responsible for conducting restoration services for these individuals, once discharged. As far as the statute is concerned, the statute is "silent". What this means is that it doesn't specifically identify who is responsible. Due to this fact, Cynthia, believes there will be support for legislation to clarify statute language that will identify who holds responsibility for competency restoration services when a consumer is discharged from the regional treatment centers prior to the consumer completing restoration.
 - a. Commissioner Marcotte asked why they were discharging people before they were ready, to which Cynthia responded that there is a great need for more crisis stabilization beds within the state and that the longer a person is at the treatment centers the fewer beds there are that are available for that.

Lastly Cynthia talked about the many conferences that are coming up this fall.

- AMC conference: September 13 & 14
 - Cynthia will be attending and as a member of the HHS committee will be participating in the meetings to begin the process of lay out the legislative priorities.
- MACSSA annual conference is the first week of October
- CHS annual conference is the second week of October
- Cynthia will be attending either the MACSSA or the CHS conference based on conference content.
- Opioid Summit September 12 - Erin Melz and Kim Larson, will be attending. Our October presentation for Board will be on Opioid, local opportunities, and working partnerships that are occurring in Aitkin County.

Erin Melz, Public Health Supervisor

Out-of-State Travel Request

1. Asked for the Board's approval in sending Shawn Speed and Stacey Durgin to the Center for Emergency Preparedness in Aniston, Alabama October 1-5 to attend the MGT360, Incident Command: Capabilities, Planning, and Response Actions for All Hazards training.
2. Is a three day class, the 1st and 5th are travel days.
3. Concentrates on how decisions made by responders from various disciplines can impact the handling of a chemical, biological, radiological, nuclear, or explosive (CBRNE) incident.
4. All costs, travel, lodging, meals, are covered by the Northeast Healthcare Preparedness Coalition except employee work time.

Commissioner Marcotte inquired as to why these two people were picked to go to the training and Erin explained that Stacey is the Emergency Preparedness Coordinator for HHS and that Shawn, being fairly new to his position on Emergency Preparedness as the Logistics Chief, would greatly benefit to the exposure that this training gives.

A motion was then made by Commissioner Pratt, seconded by Commissioner Westerlund and carried, all members voting yes to approve the out-of-state travel request.

Contracts/Agreements

A motion was made by Commissioner Niemi, seconded by Commissioner Wedel and carried, all members voting yes to approve the WIC agreement between ACH&HS and McGregor Schools. A motion was made by Commissioner Niemi, seconded by Commissioner Pratt and carried, all members voting yes to approve appointment of Steven Teff to the Aitkin County Health & Human Services Advisory Committee for District 5, filling an existing opening on the committee.

Adult Mental Health Targeted Case Management Presentation, Kim Larson Adult Social Services Supervisor

Kim went through her presentation, which is attached, on Targeted Case Management.

Committee Reports

Joint Powers Board Report – Erin Melz

Met in Koochiching County on August 9th.

- Saw a presentation on Adverse Childhood Experiences (ACEs). ACEs analyzes 10 adverse childhood experiences and how that plays into their lives later on. Adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with substance misuse.
- K. Chandler gave the LPHA update. The new Director, K. Oldfield, has been traveling the state to meet with the difference LPHA members. The new legislative priorities are being sorted out while planning for a new Governor.
- One priority will be the Healthcare Access Fund (provider tax) sun setting Dec 2019. SHIP has received \$202 million in HAF funding. The fact that Itasca was celebrating 100 years of Public Health. Kirk Peysar assisted with some history for Aitkin Co. and found the first county nurse started on January 8, 1940, after a campaign to raise \$1,400 to make it possible. Prior to this date the requirements and duties fell to the County Board.

H&HS Advisory Committee Update – Robert Marcum/Kari Paulsen

Met on August 1st.

- Robert thanked the board for providing him the opportunity to serve on the committee the past 6 years.
- Mentioned he had been out in the community knocking on doors and found that there are still so many people who don't realize what help is available to them.
- Kari talked about the budget presentation they were shown, by Carli Goble, and how informative it was.

AEOA Committee Update – Commissioner Westerlund

Met on August 15th.

- Working on bylaws.
- Went through tax information.
- Went through a lot of policy items.

CJI – Commissioner Westerlund/Jessi Schultz

Was a short meeting and all that was discussed was who would be attending the Regional CJI meeting in Grand Rapids and that that meeting has been postponed with a new date yet to be determined.

The meeting was adjourned at 10:08 a.m.

Next Meeting – September 25, 2018



Print List in Order By: 4
1 - Fund (Page Break by Fund)
2 - Department (Totals by Dept)
3 - Vendor Number
4 - Vendor Name

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Paid on Behalf Of Name
on Audit List?: N

Type of Audit List: D
D - Detailed Audit List
S - Condensed Audit List

Save Report Options?: N

SLM1
 9/21/18 3:07PM
 Health & Human Services

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

<u>Vendor</u>	<u>Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No.</u>	<u>Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u> <u>On Behalf of Name</u>
28	86222 AITKIN INDEPENDENT AGE 05-430-720-3020-6069		84.63	Child Care Advertising - Commu 08/15/2018 08/18/2018	Community Ed & Prevent/Advertising
	86222 AITKIN INDEPENDENT AGE		84.63	1 Transactions	
18	9017 ALEX AND BRANDON SAFETY CENTER 05-430-710-3650-6027		100.00	Exchanges for August - Servi 08/21/2018 08/31/2018	Serv For Concurrent Perm Plan
19	05-430-710-3650-6027		60.00	Supervised visits for August 08/02/2018 08/09/2018	Serv For Concurrent Perm Plan
	9017 ALEX AND BRANDON SAFETY CENTER		160.00	2 Transactions	
38	8125 BACKSTROM/MARILYN 05-430-750-3950-6020		70.00	Public guardianship 08/01/2018 08/31/2018	Public Guardianship Dd
	8125 BACKSTROM/MARILYN		70.00	1 Transactions	
1	13464 Central Lakes Drug Testing 05-430-710-3040-6020		175.00	Drug testing - Child Protectio 08/02/2018 08/02/2018	Child Protect Assess/Investigation
2	05-430-710-3180-6020		175.00	Hair Follicle test/Health-Rela 08/14/2018 08/14/2018	Health-Related Services
	13464 Central Lakes Drug Testing		350.00	2 Transactions	
3	11051 Department of Human Services 05-430-720-3110-6069		361.42	BSFE County Match Invoice #A30 08/01/2018 08/31/2018	Bsf Child Care
30	05-430-730-3590-6072		4,995.11	CCDTF Maintenance of Effort 07/01/2018 07/31/2018	Ccdtf County % State Billings
	11051 Department of Human Services		5,356.53	2 Transactions	
35	10342 DHS-Anoka Metro Rtc 05-430-745-3720-6081		500.00	State-operated inpatient 11/01/2015 11/30/2015	State-Operated Inpatient - Rtc Or Cbhh
	10342 DHS-Anoka Metro Rtc		500.00	1 Transactions	
23	9220 DHS-MSOP 05-430-745-3721-6081		1,156.30	State-operated inpatient	Commitment Costs - Poor Relief

Aitkin County



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24	05-430-745-3721-6081		2,890.75	State-operated inpatient 08/01/2018 08/31/2018		Commitment Costs - Poor Relief
25	05-430-745-3721-6081		2,890.75	State-operated inpatient 08/01/2018 08/31/2018		Commitment Costs - Poor Relief
26	05-430-745-3721-6081		1,156.30	State-operated inpatient 08/01/2018 08/31/2018		Commitment Costs - Poor Relief
9220	DHS-MSOP		8,094.10	4 Transactions		
89965	DHS-ST PETER-SEE LIST					
21	05-430-745-3721-6081		9,036.50	State-operated inpatient 08/01/2018 08/31/2018		Commitment Costs - Poor Relief
22	05-430-745-3721-6081		9,036.50	State-operated inpatient 08/01/2018 08/31/2018		Commitment Costs - Poor Relief
89965	DHS-ST PETER-SEE LIST		18,073.00	2 Transactions		
91345	Elvecrog/Roberta C					
42	05-430-750-3950-6020		70.00	Public guardianship 08/01/2018 08/31/2018		Public Guardianship Dd
43	05-430-750-3950-6020		105.00	Public guardianship 08/01/2018 08/31/2018		Public Guardianship Dd
48	05-430-760-3950-6020		105.00	Guardianship/Conservatorship 08/01/2018 08/31/2018		Guardianship/Conservatorship
49	05-430-760-3950-6020		70.00	Guardianship/Conservatorship 08/01/2018 08/31/2018		Guardianship/Conservatorship
91345	Elvecrog/Roberta C		350.00	4 Transactions		
13687	Family Assessment Services					
11	05-430-745-3085-6020		1,000.00	Parenting Assessment report /A 08/06/2018 08/13/2018		Adult Outpat Diagnostic Assess/Psyc
13687	Family Assessment Services		1,000.00	1 Transactions		
6110	Lakes & Pines CAC, Inc					
31	05-430-745-3030-6071		3,265.87	Family Resource Specialist - W 08/01/2018 08/31/2018		Client Outreach - Csp
32	05-430-745-3030-6071		1,335.62	Family Resource Specialist - A 08/01/2018 08/31/2018		Client Outreach - Csp
33	05-430-745-3030-6071		4,578.79	Family Resource Specialist - W		Client Outreach - Csp

Aitkin County



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<u>No.</u>	<u>Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u> <u>On Behalf of Name</u>
34	05-430-745-3030-6071		3,173.19	07/01/2018 07/31/2018	Family Resource Specialist - A Client Outreach - Csp
6110	Lakes & Pines CAC, Inc		12,353.47	07/01/2018 07/31/2018	4 Transactions
39	11072 Lutheran Social Service Of Mn-St Paul 05-430-750-3950-6020		138.00	08/01/2018 08/31/2018	Public Guardianship Public Guardianship Dd
40	05-430-750-3950-6020		235.75	08/01/2018 08/31/2018	Public Guardianship Public Guardianship Dd
41	05-430-750-3950-6020		540.50	08/01/2018 08/31/2018	Guardianship/Conservatorship Public Guardianship Dd
11072	Lutheran Social Service Of Mn-St Paul		914.25	08/01/2018 08/31/2018	3 Transactions
20	5910 Mille Lacs Band Family Services 05-430-710-3890-6020		173.04	08/06/2018 08/13/2018	Respite Care Respite Care - Non Foster Care
5910	Mille Lacs Band Family Services		173.04	08/06/2018 08/13/2018	1 Transactions
13	10977 Northern Psychiatric Associates 05-430-740-3050-6020		243.22	08/10/2018 08/10/2018	Child Outpatient Diagnostic As Child Outpat Assess/Psyc. Testing
14	05-430-740-3050-6020		75.00	07/13/2018 07/13/2018	Child Outpatient Diagnostic As Child Outpat Assess/Psyc. Testing
15	05-430-740-3050-6020		211.58	07/13/2018 07/13/2018	Child Outpatient Diagnostic As Child Outpat Assess/Psyc. Testing
16	05-430-740-3050-6020		75.00	07/13/2018 07/13/2018	Child Outpatient Diagnostic As Child Outpat Assess/Psyc. Testing
17	05-430-740-3050-6020		211.58	07/13/2018 07/13/2018	Child Outpatient Diagnostic As Child Outpat Assess/Psyc. Testing
6	05-430-745-3085-6020		243.22	08/10/2018 08/10/2018	Adult Outpatient Diagnostic As Adult Outpat Diagnostic Assess/Psyc
7	05-430-745-3085-6020		243.22	08/10/2018 08/10/2018	Adult Outpatient Diagnostic As Adult Outpat Diagnostic Assess/Psyc
8	05-430-745-3085-6020		243.18	08/10/2018 08/10/2018	Adult Outpatient Diagnostic As Adult Outpat Diagnostic Assess/Psyc
9	05-430-745-3085-6020		211.58	07/13/2018 07/13/2018	Adult Outpatient Diagnostic As Adult Outpat Diagnostic Assess/Psyc

Aitkin County



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<u>No.</u>	<u>Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf # On Behalf of Name</u>
10	05-430-745-3085-6020		211.61	Adult Outpatient Diagnostic As 07/13/2018 07/13/2018	Adult Outpat Diagnostic Assess/Psyc
10977	Northern Psychiatric Associates		1,969.19	10 Transactions	
4	3639 Northland Counseling Ctr Inc 05-430-730-3710-6020		325.00	Detoxification (Category I) 08/30/2018 08/30/2018	Detoxification - Grand Rapids
5	05-430-730-3710-6020		325.00	Detoxification (Category I) 06/29/2018 06/29/2018	Detoxification - Grand Rapids
	3639 Northland Counseling Ctr Inc		650.00	2 Transactions	
36	90748 Oakridge Homes Sils 05-430-750-3340-6073		639.16	Semi-Independent Living Servic 08/02/2018 08/28/2018	Semi-Independent Living Serv (Sils)
37	05-430-750-3340-6073		412.09	Semi-Independent Living Servic 08/02/2018 08/30/2018	Semi-Independent Living Serv (Sils)
	90748 Oakridge Homes Sils		1,051.25	2 Transactions	
44	14744 PRESBYTERIAN FAMILY FOUNDATION, 05-430-760-3950-6020		11.33	Guardianship/Conservatorship 08/15/2018 08/28/2018	Guardianship/Conservatorship
45	05-430-760-3950-6020		50.99	Guardianship/Conservatorship 07/11/2018 07/26/2018	Guardianship/Conservatorship
46	05-430-760-3950-6020		111.73	Guardianship/Conservatorship 07/01/2018 08/31/2018	Guardianship/Conservatorship
47	05-430-760-3950-6020		611.82	Guardianship/Conservatorship 07/01/2018 08/31/2018	Guardianship/Conservatorship
	14744 PRESBYTERIAN FAMILY FOUNDATION, INC		785.87	4 Transactions	
29	86177 SHERIFF AITKIN COUNTY 05-430-720-3980-6020		20.00	Day Care Background Check - Li 09/13/2018 09/13/2018	License And Resource Development
	86177 SHERIFF AITKIN COUNTY		20.00	1 Transactions	
27	14390 TANGE, MSW/PHILIP B 05-430-740-3900-6020		225.00	Clinical supervision-Child Rul 08/16/2018 08/16/2018	Child Rule 79 Case Mgmt
12	05-430-745-3910-6020		270.00	Clinical supervision-Adult Rul	Adult Rule 79 Case Mgmt

SLM1
 9/21/18 3:07PM
 Health & Human Services

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

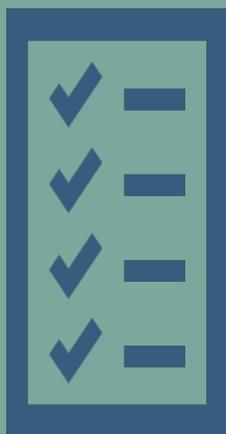
<u>Vendor</u>	<u>Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No.</u>	<u>Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u> <u>On Behalf of Name</u>
14390	TANGE, MSW/PHILIP B		495.00	08/16/2018 08/29/2018 2 Transactions	
50	14040 WELLS FARGO BUSINESS CREDIT 05-430-700-4800-6805		615.95	MH INIT Transportation 08/30/2018 08/30/2018	Mh Init - Transportation
51	05-430-700-4800-6805		1,266.13	MH INIT Transportation 08/16/2018 08/28/2018	Mh Init - Transportation
14040	WELLS FARGO BUSINESS CREDIT		1,882.08	2 Transactions	
Final Total			54,332.41	20 Vendors	51 Transactions

Aitkin County



Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>	
	5	54,332.41	Health & Human Services	
All Funds		54,332.41	Total	Approved by,
			
			

ACHHS Financial Services



Periodic Data Match (PDM)

	The Questions
When?	<ul style="list-style-type: none"> PDM was approved by MN Legislature in 2015.
Why?	<ul style="list-style-type: none"> It is a requirement for DHS to conduct Periodic Data Matching where electronic data from the Data Hub is used to “project” eligibility for public programs
What is the purpose?	<ul style="list-style-type: none"> To identify public program enrollees who may have had a change to their program eligibility.
Who will this affect?	<ul style="list-style-type: none"> Only enrollees of Medical Assistance (MA) and MinnesotaCare (MCRE) are subject to the PDM process.
How does it work?	<ul style="list-style-type: none"> Each case is run through the Periodic Data Match process. If a discrepancy of income, Medicare enrollment or date of death is found, a PDM notice is sent to the enrollee. PDM does not redetermine eligibility. The Financial Worker must process all of these changes. The enrollee must contact their Financial Worker to provide either written or verbal proof of the discrepancy. If the reported change does not coincide with the Data Hub information the enrollee must provide verification of the change.

Where are we today?

Functionality for PDM has been a difficult process since 2015 due to the system issues in METS and coordination with the Data Hubs.

Although the system was not ready to take on this work and through much opposition from DHS and County Leadership throughout the state due to increased workloads, PDM was “turned on” for one month to do a field test.

Aitkin County’s METS Mentor, Jen Rikala, became the “PDM Assessor” for Region 3 to funnel trends, issues and information to the PDM Workgroup. This allowed Region 3 to be involved in the PDM process at the state level.

