



# Aitkin County Health & Human Services

204 FIRST STREET NW  
AITKIN, MINNESOTA 56431-1291  
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## BOARD MEETING AGENDA October 22, 2019

**9:05 A.M. START**

- 9:06 I. Review/Approval of Health & Human Services Board Agenda**
- 9:07 II. Review/Approval of September 24, 2019 Health & Human Service Board Minutes**
- 9:08 III. Review/Approval of Bills**
- 9:09 IV. Cynthia Bennett, Health & Human Services Director  
A. Directors Update**
- 9:19 V. Approve Out-of-State Travel  
A. Nick Anderson travel to Police, Treatment, and Community Collaborative (PTACC) Conference in Ponte Verde Beach, Florida Nov. 10-13, 2019.**
- 9:21 VI. Review/Approve Contracts/Agreements  
A. POS between Aitkin County and Nystrom's and Associates January 1, 2019 through December 31, 2019.**
- 9:25 VII. Carli Goble, Accounting Supervisor  
A. Financial Update**
- 9:40 VIII. Committee Reports from Commissioners  
A. Joint Powers Board Report  
1. Tri-County Community Health Services Board (CHS) – Commissioner Westerlund / Erin Melz  
B. H&HS Advisory Committee Workgroup – Commissioners Wedel and/or Westerlund  
1. Committee members attending today: Carole Holten/Cindy Chuhanic  
2. Draft Copy of the October 2, 2019 meeting minutes included.  
C. AEOA Committee Update – Commissioner Westerlund  
D. NEMOJT Committee Update – Commissioner Niemi  
E. CJI (Children's Justice Initiative) – Commissioner Westerlund  
F. Lakes & Pines Update – Commissioner Niemi**

**9:50  
END**

**Next Meeting – November 26, 2019**



**AITKIN COUNTY HEALTH & HUMAN SERVICES  
COUNTY BOARD MEETING MINUTES  
September 24, 2019**

**Attendance**

The Aitkin County Board of Commissioners met this 24th day of September, 2019, at 9:02 a.m. as the Aitkin County Health & Human Services Board, with the following members present: Commissioners J. Mark Wedel, Laurie Westerlund, Don Niemi, and Bill Pratt. Commissioner Anne Marcotte arrived at 9:41 a.m. Others present included: County Administrator Jessica Seibert, Cynthia Bennett ACH&HS Director, Accounting Supervisor Carli Goble, Erin Melz Public Health Supervisor, Sheriff Dan Guida, Assistant to the County Administrator Sue Bingham, H&HS Executive Assistant Shawn Speed, and Guests: Kari Paulsen/HHS Advisory Board Member, Terri Mathis/HHS Advisory Board Member, and Brielle Bredsten/Aitkin Independent Age.

**Agenda**

Motion by Commissioner Niemi, seconded by Commissioner Pratt and carried, all members voting yes to approve the September 24, 2019 Health & Human Services Board agenda as presented.

**Minutes**

Motion by Commissioner Westerlund, seconded by Commissioner Niemi and carried, all members voting yes to approve the August 27, 2019 Health and Human Services Board minutes.

**Bills**

Carli noted that there was nothing notable on the bills this month just a couple of pass through payments.

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

**Health & Human Services Director Report, Cynthia Bennett, ACH&HS Director**

**Directors Update**

Cynthia began by giving an update on her attendance of the Association of Minnesota Counties (AMC) conference this month and mentioned that the discussions were very timely, informative, and preventative.

A hot topic that was discussed there was immigration and the fact that in the U.S. we have more job openings than there are qualified workers. Per the AMC presenter, in the current situation immigration is very important to getting those jobs filled, as most of those jobs are entry level and are welcomed by immigrants.

Next there was talk about a presentation that was given by representatives from Washington and Colorado states about the impact on counties of legalization of recreational marijuana. Specifically information was shared regarding the proceeds, management of the proceeds, and taxes collected from the sale of marijuana. In Washington State counties were not included in discussions regarding excise tax and as a result counties are not receiving any monetary benefit. The message for MN is to make sure that the counties are included in discussions and at the

table to help determine these things from the start.

The Health and Human Services Policy Committee met to decide on their priorities for 2020.

They identified their top priorities, in conjunction with MACSSA and the LPHA. The top issues for all were Housing Workforce Issues, Child Care, Out-of-Home Placement, METS, Mental Health & Chemical Dependency Services, Procurement, and the Restructuring of DHS.

All agreed that Procurement and the DHS restructure needed to be removed from consideration, as these two topics are needing to get addressed now, rather than waiting for the legislative session to begin.