The cases selected for September PDM were sent a notice in July if a discrepancy was found. Closing notices were sent on 9/7/18 and the enrollees have until 9/30/18 to resolve the issue.

Statewide Numbers including MinnesotaCare:

63,935: Enrollees selected for PDM

6,659: Enrollees with discrepancies

10.4% of the enrollees were discrepant

As of right now, the PDM process throughout the state seems to be working better than anticipated. Notices seem to be the biggest problem discovered, which is a known METS issue.

There is not an anticipated date to “turn on” PDM permanently at this time.



Aitkin County Health & Human Services

204 FIRST STREET NW
AITKIN, MINNESOTA 56431-1291
PHONE 1-800-328-3744 or 1-218-927-7200
FAX # 1-218-927-7210

AITKIN COUNTY HEALTH & HUMAN SERVICES ADVISORY COMMITTEE

Meeting Minutes

September 5, 2018

Committee Members Present:

Robert Marcum
Penny Olson
Carole Holten
Kristine Layne
Kari Paulsen
Marlene Abear
Roberta Elvecrog
Joell Miranda
Jon Moen
Kevin Insley
Penny Olson
Maureen Mishler
Joy Janzen
Beverly Mensing

Commissioner Bill Pratt
Commissioner Mark Wedel

Others Present:

Joel Hoppe

Guests:

Cynthia Bennett, HHS Director
Brea Hamdorf, Public Health Nurse
Stephanie Downey, Youth Suicide Prevention Coordinator
Shawn Speed, Clerk to the Committee

Absent:

Steve Teff

I. Call to Order

- a. Robert called to order the regular meeting of the Aitkin County Health & Human Services Advisory Committee at 3:32pm on September 5, 2018 at Aitkin County Health & Humans

Services in the large conference room.

II. Approval of September 5, 2018 Agenda

- a. Cynthia asked to have two items added to the agenda.
 - i. Add a new item IV, Proposed HHS Budget Proposal.
 - ii. Add item V.d. Feedback from the Advisory Restructuring Sub-Committee Meeting.
- b. Roberta moved to approve the agenda with additions, Carole seconded, all members voting yes to approve the agenda.

III. Approval of minutes from August 1, 2018 meeting

- a. Roberta moved to approve the minutes as written, Joell seconded, all members voting yes to approve the August 1, 2018 minutes.

IV. Proposed HHS Budget – Cynthia Bennett

- a. Cynthia went through the final HHS proposed budget presentation that was given to the Board at the August 28 regular Board meeting.
- b. Broken down into categories.
- c. Each slide shows whether it was an increase or decrease from last year and also shows what percentage of the total HHS Budget it is.
- d. Roberta asked whether or not there were any programs to help keep people in the county that are solely funded by the county itself?
 - i. Cynthia responded that all counties are able to provide the same services, one county is not able to provide any more than the next as they are all state and federally funded. The counties don't pay for them.
 - ii. Carole commented that the differences between the counties comes down to the amount of people who are being serviced.

V. Committee Member Input / Updates – Must be informational in nature, relative to Aitkin County Health & Human Services and not exceed five minutes per person.

- a. Roberta thanked Bob for his help with Lakes and Pines getting back to her.
- b. Carole brought up a letter that she received in regards to Blue Cross not being offered in Aitkin County for Medicare supplement insurance.
 - i. Cynthia commented that we had not seen it or heard of it but would take a copy of it and look into it with Blue Cross Blue Shield.
 - ii. Maureen suggested checking with the Senior Linkage line.
- c. Maureen brought new copies of the Senior and Caregiver Guide and asked that any of the members who would like to would take copies with them and drop anywhere they think seniors will find them.
- d. Bob and all the members welcomed back Joy Janzen, who had esophageal cancer and is now cancer free.

VI. Suicide Prevention – Brea Hamdorf and Stephanie Downey

- a. Stephanie started by thanking Brea and all the members for allowing her to attend and present to

- them.
- b. She started by talking about her work in the Community Partners Preventing Suicide Program, a program funded by a federal grant targeting the age groups of 10-24 year olds in Minnesota.
 - c. She went through her PowerPoint, which is attached to these minutes.
 - d. Talked about the 3 primary goals of the program.
 - i. Making suicide prevention a core component of primary health and behavioral health.
 - ii. Increasing a community's capacity to identify youth and young adults that are at risk and connect them with our new and improved health care system.
 - iii. Support and strengthen communities, families, and individuals.
 - e. Gathered key stakeholders in Aitkin County, with Brea, to talk about what they could do within Aitkin County.
 - i. Came together and formed CAPS, Committee for Awareness and Prevention of Suicide.
 - ii. Just starting to get going.
 - f. Brea and Stephanie went through the Community Readiness Assessment slideshow. Those slides are attached.
 - i. Our level of Overall Community Readiness is that we are in Denial/Resistance, that at least some of the community members recognize that suicide is a concern, but there is limited recognition that it might be occurring locally.
 - g. Need more community leadership.
 - h. Next meeting for the CAPS group is Tuesday, September 11, 2018 from 1:30 to 3:30 at H&HS.
 - i. If interested in attending these meetings contact Brea.

VII. Comments:

- a. Feedback from the HHS Board Meeting –
 - i. Bob and Kari – August 28, 2018
 - 1. Was Bob's birthday.
 - 2. Kari talked about ACES (Adverse Childhood Experiences) training coming up hopefully in the next year.
 - 3. Minutes from that meeting are attached.
- b. Committee Members scheduled to attend upcoming HHS Board meetings in 2018:

September 25	Carole Holten	Roberta Elvecrog
October 23	Jon Moen	Maureen Mishler
November 27	Roberta Elvecrog	_____
December 18	Bob Marcum	Kristine Layne

- c. Restructuring Committee Update
 - i. Came up with two action items that can be accomplished before the next meeting.
 - 1. The agenda will now include our Mission, Vision, and Values to remind all why we are here.
 - 2. Will develop a template for members to use when briefing the Commissioners at each Board meeting.
 - ii. All members agreed with those two action items.

VIII. Adjournment

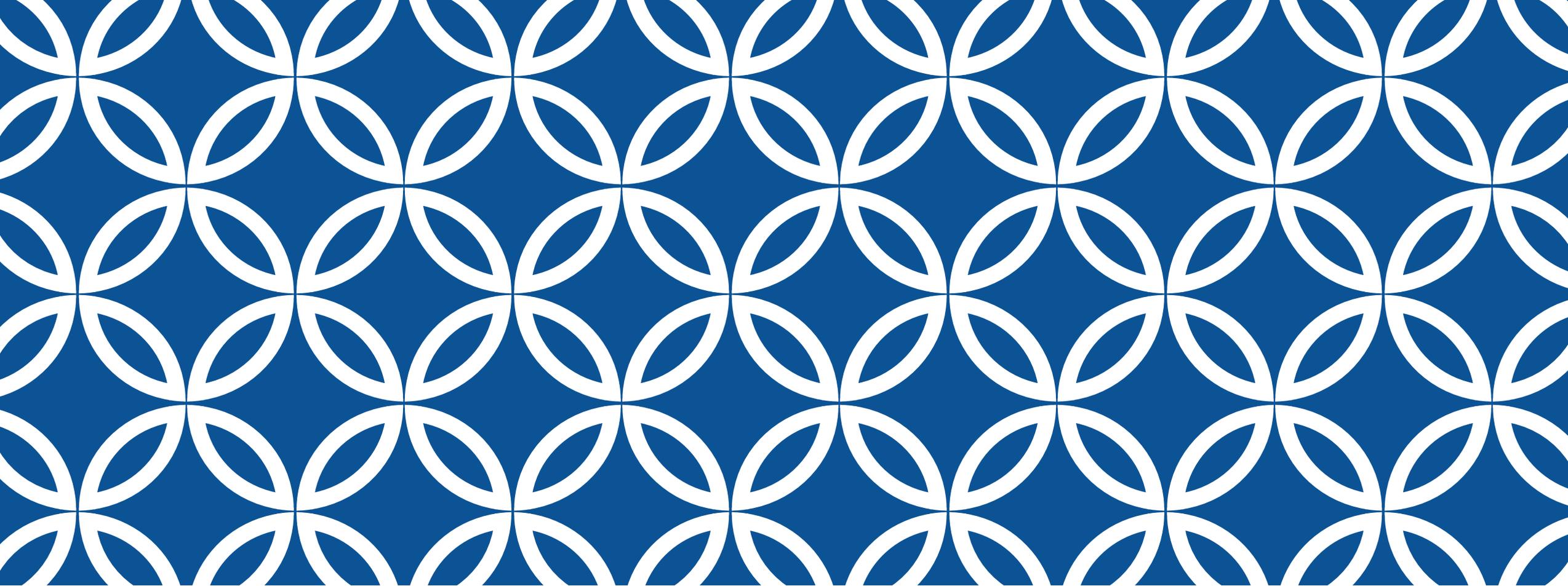
- a. Motion by Maureen to adjourn the meeting, seconded by Roberta, all members voting yes to adjourn the meeting at 4:41pm.

Robert Marcum, Chairperson

Shawn Speed, Clerk to the ACH&HS Advisory Board

The following documents were included in the packet of information sent to the members for review prior to the meeting or distributed at the meeting:

- Copy of the agenda for the September 5, 2018 meeting.
- Copy of the minutes from the August 1, 2018 meeting.
- Copy of the August 28, 2018 H&HS Board meeting minutes.
- Copy of the H&HS Budget Presentation that was given at the Board meeting.
- Copy of the MN Community Partners Preventing Suicide Presentation.
- Copy of the Community Readiness Assessment: Aitkin Presentation.

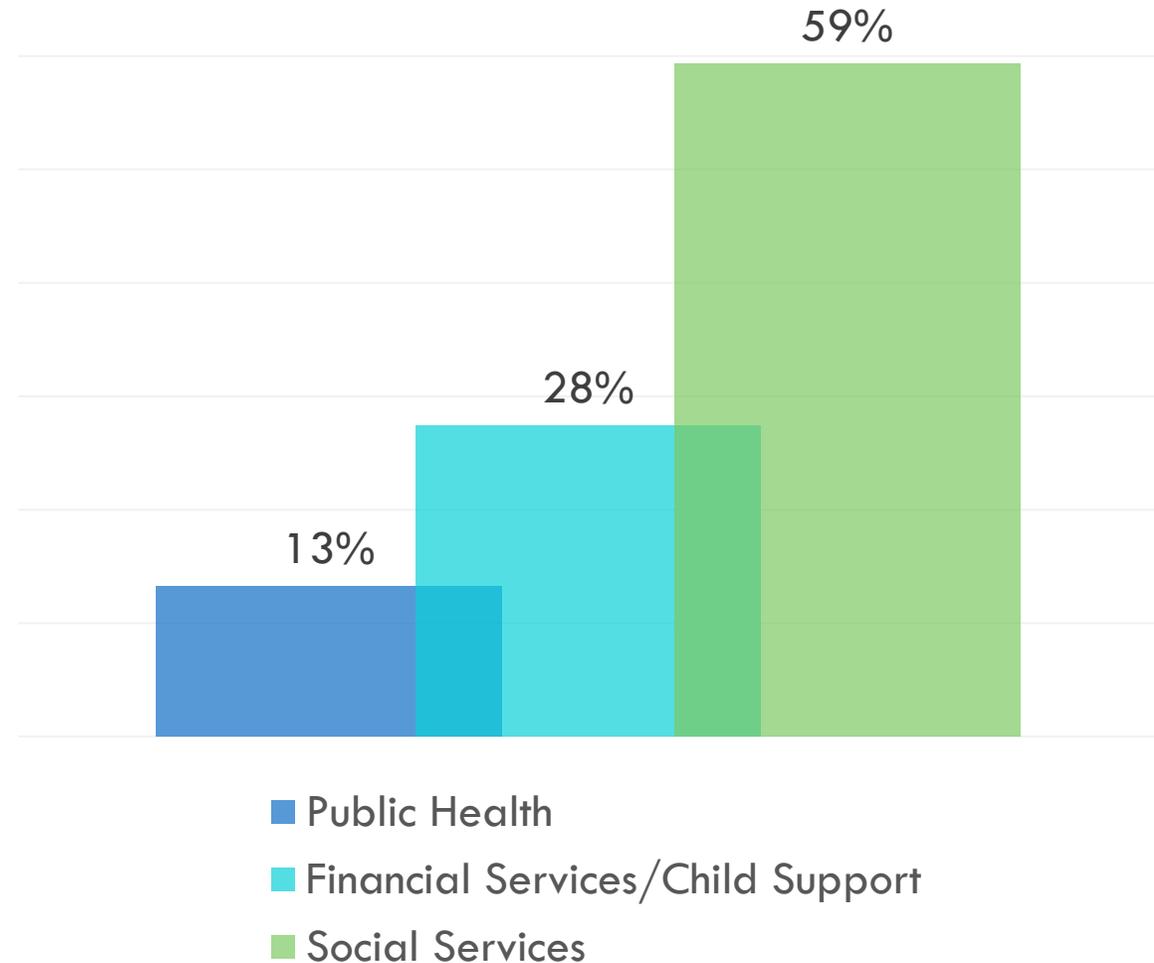


HEALTH & HUMAN SERVICES — PROPOSED 2019 BUDGET

August 28, 2018

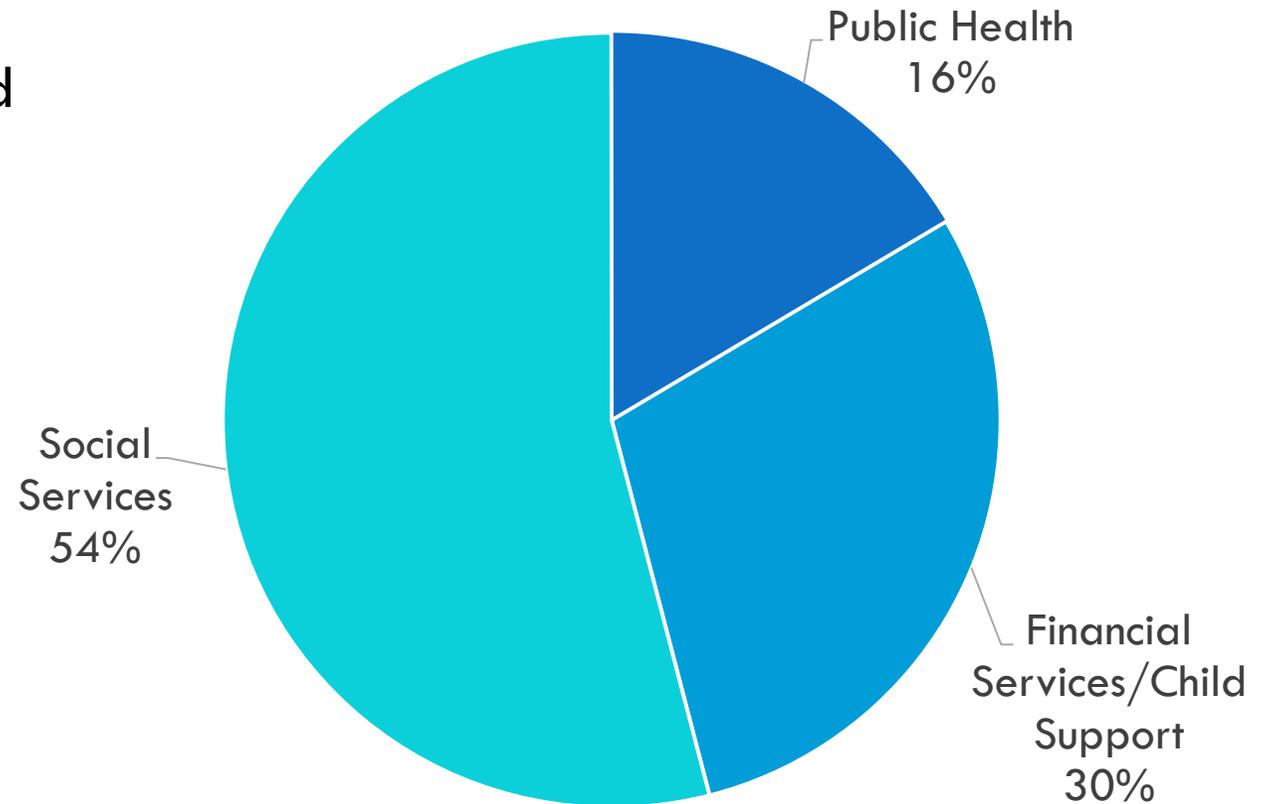
DEPARTMENT BREAKDOWN

- Public Health
- Financial Services
 - Child Support
- Social Services
 - Children/Adult
- Majority of program areas are mandated services



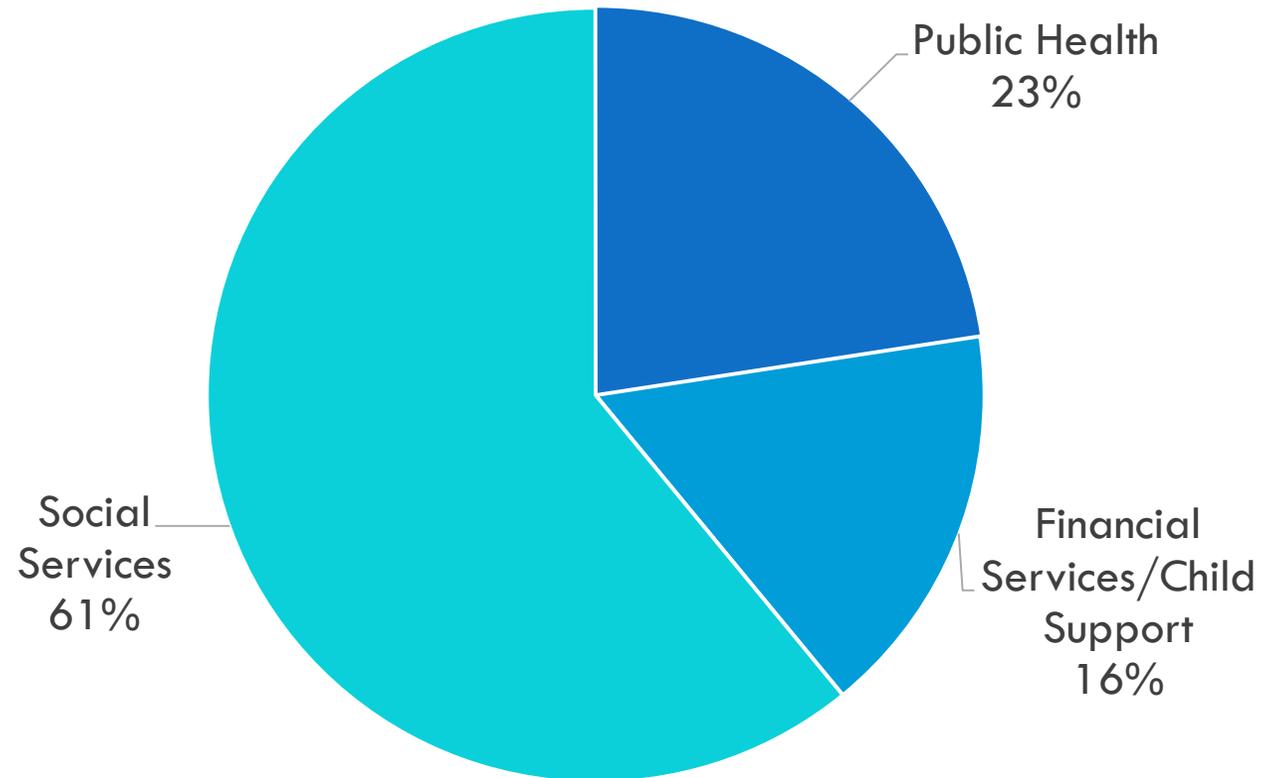
01 - SALARIES/BENEFITS

- All approved positions are included in the budget
- Budget Amounts:
 - Public Health - \$782,463
 - Financial Services - \$1,402,585
 - Social Services - \$2,570,379
- Increase of 3.39%
- 65.38% of Budget



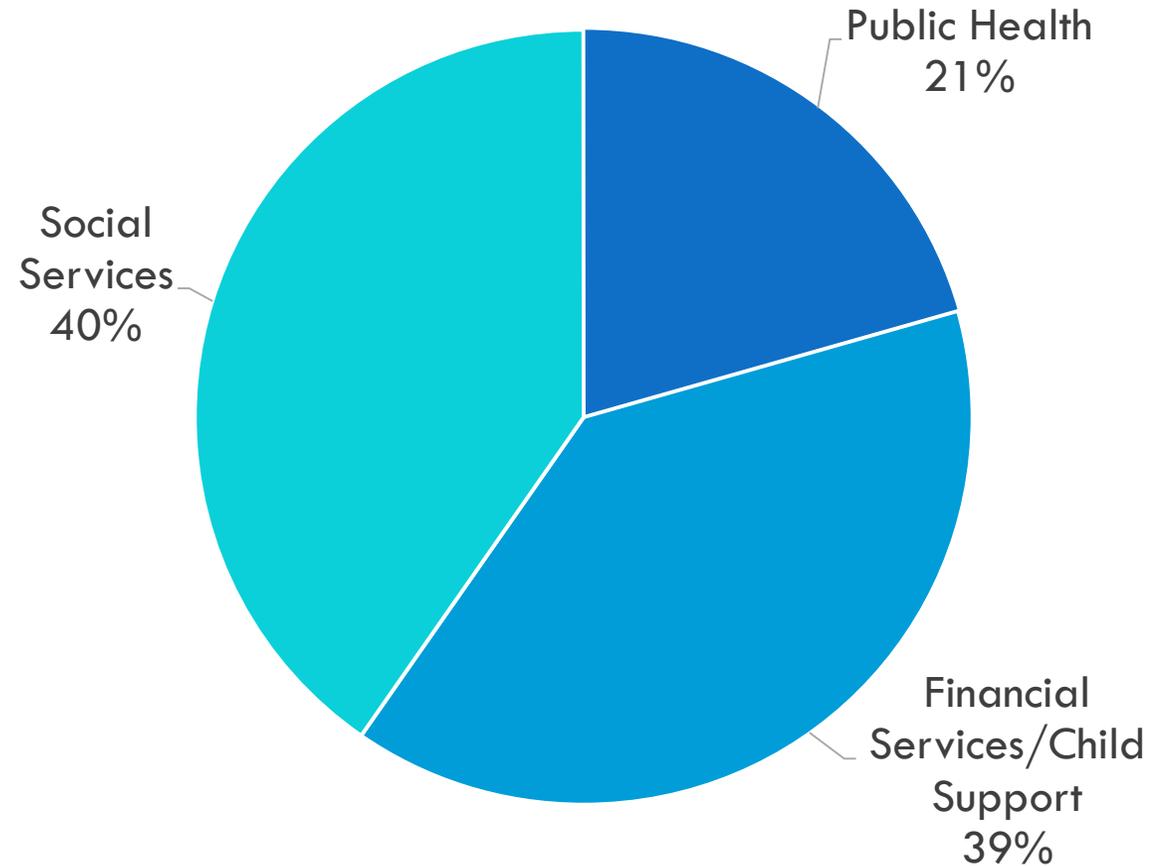
02 - INSURANCE

- Includes:
 - Vehicle/Liability Insurance
 - Workers Comp Insurance
- Budget Amounts:
 - Public Health - \$10,000
 - Financial Services - \$7,300
 - Social Services - \$27,000
- Slight Expected Increase for 2019
- 0.61% of Budget



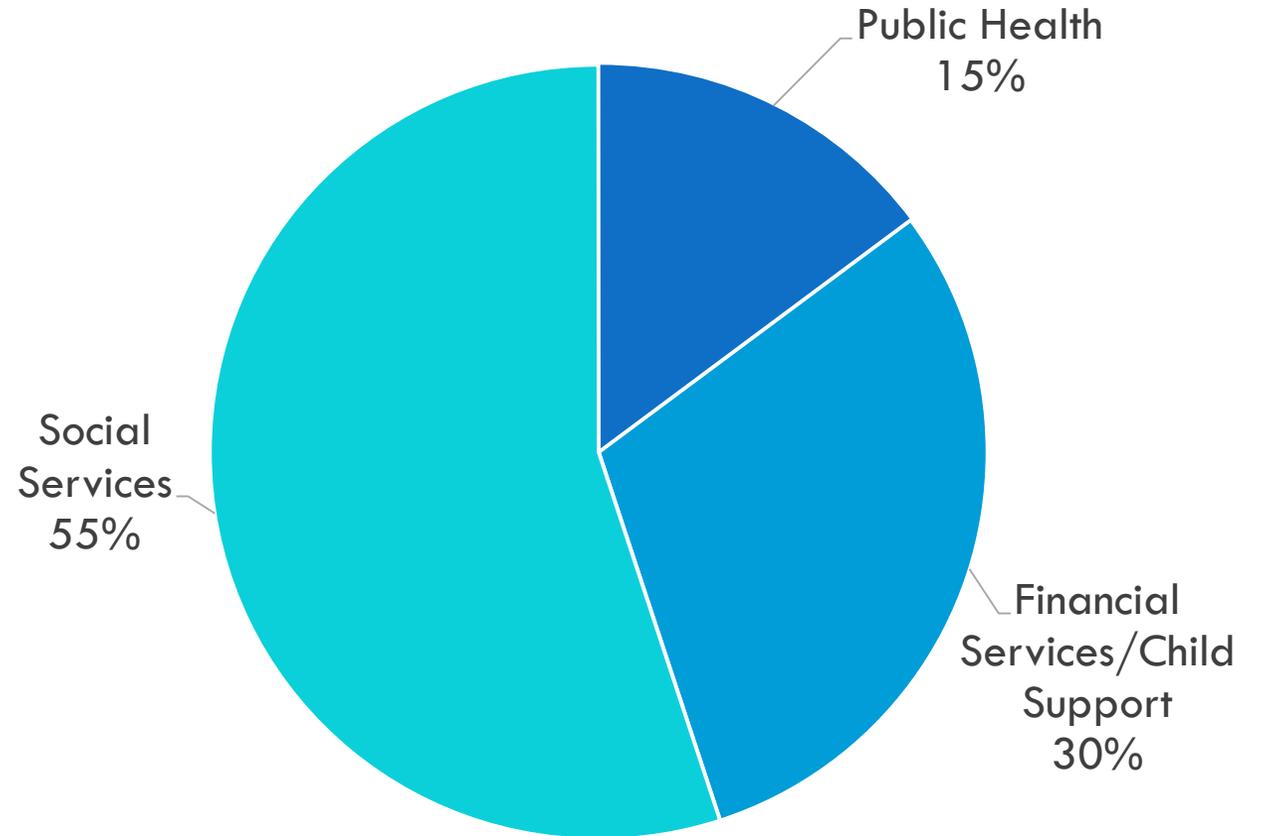
03 - MATERIALS/SUPPLIES

- Includes:
 - Agency Office Supplies, Postage & Computer/Monitor Replacements
- Budget Amounts:
 - Public Health - \$19,815
 - Financial Services - \$37,665
 - Social Services - \$38,815
- Increase of 11.48%
- 1.32% of Budget



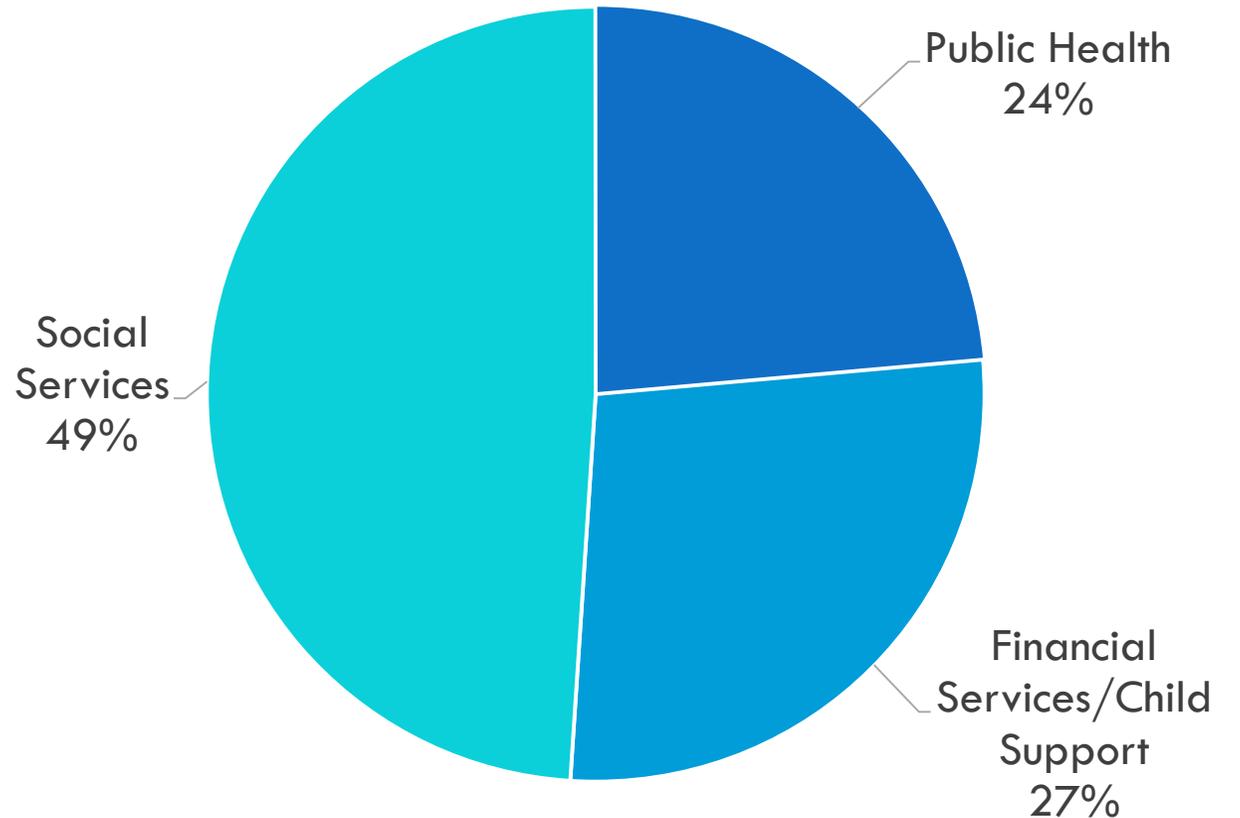
04 - UTILITIES

- Includes:
 - Telephone
 - Utilities – Gas & Electric
- Budget Amounts:
 - Public Health - \$10,217
 - Financial Services - \$20,800
 - Social Services - \$38,000
- Increase of 3.05%
- 0.95% of Budget



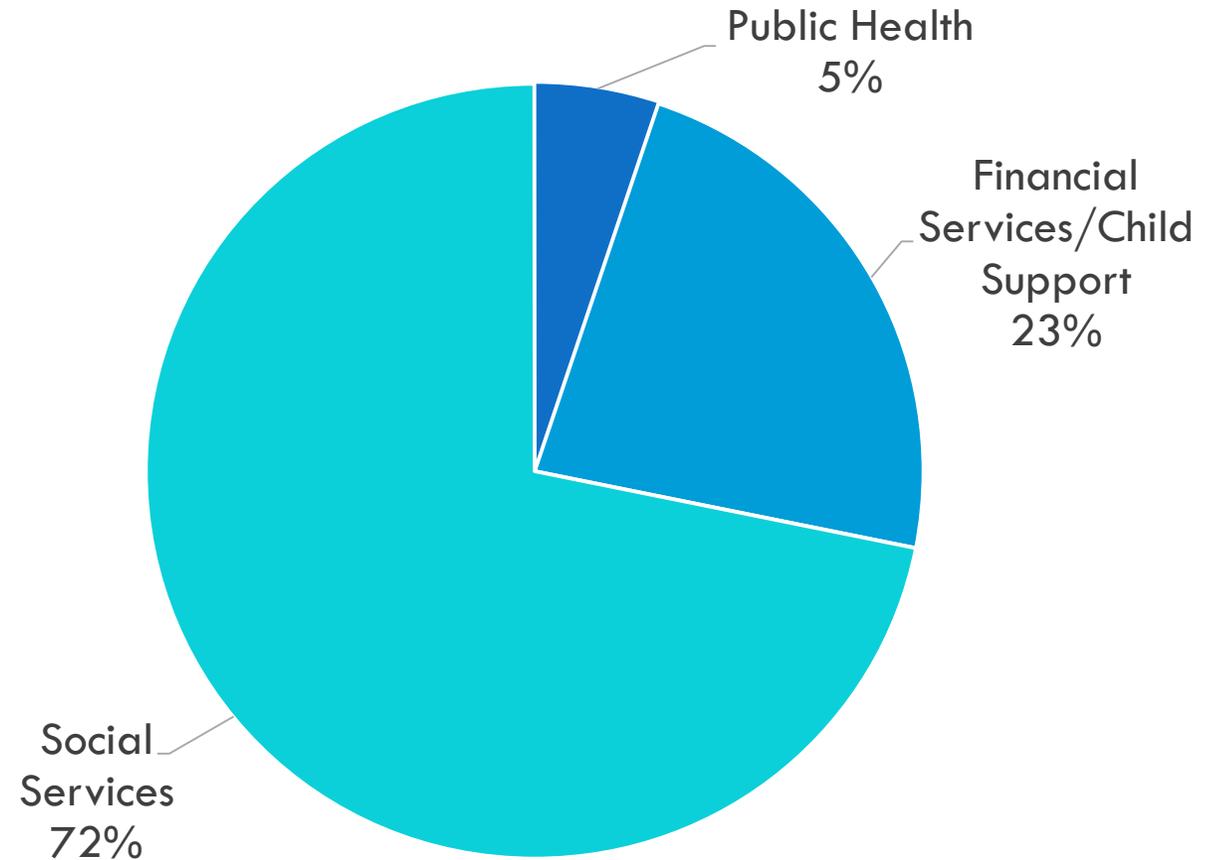
05 - DUES/REGISTRATION/PROFESSIONAL DEVELOPMENT