The Top 3 priorities, which were decided on for AMC, are METS, Out-of-Home Placement, and Mental Health & Chemical Dependency Services. These three aligned almost exactly with the draft top 3 priorities of MACSSA. The draft top three priorities that the LPHA chose were Food Safety issues, Medical Assistance and additional reimbursement for home visits for children with asthma, and a request to increase the Local Public Health Grant. This grant is flexible dollars to be used per identified needs in each community. The use of these grant dollars relieves the use of Levy dollars.

Commissioner Niemi reiterated that the legalization of cannabis was not being promoted, that this was just meant to be helpful if it come to that, for the counties.

Commissioner Pratt noted that if it does become legal that locations of growing cannabis will need to be planned as the smell of this will impact those surrounding the area. It needs to be grown in areas where significant populations will not be affected.

Commissioner Niemi inquired about how long cannabis remains in your system?

Cynthia replied that it stays much longer than alcohol, but that does not mean that it is causing you to be impaired. They have yet to figure out where the line is, like alcohol, where impairment begins and ends.

Commissioner Westerlund noted that she had just returned from a trip to Colorado and while there she had inquired with the local government about any useful information about what has happened there and she noted that, in Colorado, it is up to the employer to set the policies about drug testing and that the employers are responsible for all of the costs associated with testing.

Commissioner Wedel added, that while he was involved with Community Corrections and Sobriety Court, that he learned that cannabis, can remain in your system for up to 30 days, but again that does not mean you are impaired during that whole time period.

Cynthia then ended her AMC update with reminding the Commissioners that they will see these top priorities at their next AMC meeting and be able to vote on them.

Cynthia continued her update by talking about the restructuring of DHS. The interim commissioner of DHS that exited a few months ago recommended to the Governor that he should look at, possibly, splitting the two major divisions of DHS which are the Division of Direct Care & Treatment and the remaining divisions that comprises the rest of the DHS programs.

The Direct Care & Treatment Division is very large unit and includes, approximately 4,600 employees, 200 residential and in-patient treatment centers across the state, and serves around 12,000 people per year. The thought is that by splitting these up there will be a better ability for leadership separate leadership which would provide better alignment of authority and responsibility. There would be better accountability in those areas. The Governor supports

forming a team to look into it more deeply, counties want assurances that they will be involved in those discussions. Whatever happens at this level will impact counties in some way so it is important that they are included in the discussions.

Last, Cynthia talked about a new committee, the Critical Incident Response & Resource Committee, which was formed between MACSSA and DHS. She has been accepted as a member and will partake in the work of this committee. The primary focus of this workgroup is to develop a toolkit that counties and DHS can use to assist and provide guidelines and resources for counties who are in the middle of or facing a critical incident. Our county has been in the middle of a critical incident for nearly a year and have noted that there has been a significant lack of guidance, support and resources available for our assistance. There are other counties who have discovered this lack of direction as well and DHS is in agreement that this area needs addressing.

The committee will be comprised of 5 MACSSA members, 5 DHS members, and a few Ad-Hoc members who are content experts or have experience in critical incident response. Cynthia noted that their first meeting will be held this afternoon in conjunction with the MACSSA meeting in St. Paul and that she will be bringing more information back to the Board in the future.

Commissioner Niemi commented that he is wondering why the state is trying to get rid of county based purchasing when it comes to the procurement process.

Cynthia does not believe that they are trying to get rid of it, rather, during the 5 year procurement renewal process that counties participated in this past year, there were counties who had County Based Purchasing (CBP) and were included in the procurement process. Counties with CBP should not be included in this process as it defeats the purpose of CBP. There were over 50% of the counties in the state of MN who were unhappy with the results of the procurement process and requested mediation. Clearly DHS did not take into consideration what counties were asking for or there would not have been such unrest.

Along with that, a lawsuit was filed by the counties with county based purchasing that states that DHS was not following the correct statutory procurement process procedures and that they should not have been replaced by other healthcare providers in their own counties. As a result of the large number of counties unhappy with this and the fact that the law suit impacted the ability of DHS to get this process completed within their deadline. DHS cancelled the implementation of the procurement results for this year. They have indicated that the procurement renewal process will happen sometime in the future and she expects the process to look quite different from what it has been in the past.

### **Approval of Contracts/Agreements/Policies**

Motion by Commissioner Westerlund, seconded by Commissioner Pratt and carried, all members voting yes to approve the Service Agreement between Aitkin County and the Hill City Assembly of God Church for use of their facility during WIC Clinics that are offered in Hill City.

### **Tobacco Compliance/Educate Update, Erin Melz & Brea Hamdorf**

Brea began by going through her presentation on the subject, which is included with these minutes.

Brea and Erin supplied examples of vaping devices to the Board members so that they could see what they look like and how, sometimes, they can look like anything from a USB drive to a sweatshirt that is designed to attach to a vaping pen so that you can use it through the hood strings and have no one know that you are, showing that the manufacturers are gearing their products toward young people.

Commissioner Wedel asked how many tobacco sellers there are in the county.