- Includes:
 - Meetings, Trainings & Conference Fees
 - Lodging/Meals
- Budget Amounts:
 - Public Health - \$8,076
 - Financial Services - \$9,420
 - Social Services - \$16,775
- Decrease of 8.76%
- 0.47% of Budget



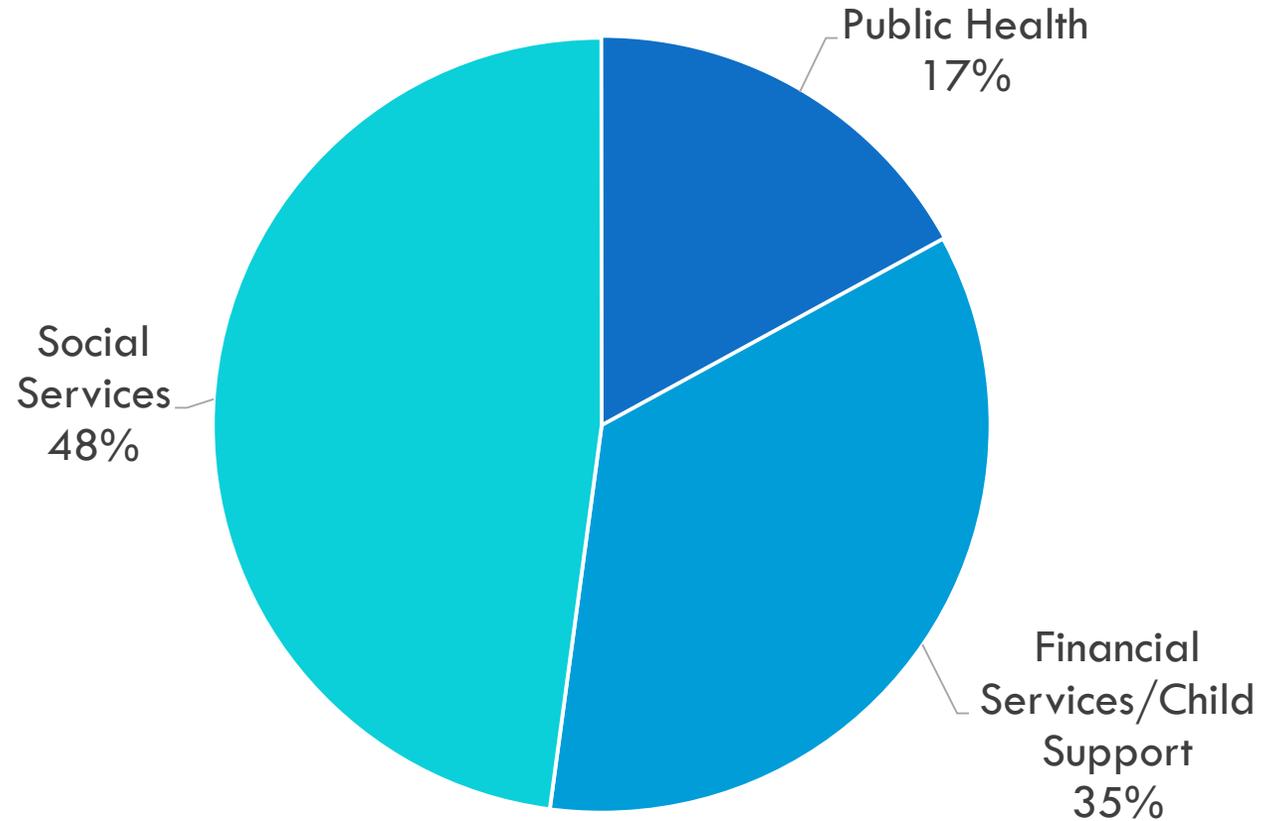
06 - SERVICE AGREEMENTS/CONTRACTS

- Includes:
 - Services/Contracts
 - Program Costs
- Budget Amounts:
 - Public Health - \$110,412
 - Financial Services - \$492,770
 - Social Services - \$1,537,827
- Decrease of 1.72%
- 29.44% of Budget



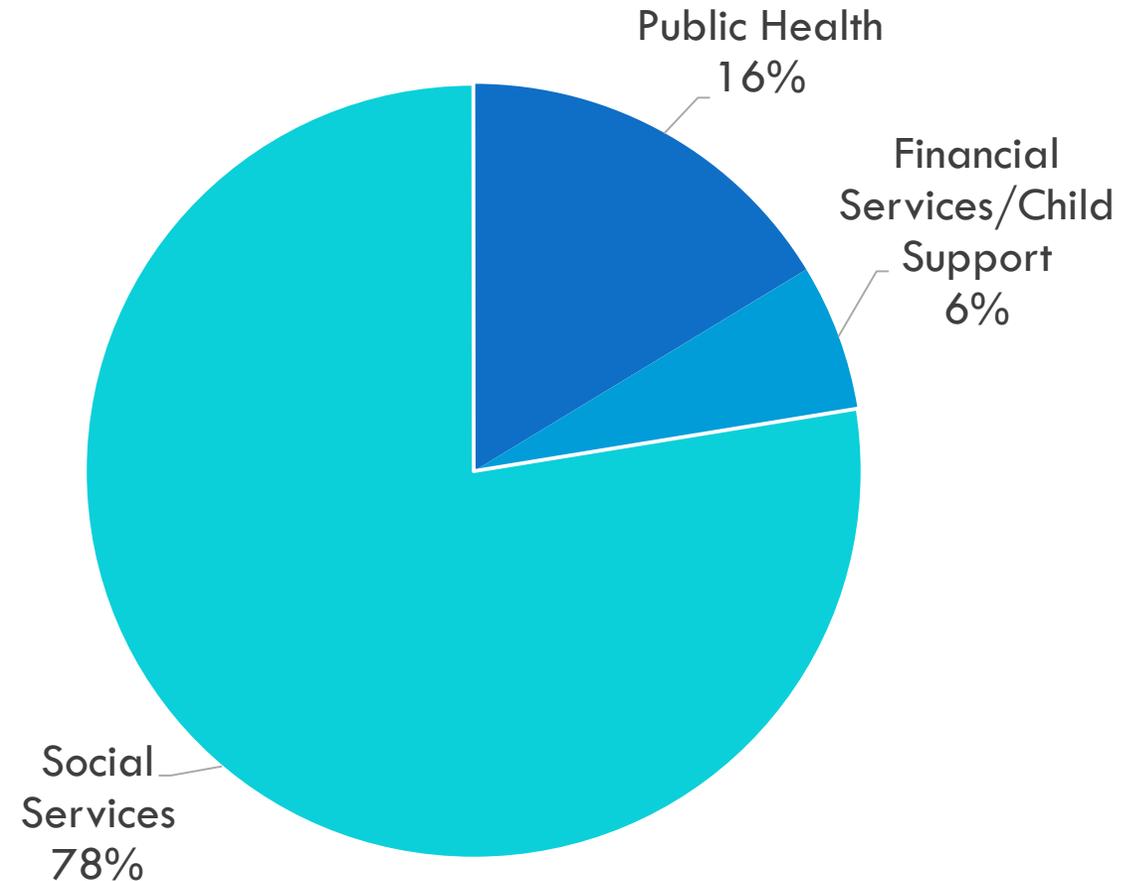
07 - CAPITAL CONSTRUCTION

- Includes:
 - Building Maintenance & Updates
- Budget Amounts:
 - Public Health - \$8,000
 - Financial Services - \$16,500
 - Social Services - \$22,500
- Decrease of 41.07%
- 0.65% of Budget



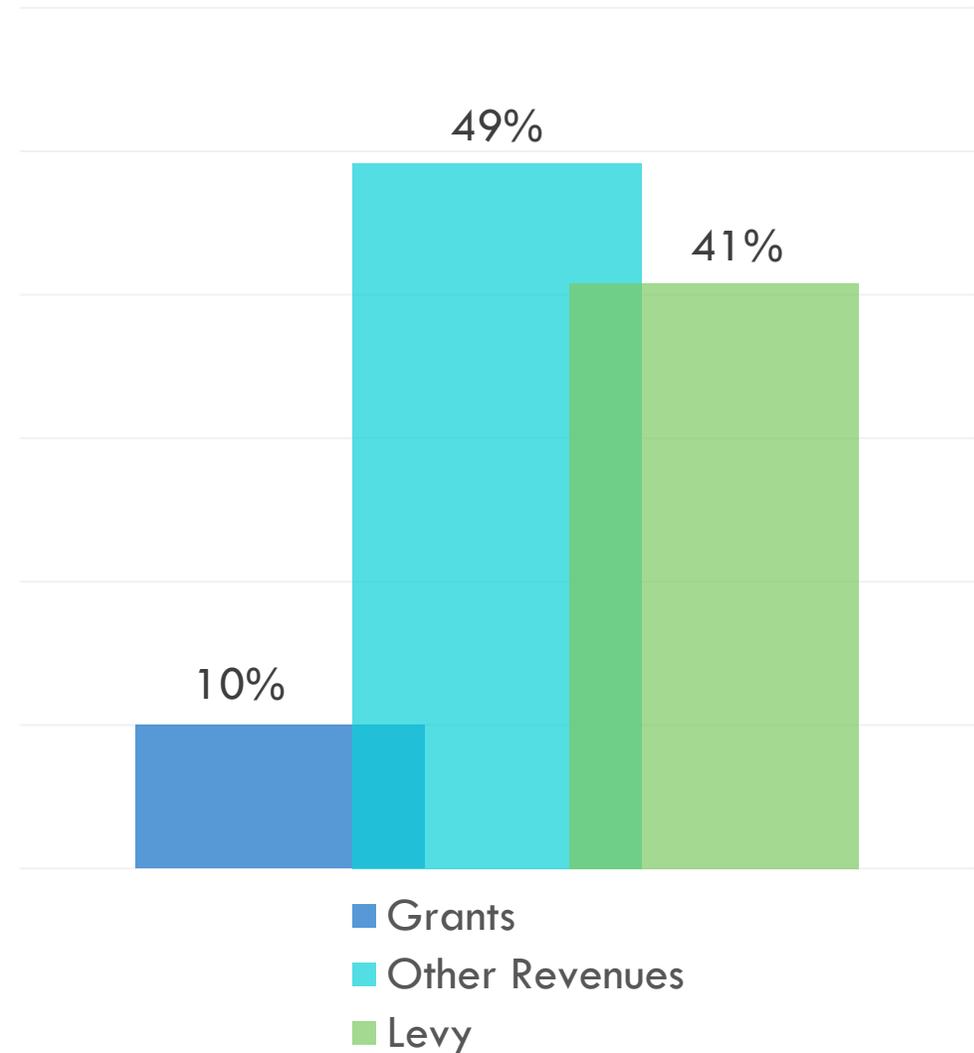
08 - TRANSPORTATION

- Includes:
 - Gas/Fuel Vehicle Charges
 - Mileage/Parking
- Budget Amounts:
 - Public Health - \$13,975
 - Financial Services - \$5,250
 - Social Services - \$66,550
- Decrease of 9.88%
- 1.18% of Budget



REVENUES

- Grants - \$689,060
 - State & Federal
- Other Revenues - \$3,380,013
 - State & Federal Allocations
 - Third Party Reimbursements
- Proposed Levy - \$2,804,021
 - 4.95% Increase



COMPARISON

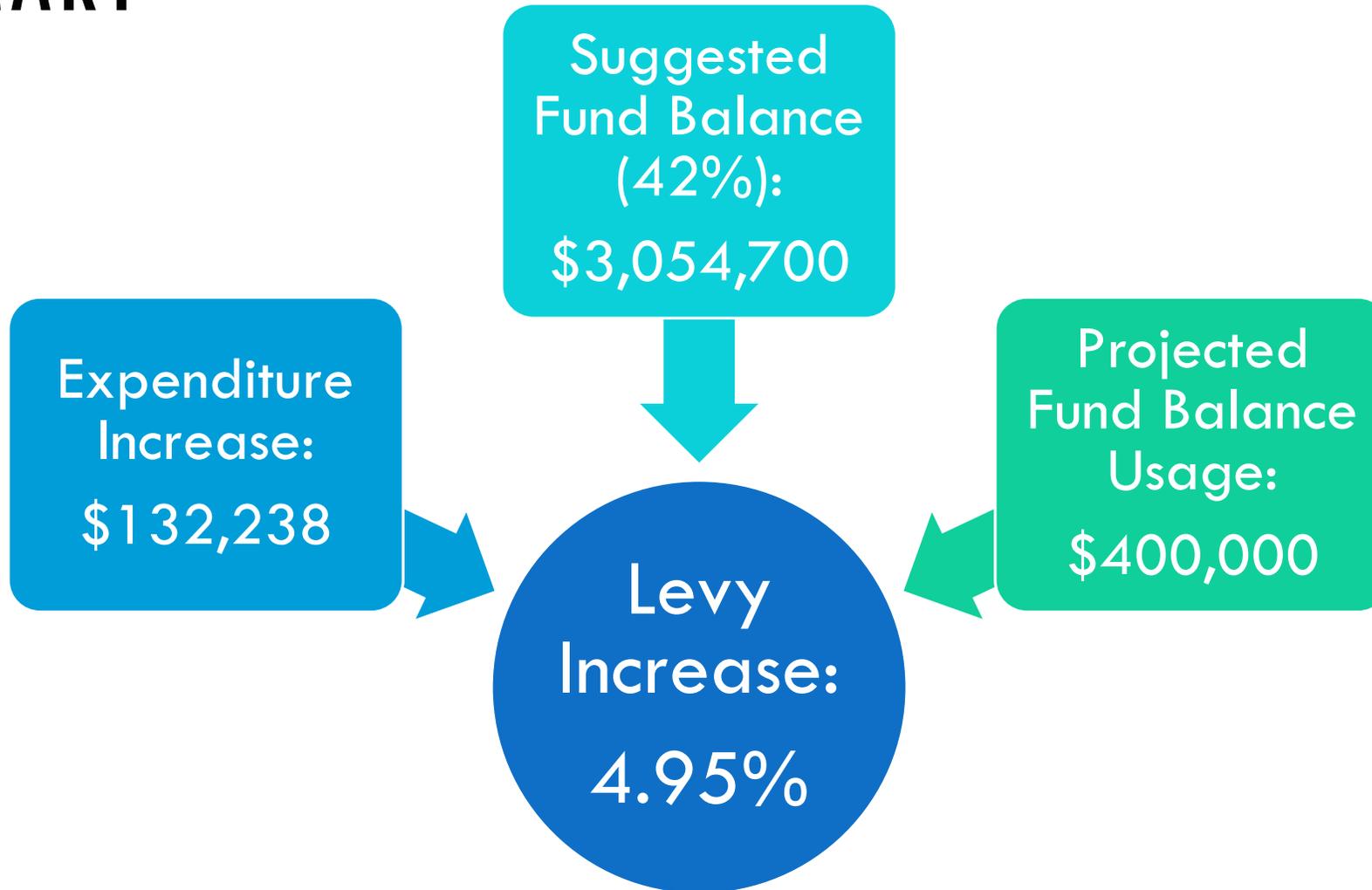
2018 – Approved Budget

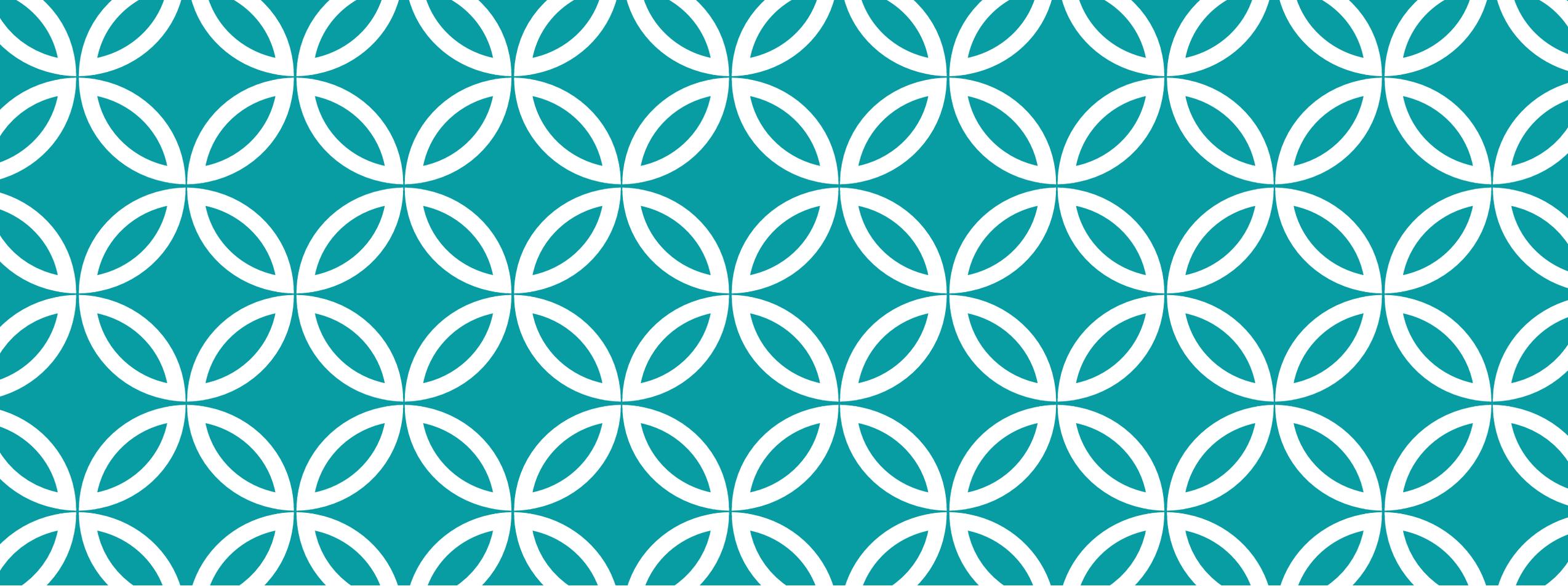
- Expenses: \$7,177,158
 - Children’s Rule 5: \$200,000
 - Adult Residential Treatment: \$357,260
 - Building Maintenance: \$79,750
 - Salaries/Benefits: \$4,599,418
- Revenues: \$6,777,158

2019 – Proposed Budget

- Expenses: \$7,273,094
 - Children’s Rule 5: \$140,000
 - Adult Residential Treatment: \$340,000
 - Building Maintenance: \$47,000
 - Salaries/Benefits: \$4,755,427
- Revenues: \$6,873,094

SUMMARY





THANK YOU!





MN Community Partners Preventing Suicide

Stephanie Downey
MDH – Stephanie.downey@state.mn.us
October 24, 2017

Current MDH and Partner Efforts

- MN Statute 156.56
- State Plan
- MN Suicide Prevention Task Force
- State Suicide Prevention Coordinator
– Amy Lopez,
Amy.Lopez@state.mn.us
- <http://www.health.state.mn.us/injury/topic/suicide/>

- Community Grantees
 - Crisis Line and Referral Services
 - Dakota Wicohan
 - Evergreen Youth & Family Services
 - NAMI MN
 - SAVE
 - White Earth Mental Health

How do you connect with your community?

Faith Community



Neighborhood

Local Government and Advocacy



Workplace



School

Parks, Recreation, Sports and Nature



Art, History and Culture

Hospitals and Health Care



Local Businesses



Civic and Community Service Clubs

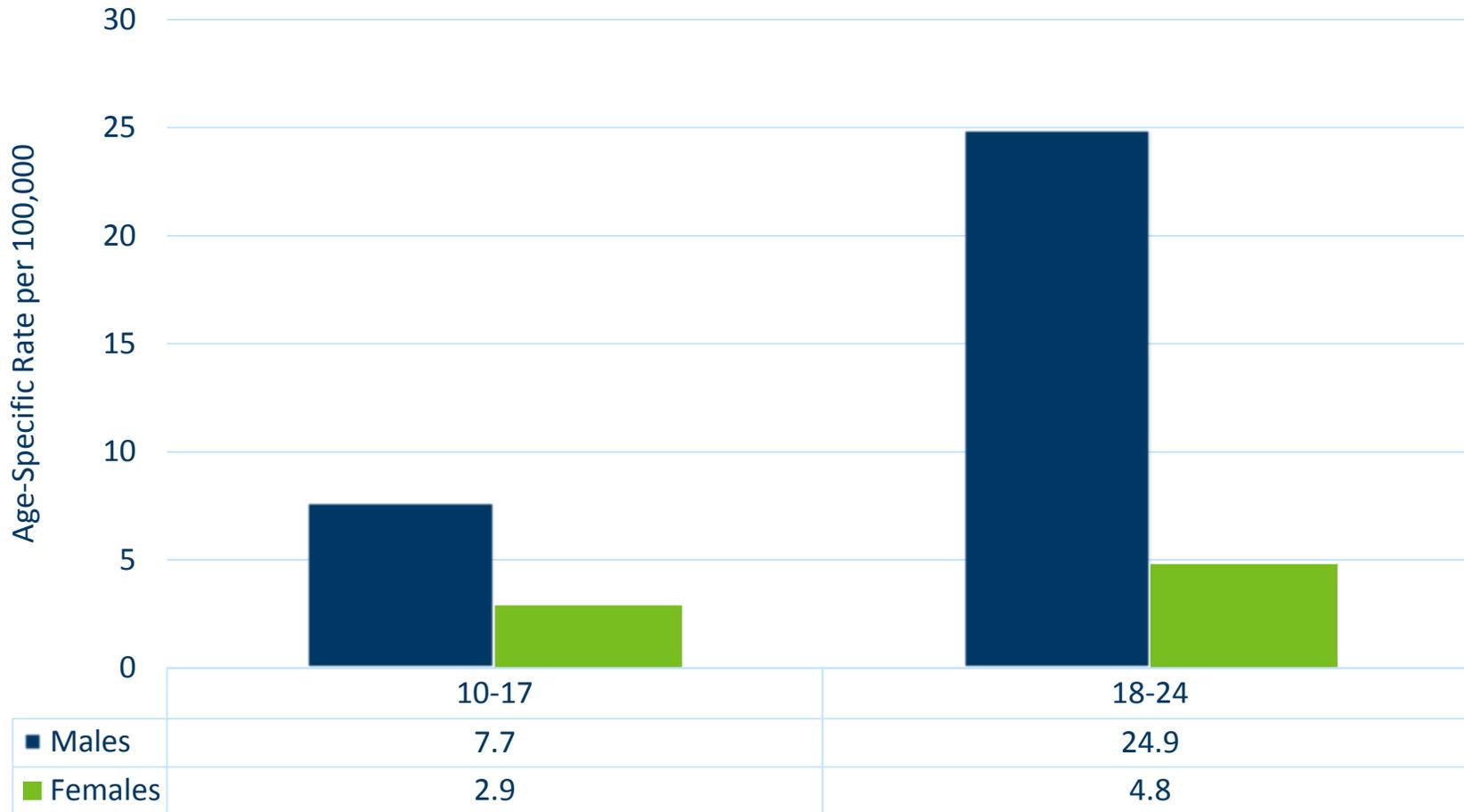
Mental health begins where we live, work and play!

Target Population: 10-24 year olds

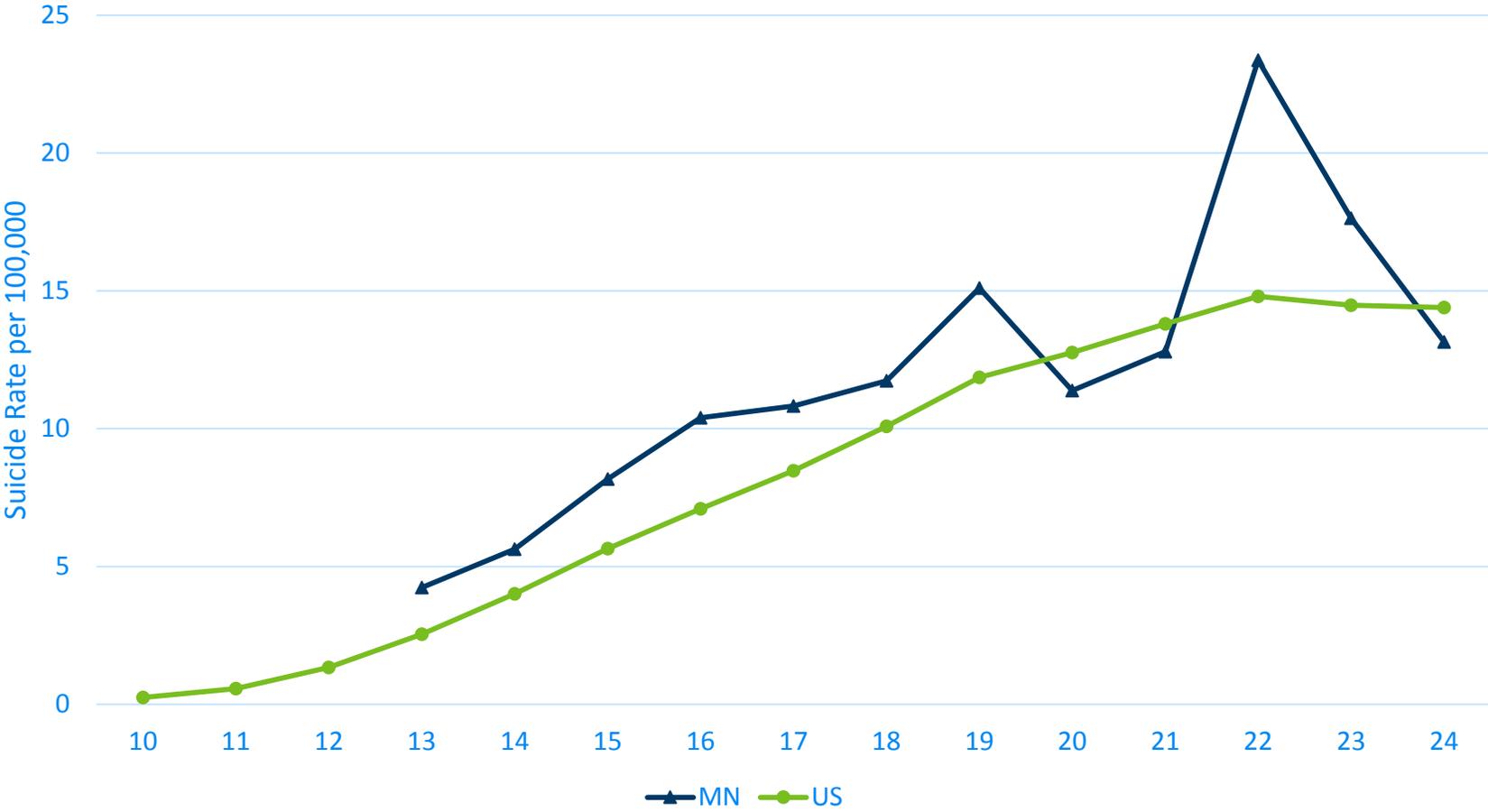
- American Indian Communities
- LGBT Youth
- Youth with suicidal ideation and attempts
- Youth connected with foster care or corrections
- Veterans
- Young adults not in college
- Young adult in or prior substance abuse treatment



MN Suicide Rate, 2011-2015 by Gender & Age Group

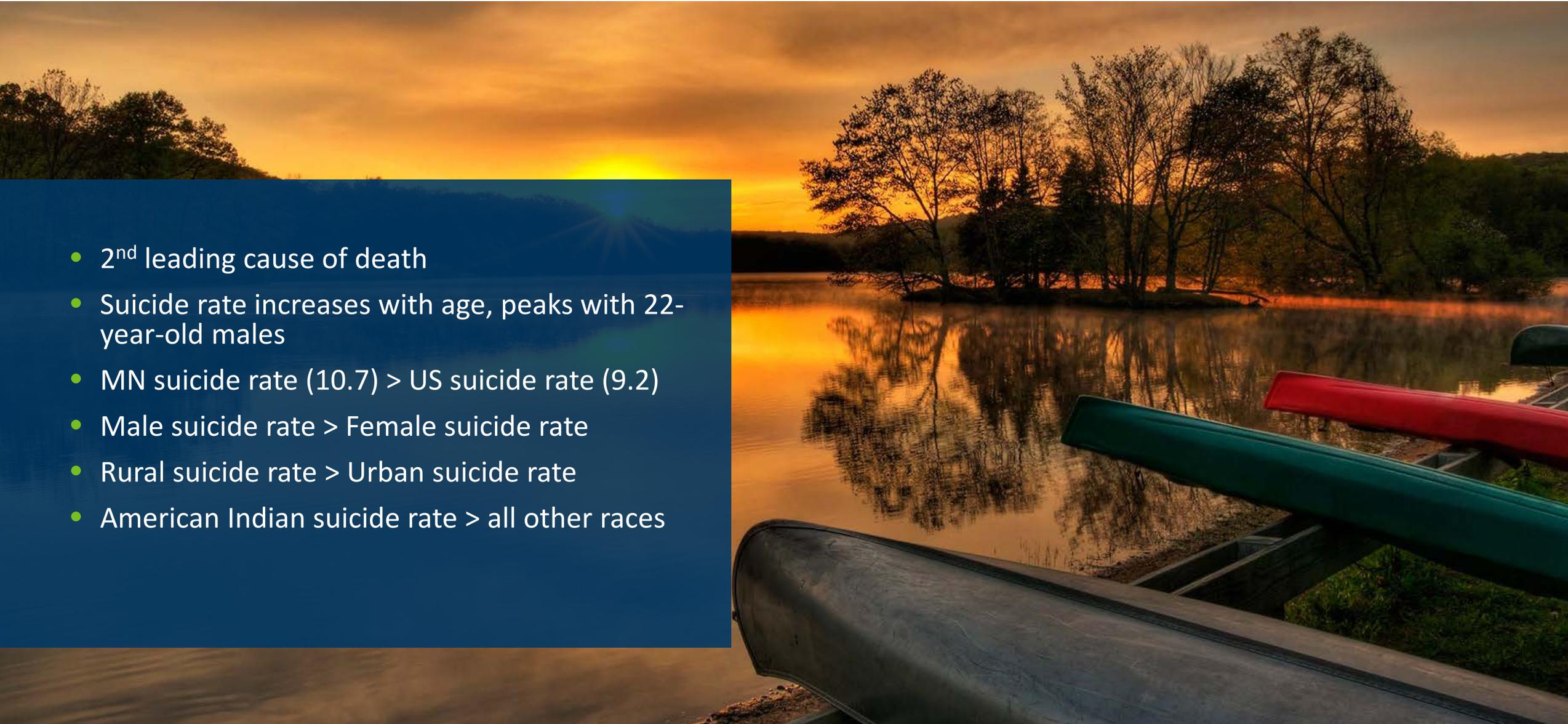


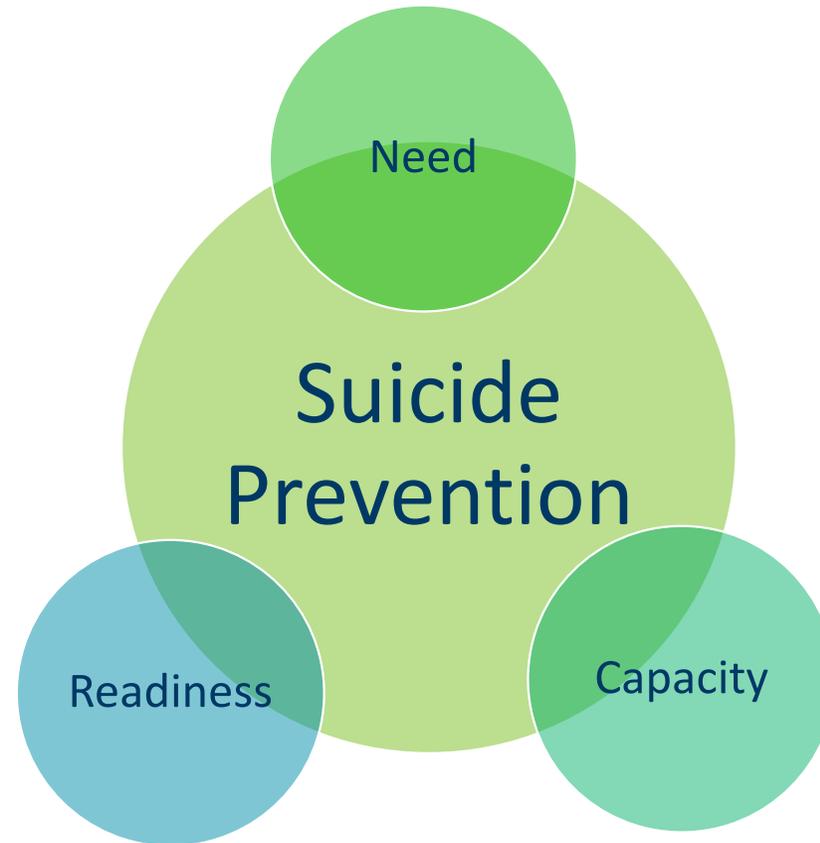
MN & US Suicide Rate for 10-24 Year Olds, 2011-2015 by Year of Age



MN Youth Suicide (10-24 Year Olds)

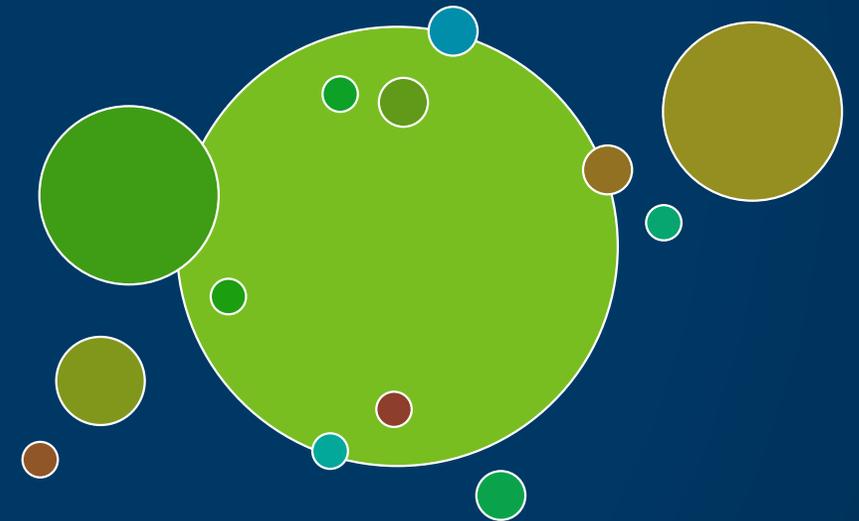
- 2nd leading cause of death
- Suicide rate increases with age, peaks with 22-year-old males
- MN suicide rate (10.7) > US suicide rate (9.2)
- Male suicide rate > Female suicide rate
- Rural suicide rate > Urban suicide rate
- American Indian suicide rate > all other races





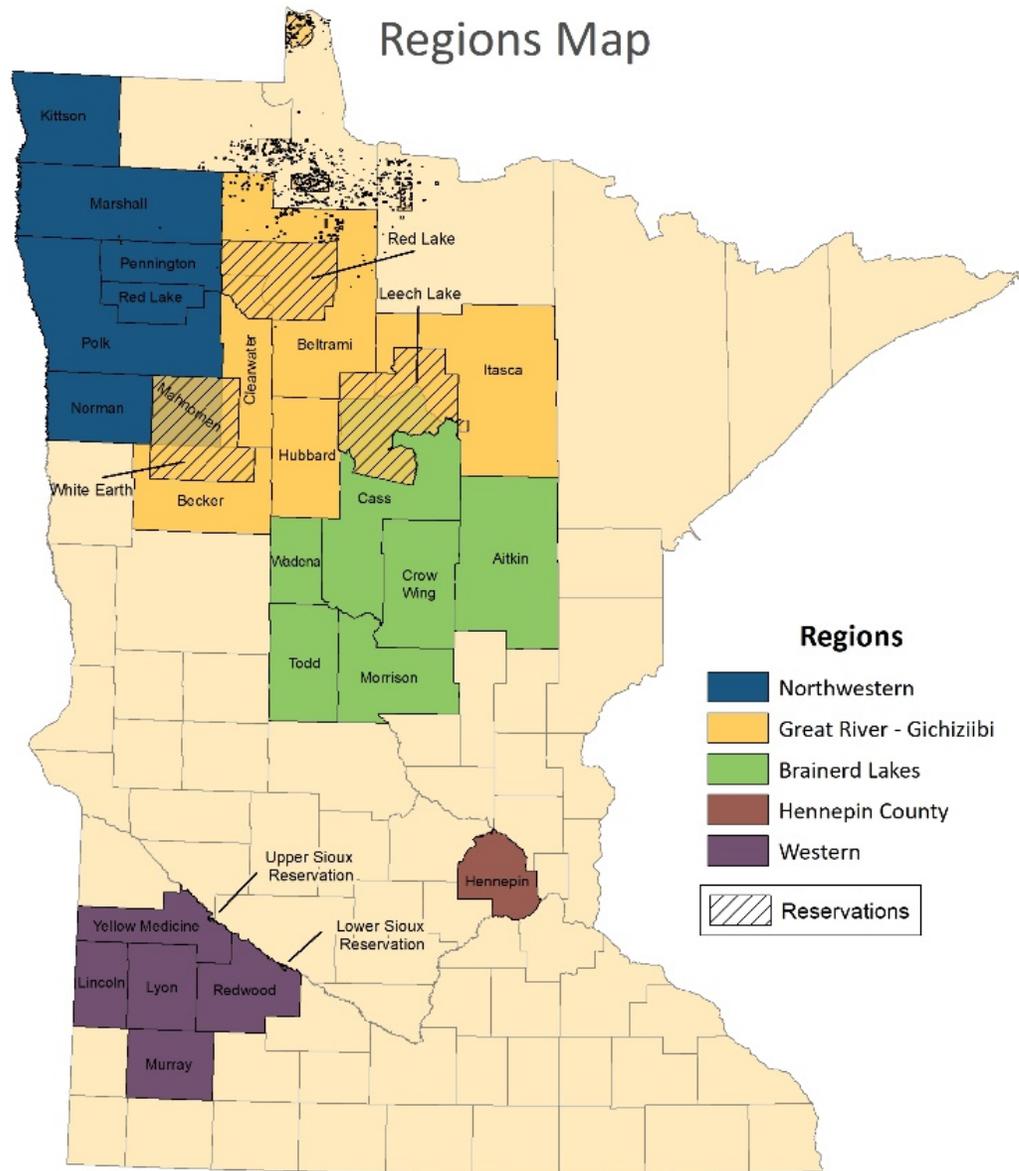
Region Selection

- Need
 - Hospital discharge data for **self-directed violence**
 - MN Student Survey Data
 - Population demographics – American Indian youth and young adults
- Capacity
 - Certified Community Behavioral Health Center (CCBHC)
 - Implementing Zero Suicide Model
 - First Episode Psychosis
 - Mobile Crisis services providing stabilization care
- Readiness
 - Willingness to participate
 - Prior implementation towards activities



Community Partners Preventing Suicide

Regions Map



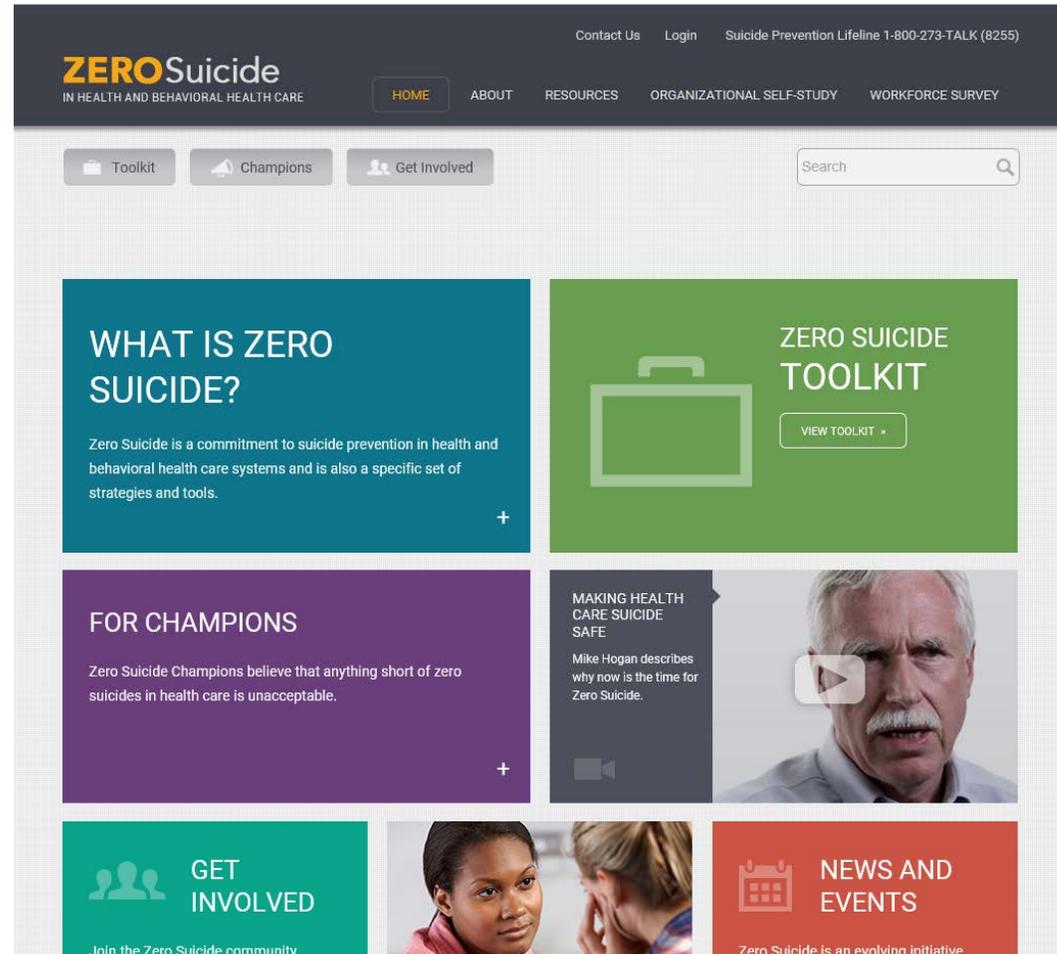
Selected Regions

- **Northwestern Region** (Kittson, Marshall, Mahnomen, Norman, Pennington, Polk, & Red Lake County)
- **Great River-Gichiziibi** (Becker, Beltrami, Clearwater, Itasca County, Red Lake, Leech Lake and White Earth)
- **Brainerd Lakes** (Aitkin, Cass, Crow Wing, Morrison, Todd, & Wadena County)
- **Hennepin County Region** (Little Earth & Minneapolis)
- **Southwestern Region** (Lincoln, Lyon, Murray, Redwood, & Yellow Medicine County, Lower Sioux & Upper Sioux)

Community Partners Preventing Suicide

1. Make suicide prevention a **core component of behavioral/health care services.**
2. Implement effective programs to **increase communities' capacity to identify youth** at risk and **connect them** to the coordinated and competent behavioral/health care system.
3. Support **healthy and empowered individuals, families and communities.**

Implement Zero Suicide



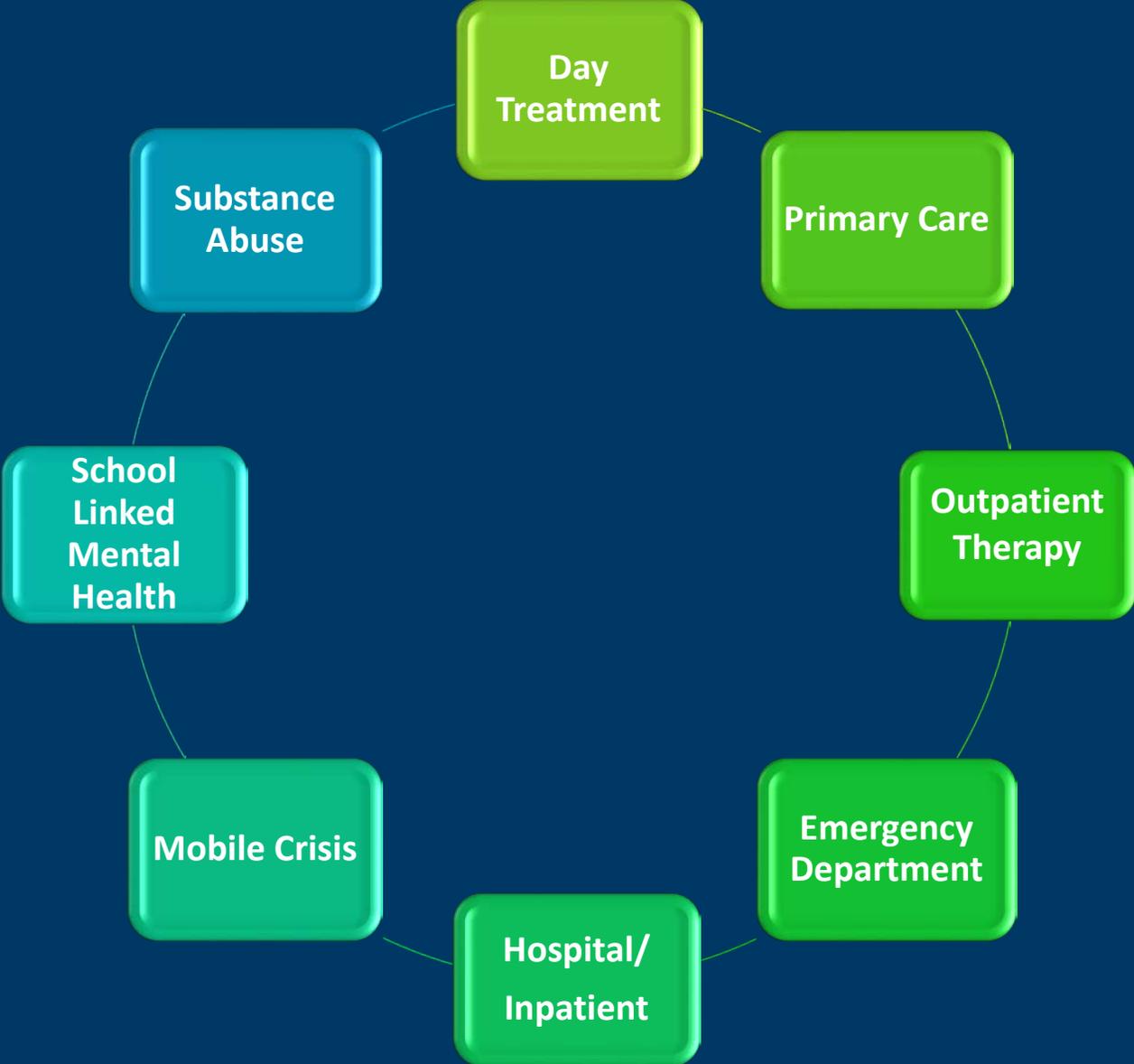
Zero Suicide in Health and Behavioral Health Care

- **Zero Suicide** is a **commitment to suicide prevention** in health and behavioral health care systems
- Zero Suicide provides a specific set of **strategies and tools** for suicide prevention
- Zero Suicide is both a **concept and a practice**
- **Core:** suicide deaths for people under care are preventable and bold goal of zero suicide is an aspirational challenge that health systems should accept.

Fundamental of Zero Suicide

- **Lead**-Make an explicit commitment to reduce suicide deaths
- **Train**-Develop a confident, competent, and caring workforce
- **Identify**- Every person at risk for suicide
- **Engage** client in a Suicide Care Management Plan
- **Treat** suicidal thoughts and behaviors directly
- **Transition**-Follow patients through every transition in care
- **Improve**-Apply data-driven quality improvement

Continuum of Care Communities (CCC)



Youth Suicide Prevention – Garrett Lee Smith

1. Make suicide prevention a **core component of behavioral/health care services.**
2. Implement effective programs to increase communities' capacity to **identify youth at risk and connect them to the coordinated and competent behavioral/health care system.**
3. Support **healthy and empowered individuals, families and communities.**

Comprehensive School Suicide Prevention

- A school-specific comprehensive suicide prevention plan using a **school checklist** to guide suicide prevention efforts
- Interview (school checklist) core team to assess school's awareness of **current suicide prevention activities**
- Develop **recommendations** for core team
- Co-develop a **two-year work plan**
- Provide Training & Technical Assistance

Areas of Suicide Prevention in Schools

- Policy, Procedures, & Protocols
- Develop Life Skills
- Connectedness
- Academic Performance
- Student Wellness
- Identify Students At Risk
- Increase Help Seeking Behaviors
- Provide Mental Health & Substance Use Disorder Services
- Mean Restriction & Environmental Safety

Key Community Partners/Stakeholders

Youth Serving Agencies

- Schools
- Juvenile Justice
- Foster Care
- Colleges/Universities
- Tribal Services/Supports
- Law Enforcement
- Etc.

Subcontractors

- St. Cloud State University
- Wilder Foundation
- SAVE

Grant-Funded Community Supports/Resources

- **Community Assessment**

- Data Profile
- Community Readiness Assessment
- Service Gap Analysis

- **Curriculums**

- LEADS
- Sources of Strength
- American Indian Life Skills Development
- Lifelines curriculum
- Good Behavior Game

- **Trainings**

- At-Risk for high school educators
- At-Risk for college students
- Mental health first aid
- QPR
- ASIST
- safeTALK
- Connect Postvention
- Trauma-Informed Policing
- Peer-to-Peer

- **Youth Summits**

New MDH Suicide Prevention Staff



Melissa Dau

Youth Suicide Prevention
Coordinator-Mankato



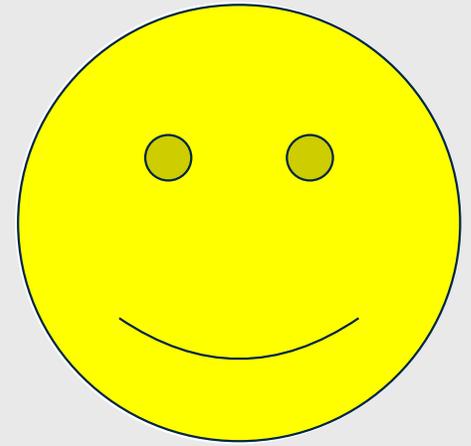
Stephanie Downey

Youth Suicide Prevention
Coordinator-Bemidji



Luther Talks

Youth Suicide Prevention Tribal
Liaison



Tanya Carter

Behavioral Health Liaison

Project Director: Melissa Heinen
Melissa.heinen@state.mn.us

Thank you!

Stephanie.Downey

Stephanie.downey@state.mn.us

218-308-2148



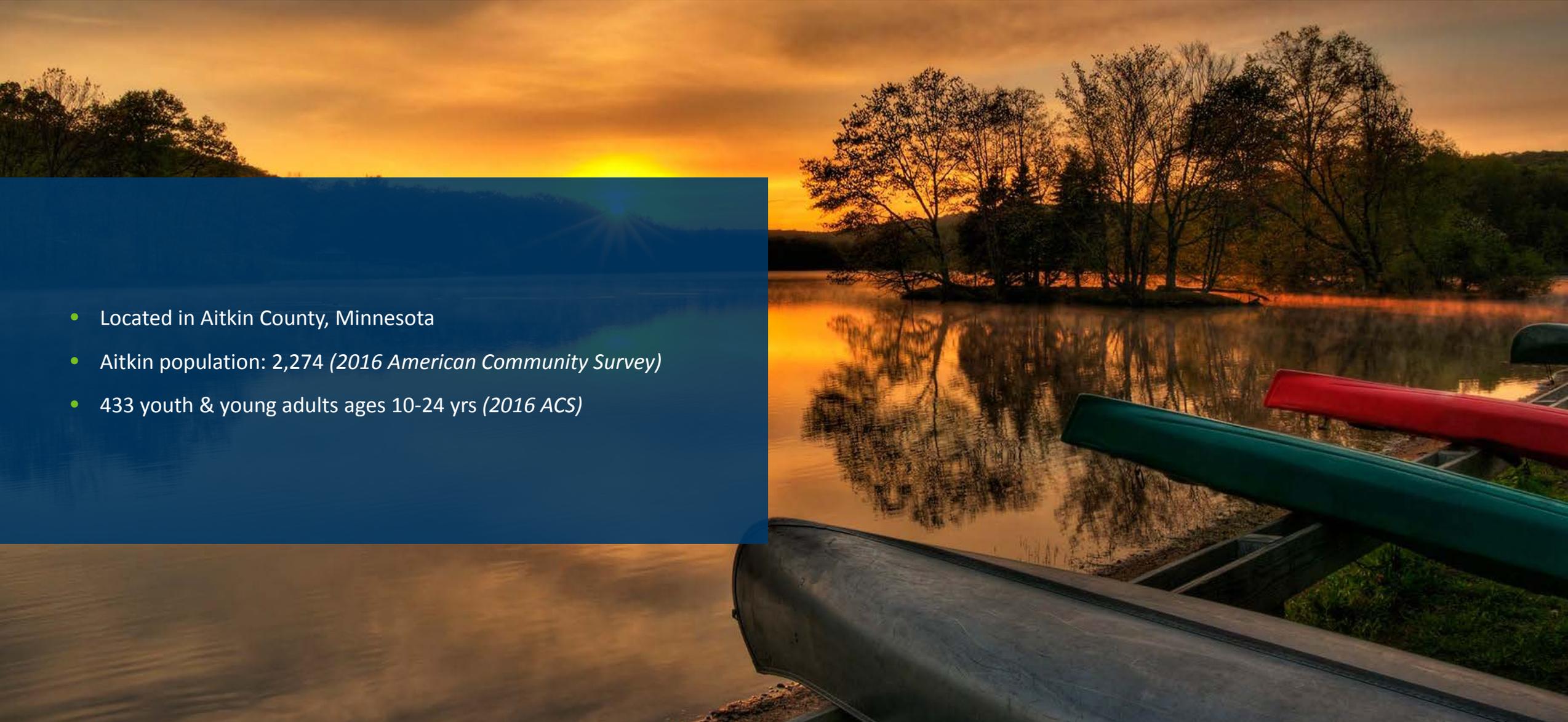
Community Readiness Assessment: Aitkin

Stephanie Downey | Youth Suicide Prevention Coordinator

September 5, 2018

The Aitkin Community

- Located in Aitkin County, Minnesota
- Aitkin population: 2,274 (*2016 American Community Survey*)
- 433 youth & young adults ages 10-24 yrs (*2016 ACS*)



The Issue: Youth Suicide

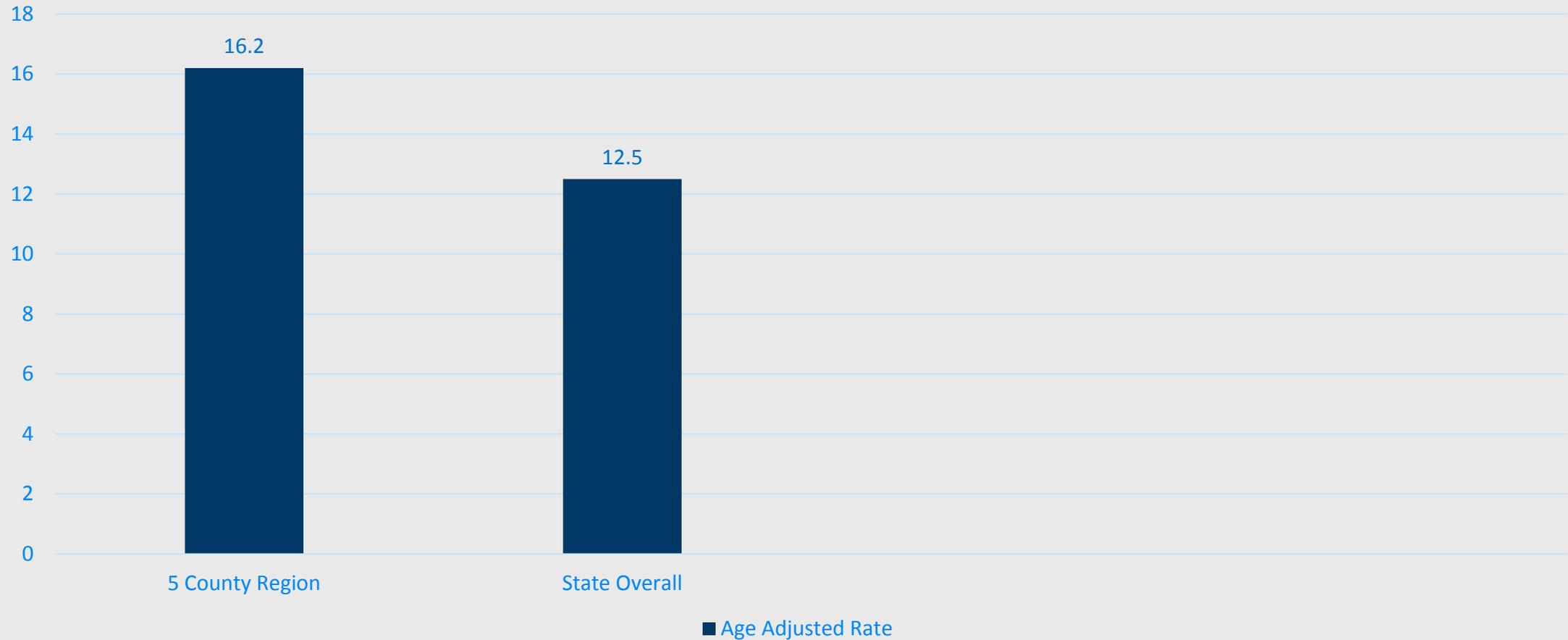
- Suicide is the 8th leading cause of death in Minnesota, 2016
- Suicide is the 2nd leading cause of death for 15-24 year olds, 2015-2016
- Suicide is the top leading cause of death for 10-17 year olds in Minnesota, 2016

(MDH Center for Health Statistics)

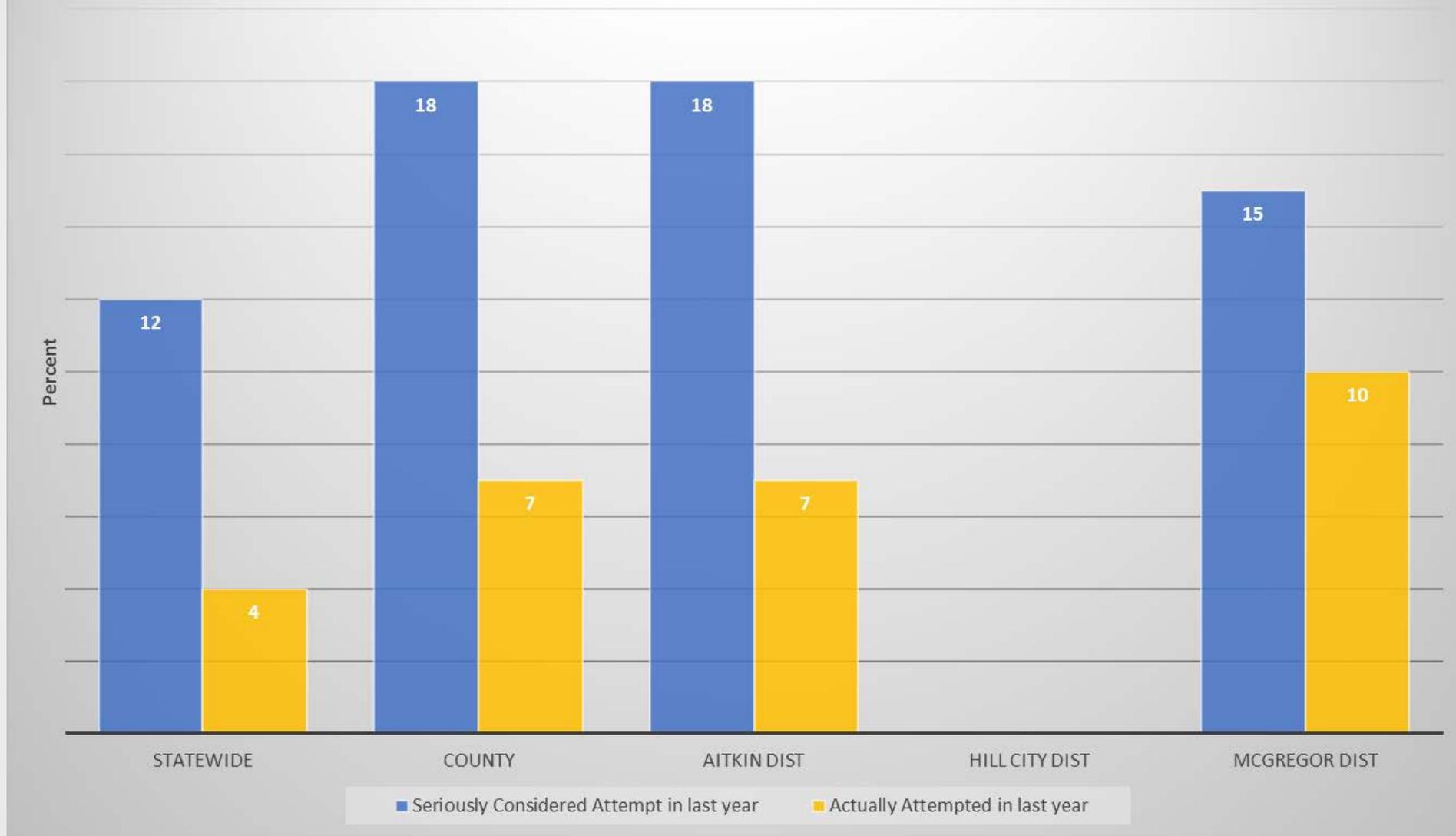


Regional Suicide Death Data

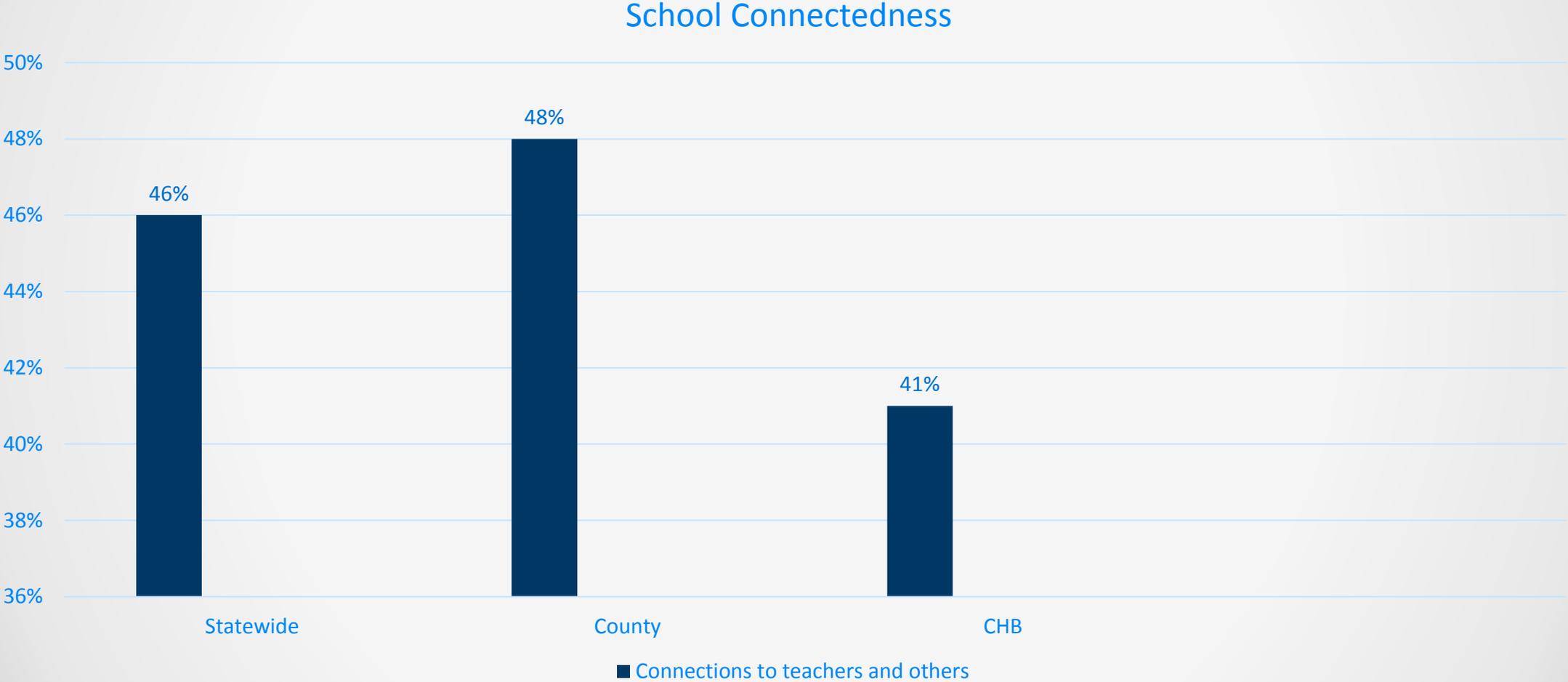
Regional Suicide Death Data 2011-2016



2016 MSS Data



2016 MSS Data School Connectedness



Objectives

1. Describe community readiness.
2. Identify the Aitkin community stage of readiness for suicide prevention.
3. Explore prevention efforts that are best suited for the community based on identified readiness stage.

The “degree to which a community is prepared to take action against an issue”

The Community Readiness Model. (Plested et al., 2014)

The Community Readiness Model: A model for Community Change

- **Integrates** a community's culture, resources, and level of readiness to more effectively address the issue
- Builds **cooperation** among systems and individuals
- Encourages **community investment** in suicide prevention and intervention
- **Increases capacity** for the issue and intervention
- Can be used in **any community**
- Can be used to address a **wide range of issues**

Methods: Community Readiness Model

Community Readiness Model Steps	
Step 1	Identify the issue (Suicide Prevention)
Step 2	Define your “community” (Aitkin)
Step 3	Conduct Community Readiness Assessment using key respondent interviews to determine community’s level of readiness
Step 4	Score the community’s stage of readiness for the six dimensions and compute overall score
Step 5	Develop strategies to pursue that are stage-appropriate
Step 6	After a period of time, evaluate the effectiveness of your efforts
Step 7	Utilize what you have learned to apply the model to another issue

Methods: Community Readiness Model

Six Dimensions of Community Readiness

Dimension A: Community Efforts	To what extent are the efforts, programs, and policies that address suicide prevention?
Dimension B: Community Knowledge of Efforts	To what extent do community members know about local efforts and their effectiveness, and are the efforts accessible to all segments of the community?
Dimension C: Leadership	To what extent are appointed leaders and influential community members supportive of suicide prevention?
Dimension D: Community Climate	What is the prevailing attitude of the community toward suicide prevention? Is it one of hopelessness or one of responsibility and empowerment?
Dimension E: Community Knowledge about the issue	To what extent do community members know about or have access to information on suicide prevention, consequences, and understand how it impacts your community?
Dimension F: Resources for Prevention	To what extent are local resources (people, time, money, space) available to support the prevention effort?

Methods: The Community Readiness Model

Stages of Community Readiness



Methods: The Community Readiness Model

The Community Readiness Assessment:

- A total of 7 interviews in 7 different community segments
- 4 interviews in person
- 3 interview over-the-phone
- 30 open-ended questions relating to the six readiness dimensions
- Interviews were transcribed
- Scored independently by 2 Minnesota Department of Health staff

Results



Dimension Specific Scores: The Three Highest Scores

Dimension	Score	Interpretation
Dimension A: Community Efforts	3.14	<p>Stage 3: A few community members recognize the need to initiate effort, immediate motivation is missing</p> <p>Stage 4: Some community member have met and have begun a discussion of developing community efforts.</p>
Dimension B: Knowledge of Efforts	3.00	<p>Stage 3: A few community members have heard of efforts, but extent of knowledge is limited.</p> <p>Stage 4: Some members of the community have basic knowledge of efforts.</p>
Dimension F: Resources	2.86	<p>Stage 2: There are no resources available for dealing with suicide prevention.</p> <p>Stage 3: The community is not sure what it would take, or where the resources would come from to initiate efforts.</p>

Dimension A: Existing Community Efforts

- *“Due to my past experience, school-age to adults struggle with depression.”*
- *“With the recent suicides that have taken place, there are populations and specific groups that are affected and aware. If someone was not connected to the victim, a student at the school, they may not have the awareness, still a missing gap.”*
- *“Aitkin has several different counseling services available. They are accessed through their primary care provider or the mobile crisis team.”*
- *“Nobody wants to talk about it, it is hidden.”*

Dimension B: Community Knowledge about Efforts

- *“ I don’t know if the community knows of suicide prevention. In regards to mental illness, efforts are being made to bring in agencies: Northern Pines, Northland Counseling.”*
- *“ I believe most people (services) are well known to community that are out there: Northern Pines, Northland Counseling, Clearview Counseling. No one has ability to serve less than 5 year olds.”*
- *“The community knows about it in the newspaper, hospital publications, and some awareness of the mobile crisis team. Most people are unaware.”*

Dimension F: Resources for Prevention Efforts

- Northland Counseling
- Northern Pines
- Clearview Counseling
- County Health & Human Services
- Schools
- School Counselors
- Newspaper
- Public Health
- Church/Church youth groups
- Crisis Text Line
- Family/friends/trusted people
- Law Enforcement
- Hospital
- Drug Court

Dimension Specific Scores: The Three Lowest Scores

Dimension	Score	Interpretation
Dimension E: Community Knowledge about the Issue	2.79	Stage 2: No knowledge about suicide. Stage 3: A few community members have basic knowledge about suicide and recognize that some people may be affected by the issue.
Dimension D: Community Climate	2.54	Stage 2: The prevailing attitude is “There is nothing we can do,” or “Only ‘those’ people do that,” or “Only ‘those people’ have that.” Stage 3: The community climate is neutral, disinterested, or believes that suicide does not affect the community as a whole.
Dimension C: Leadership	2.32	Stage 2: Leaders believe suicide is not a concern in the community. Stage 3: Leaders recognize the need to do something regarding suicide prevention.

Dimension E: Community Knowledge about the Issue

- *“It is a hidden issue, an uncomfortable issue. People are sad when it happens but don’t know how to prevent it.”*
- *“ I feel like people’s knowledge and experiences with suicide are a ‘5 or 6’. Knowledge & experiences of people having ideation or attempt may be higher but people knowing what to do or say is lower.”*
- *“Nobody wants to talk about it. People shut down & don’t want to get involved.”*
- *“Very little. It hasn’t been spoken about. No attention is brought to it.”*

Dimension D: Community Climate

- *“Everyone wants there to be suicide prevention but no one has the tools, time to focus efforts to do so. Everyone does their own little pieces but what else can be done to help? There is a gap between what we should be doing and what we could do.”*
- *“I don’t think with mental health is it discussed freely. People still think that people are just ‘lazy’, should ‘pick themselves up’ and ‘just suck it up’ kind of attitude.”*
- *“Unless you are in a little silo you don’t go out and ask people, ‘What do you think about suicide?’ It is a closed off thing.”*

Dimension C: Leadership

- *“Not sure they have a strong awareness of the need or a good understanding of it. They may say that ‘yes’ we need mental health services but not know what that means or looks like.”*
- *“Things are happening...not so good, children & teens are not getting the message the old way. It is all about phones, bullying, depression and thinking there is no way out. Community leaders are very concerned.”*
- *“Start talking about it. People don’t like to talk about it openly. It’s not talked about as much as it should be.”*
- *“It’s not talked about openly unless it is the subject.”*

- Overall Community Readiness

Score: **2.78**

- Level of Readiness:
Denial/Resistance

- *Denial/Resistance*: At least some community members recognize that suicide is a concern, but there is limited recognition that it might be occurring locally.



Issues that key respondents were most concerned about:

- The stigma attached to suicide, mental health and accessing services
- Lack of community knowledge about current efforts
- Lack of knowledge about issue/impact-DATA
- Leadership not knowing what to do and where to start
- The lack of funding for additional suicide prevention programs.
- Lack of knowledge of how to respond to a suicide concern
- Access issues: wait times, bed availability, transportation

Broad Based Recommendations

Stage 2: Denial/Resistance

Goal: Raise awareness that the problem or issue exists in the community.

One-on-one visits with community leaders, members and groups

Visit existing and established small groups to share information about local statistics and general information

Material distribution

Media

Questions?

Thank you!

Stephanie Downey

218-308-2148

Suicide: a Public Health Concern



Public Health
Prevent. Promote. Protect.

AITKIN COUNTY HEALTH & HUMAN SERVICES

September 2018

Suicide in the United States

Suicide is a major public health concern. It is among the leading causes of death in the United States and is on the rise in many populations. Suicide is defined as death caused by self-directed injurious behavior with the intent to die as a result of the behavior. A suicide attempt is a non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt might not result in injury. Suicidal ideation refers to thinking about, considering, or planning suicide.

According to the Centers for Disease Control and Prevention (CDC), in 2016 suicide was the tenth leading cause of death overall in the United States, claiming the lives of nearly 45,000 people. It was the second leading cause of death for ages 10-34, and the fourth leading cause of death for ages 35-54. In Minnesota, suicide is the 8th leading cause of death for all ages and the second leading cause for ages 15-34. Data also shows that there were more than twice as many suicides (44,965) in the U.S. as there were homicides (19,362).

To compare data across different populations and areas of the U.S., data is often presented in rates. Suicide rate is based on the number of people who have died by suicide per 100,000 population. This allows comparisons from one year to the next. From 1999 to 2016, the total suicide rate increased 28% from 10.5 to 13.4 deaths per 100,000 population. The rate among males (21.3 per 100,000) was nearly four times higher than that of females (6.0 per 100,000).

The cost of suicide

Suicide and suicide attempts take a tremendous emotional toll on the families and friends of those who died, as well as on attempt survivors. But suicide also has an economic costs for individuals, families, communities, states, and the nation as a whole. These include medical costs for individuals and families, lost income for families, and lost productivity for employers.

A 2016 study estimated that the annual public cost of suicide attempts and suicides in the United States is approximately \$93.5 billion. This is nearly double what was previously thought. This study also projected supporting psychotherapeutic and other linkage interventions across the age spectrum would lower overall suicide by 10 %, resulting in an overall savings of \$9.4 billion to the American economy.

Suicide: a Public Health Concern

Community Readiness Assessment

The community Readiness Model was developed by researchers to help communities be more successful in their efforts to address a variety of issues (i.e. suicide, drug and alcohol use, obesity/nutrition). The model can help a community move forward and be more successful in its efforts to change. It measures the community's readiness level on several dimensions that will help diagnose where to start initial efforts. It identifies a community's weaknesses and strengths, as well as the obstacles that will likely be encountered.

Community Readiness is composed of six dimensions or aspects that help guide the community in moving forward in their readiness level. These dimensions are: community efforts, community knowledge of efforts, leadership, community climate; community knowledge of the issue, and resources. Each dimension will receive a community readiness score. The individual dimension scores are then averaged to determine an overall community readiness score.

A community readiness assessment was completed for teen/youth suicide in the Aitkin area. Key respondents were identified from eight sectors: health, social services, mental health, schools, government, law enforcement, faith community, and community at large. Seven of the eight were interviewed for the assessment. The overall community readiness score for Aitkin was **2.78**. The level of readiness is denial/resistance. This means that at least some members of the community recognize that suicide is a concern, but there is limited recognition that it might be occurring locally.



CRISIS TEXT LINE |

Text **MN** to
741 741
Free support
at your fingertips,
24/7

m
DEPARTMENT OF
HUMAN SERVICES

Crisis Text Line

Crisis Text Line is offering Text-based suicide prevention services across Minnesota. People who text MN to 741741 will be connected with a counselor who will help defuse the crisis and connect the texter to local resources. Crisis Text Line is available 24 hours a day, seven days a week.

In Minnesota and across the nation, text suicide response services have been successful in helping people in need. Texting is the preferred way to communicate for many people — especially youth — and it is important to reach people where they are at when they are contemplating suicide or in crisis.

Crisis Text Line, a non-profit that has offered this service nationally since 2013, will be the state's sole provider for this service. Crisis Text Line handles 50,000 messages per month and over 20 million messages since 2013 from across the U.S., connecting people to local resources in their community.

Crisis Counselors at Crisis Text Line are dedicated, trained and supervised volunteers from around the United States. Crisis Counselors undergo a rigorous application process before undergoing a six-week, 30-hour training program. Supervisors are mental health professionals with either master's degrees or extensive experience in the field of suicide prevention.

Helping Someone in Crisis

What would you do if you saw someone choking? You would perform the Heimlich maneuver. What about if someone's heart stopped? You would perform CPR. What if you saw someone's clothes catch fire? You would tell them to "stop, drop, and roll". Now, what would you do if someone was in a suicidal crisis? Would you know what to do? Would you be able to help them? Yes, you can help them and Public Health wants to make sure that you know how.

The first step is knowing what to look for—here are some warning signs that someone may be contemplating suicide:

- Feeling like a burden to others
- Being isolated
- Increased anxiety or agitation; behaving recklessly
- Feeling trapped or in unbearable pain
- Increased substance use
- Looking for a way to access lethal means
- Increased anger or rage
- Extreme mood swings
- Expressing hopelessness or no reason to live
- Sleeping too little or too much
- Talking or posting about wanting to die
- Making plans for suicide

The second step is to follow the 5 action steps to help someone at risk:

1. **Ask**—if you think someone might be considering suicide, ask the tough question: "Are you thinking about killing yourself?"
2. **Keep them safe**—establish immediate safety. Find out if they have already done anything to try and kill themselves. Ask if they have a detailed plan. Remove any lethal means available to them.
3. **Be there**—be present, listen with compassion and without judgement, let them know that you care about them. Make sure that you follow through in the ways that you say you will be there to support the person.
4. **Help them connect**—work with them to develop a safety plan; include a list of people they can reach out to for support: friends, family, teachers, coaches, neighbors, clergy members, therapists or counselors. Connect them to crisis care resources such as the Suicide Prevention Lifeline (1-800-273-8255) and Crisis Text Line (text MN to 741741). These crisis care resources are free, confidential, and available 24/7.
5. **Follow up**—check in regularly with the person you are concerned about, let them know that you are thinking about them and that you are there for them if needed. Leave them a message, send a text, or give them a call—just let them know that you are still there for them.

Suicide is not inevitable for anyone. By starting the conversations, providing support, and connecting those in need to help, we can prevent suicides and save lives. We need to reduce the stigma around mental illness to encourage those suffering to seek out and receive the help that they need.

If you or someone you know is in immediate danger with a suicidal crisis, call 911. If you are thinking about suicide or are worried about a friend or loved one, or would like emotional support, call the National Suicide Prevention Lifeline at 1-800-273-8255 or visit www.suicidepreventionlifeline.org. For the Crisis Text Line, text MN to 741741 to be connected to resources in Minnesota. They provide free and confidential emotional support to people in suicidal crisis or emotional distress 24/7.

Suicide: a Public Health Concern

Risk factors

Suicide does not discriminate. People of all genders, ages and ethnicities can be at risk.

The main risk factors for suicide are:

- A prior suicide attempt
- Depression and other mental health disorders
- Substance abuse disorder
- Family history of a mental health or substance abuse disorder
- Family history of suicide
- Family violence, including physical or sexual abuse
- Having guns or other firearms in the home
- Being in prison or jail
- Being exposed to others' suicidal behavior, such as a family member, peer, or media figure
- Medical illness
- Being between the ages of 15 and 24 years or over age 60

Even among people who have risk factors for suicide, most do not attempt suicide. It remains difficult to predict who will act on suicidal thoughts.

According to the Centers for Disease Control and Prevention (CDC), men are more likely to die by suicide than women, but women are more likely to attempt suicide. Men are more likely to use more lethal methods, such as firearms or suffocation. Women are more likely than men to attempt suicide by poisoning.

Also per the CDC, certain demographic subgroups are at higher risk. For example, American Indian and Alaska Native youth and middle-aged persons have the highest rate of suicide, followed by non-Hispanic White middle-aged and older adult males. African Americans have the lowest suicide rate, while Hispanics have the second lowest rate. The exception to this is younger children. African American children under the age of 12 have a higher rate of suicide than White children. While younger preteens and teens have a lower rate of suicide than older adolescents, there has been a significant rise in the suicide rate among youth ages 10 to 14. Suicide ranks as the second leading cause of death for this age group, accounting for 425 deaths per year and surpassing the death rate for traffic accidents, which is the most common cause of death for young people.

Most people who have the risk factors for suicide will not kill themselves. However, the risk for suicidal behavior is complex. Research suggests that people who attempt suicide may react to events, think, and make decisions differently than those who do not attempt suicide. These differences happen more often if a person also has a disorder such as depression, substance abuse, anxiety, borderline personality disorder, and psychosis. Risk factors are important to keep in mind; however, someone who has warning signs of suicide may be in more danger and require immediate attention.

Suicidal thoughts or actions are a sign of extreme distress and an alert that someone needs help. Any warning sign or symptom of suicide should not be ignored. All talk of suicide should be taken seriously and requires attention. Threatening to die by suicide is not a normal response to stress and should not be taken lightly.

Suicide in Children and Teens

Suicides among young people continue to be a serious problem. Suicide is the second leading cause of death for children, adolescents, and young adults age 5-to-24-year-olds. The majority of children and adolescents who attempt suicide have a significant mental health disorder, usually depression. Among younger children, suicide attempts are often impulsive. They may be associated with feelings of sadness, confusion, anger, or problems with attention and hyperactivity. Among teenagers, suicide attempts may be associated with feelings of stress, self-doubt, pressure to succeed, financial uncertainty, disappointment, and loss. For some teens, suicide may appear to be a solution to their problems.

Depression and suicidal feelings are treatable mental disorders. The child or adolescent needs to have his or her illness recognized and diagnosed, and appropriately treated with a comprehensive treatment plan. Thoughts about suicide and suicide attempts are often associated with depression. In addition to depression, other risk factors include:

- family history of suicide attempts
- exposure to violence
- impulsivity
- aggressive or disruptive behavior
- access to firearms
- bullying
- feelings of hopelessness or helplessness
- acute loss or rejection

Children and adolescents thinking about suicide may make openly suicidal statements or comments such as, "I wish I was dead," or "I won't be a problem for you much longer." Other warning signs associated with suicide can include:

- changes in eating or sleeping habits
- frequent or pervasive sadness
- withdrawal from friends, family, and regular activities
- frequent complaints about physical symptoms often related to emotions, such as stomachaches, headaches, fatigue, etc.
- decline in the quality of schoolwork
- preoccupation with death and dying

Young people who are thinking about suicide may also stop planning for or talking about the future. They may begin to give away important possessions.

People often feel uncomfortable talking about suicide. However, asking your child or adolescent whether he or she is depressed or thinking about suicide can be helpful. Specific examples of such questions include:

- Are you feeling sad or depressed?
- Are you thinking about hurting or killing yourself?
- Have you ever thought about hurting or killing yourself?

Rather than putting thoughts in your child's head, these questions can provide assurance that somebody cares and will give your child the chance to talk about problems.

Parents, teachers, and friends should always err on the side of caution and safety. Any child or adolescent with suicidal thoughts or plans should be evaluated immediately by a trained and qualified mental health professional.



Public Health
Prevent. Promote. Protect.

Bringing people together to create a healthy future for all of Aitkin County

CAPS: Committee for the Awareness and Prevention of Suicide

Aitkin county is working on the issue of Suicide. A committee is being formed to help raise awareness of the issue and resources available. We are looking for representation from many aspects of the community: public health, law enforcement, social services, veterans services, mental health, healthcare, clergy, government, as well as people directly effected by a suicide or suicide attempt. If you or someone you know would like to be part of this committee, please attend the upcoming meeting on **September 11th at 1:30 at Health & Human Services.**

For more information and to be including in future emails about this committee, please email Brea Hamdorf at brea.hamdorf@co.aitkin.mn.us

NATIONAL

SUICIDE

PREVENTION

LIFELINE

1-800-273-TALK (8255)

suicidepreventionlifeline.org

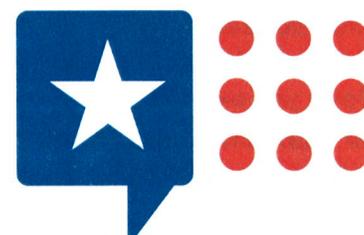
The National Suicide Prevention Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. The Lifeline is comprised of a national network of over 150 local crisis centers, combining custom local care and resources with national standards and best practices.

The National Suicide Prevention Lifeline toll-free number, 1-800-273-TALK(8255) connects the caller to a certified crisis center near where the call is placed.

The Veterans Crisis Line is a free, confidential resource that's available to anyone, even if you're not registered with VA or enrolled in VA health care. The caring, qualified responders at the Veterans Crisis Line are specially trained and experienced in helping Veterans of all ages and circumstances.

If you're a Veteran in crisis or concerned about one, there are caring, qualified VA responders standing by to help 24 hours a day, 7 days a week

Veterans Crisis Line



1-800-273-8255
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