Brea responded that there are around 40 and of those 40 about half are resorts with licenses to sell tobacco.

## **Committee Reports**

### **HHS Advisory Committee Update**

Kari Paulsen and Terri Mathis, Advisory members, were in attendance and briefed the Board members on the September 4<sup>th</sup> meeting. Minutes from that meeting were included in the Board packet given to the members prior to the meeting.

### **AEOA Update**

Commissioner Westerlund noted that AEOA did not meet, however the nutritional group did meet at Birchstreet Center on September 11<sup>th</sup> and talked a lot about Meals-on-Wheels, Arrowhead Transit, and where they could host some senior dining opportunities around town.

### **NEMOJT Update**

Commissioner Niemi briefed that they had met, although he was not able to attend. He did receive an update via phone call and that the only major item was that the current Executive Director had taken a position at the College in Virginia, MN.

### **Lakes & Pines Update**

Commissioner Niemi stated that they had also met and that their main topic of discussion was the gearing up of the Energy Assistance Program for the coming heating season. Applications were mailed out on August 26<sup>th</sup> and the workers are already starting to receive some back. In 2019, 6,387 applications were approved. They anticipate the funds, for this season, to be available by the end of October.

He also noted that the biggest challenge for them in administering a program like this is, to identify the most cost efficient and effective way to increase awareness and accessibility to the program.

Commissioner Wedel inquired of Kari Paulsen for an update on the U.S. Census Bureau recruitment process and how it was going.

Kari said that they were looking for more than 300 workers for them, just in Aitkin County alone and that they are having difficulties filling all of the positions due to difficulty in the federal application process. A representative will be at the Birchstreet Center again in October to help applicants with this process along with that he will be attending the BEACON event that is coming up.

The meeting was adjourned at 10:15 a.m.

Next Meeting – October 22, 2019



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

# Aitkin County



<u>Vendor</u>	<u>Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Descripti</u>	<u>1099</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>
1	88284 AITKIN CO RECORDER 05-430-710-3930-6020		26.00	Certified birth certificate 09/30/2019 09/30/2019	General Case Management	N
	88284 AITKIN CO RECORDER		26.00	1 Transactions		
23	86222 Aitkin Independent Age 05-430-720-3020-6069		79.39	Child Care Advertising - Commu 09/18/2019 09/21/2019	Community Ed & Prevent/Advertising	N
	86222 Aitkin Independent Age		79.39	1 Transactions		
24	360 ARROWHEAD ECON OPP AGENCY 05-430-720-3370-6038		14,375.00	MFIP Empl Service-Qtrly Paymen 10/01/2019 12/31/2019	Mfip-Employment Services	N
25	05-430-720-3370-6038		3,507.36	DWP Empl Service-Qtrly Pmt 10/01/2019 12/31/2019	Mfip-Employment Services	N
	360 ARROWHEAD ECON OPP AGENCY		17,882.36	2 Transactions		
26	9791 Bieganeck/Joan M 05-430-760-3950-6020		105.00	Guardianship/Conservator Activ 09/01/2019 09/30/2019	Guardianship/Conservatorship	Y
	9791 Bieganeck/Joan M		105.00	1 Transactions		
30	11051 Department of Human Services 05-430-720-3110-6069		361.00	BSFE County Match Invoice #A30 09/01/2019 09/30/2019	Bsf Child Care	N
31	05-430-720-3140-6020		161.25	MEC2 BSF Recoveries Invoice #A 09/01/2019 09/30/2019	Other Child Care	N
27	05-430-730-3590-6072		4,992.04	CCDTF Maintenance of Effort 06/01/2019 06/30/2019	Ccdtf County % State Billings	N
28	05-430-730-3590-6072		2,280.41	CCDTF Maintenance of Effort 07/01/2019 07/31/2019	Ccdtf County % State Billings	N
29	05-430-730-3590-6072		5,721.90	CCDTF Maintenance of Effort 08/01/2019 08/31/2019	Ccdtf County % State Billings	N
	11051 Department of Human Services		13,516.60	5 Transactions		
32	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 Cbh	N

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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>
10342	DHS-Anoka Metro Rtc		500.00	1 Transactions		
33	9220 DHS-MSOP 05-430-745-3721-6081		1,179.00	State-operated inpatient 09/01/2019 09/30/2019	Commitment Costs - Poor Relief	N
34	05-430-745-3721-6081		2,947.50	State-operated inpatient 09/01/2019 09/30/2019	Commitment Costs - Poor Relief	N
35	05-430-745-3721-6081		2,947.50	State-operated inpatient 09/01/2019 09/30/2019	Commitment Costs - Poor Relief	N
36	05-430-745-3721-6081		1,179.00	State-operated inpatient 09/01/2019 09/30/2019	Commitment Costs - Poor Relief	N
	9220 DHS-MSOP		8,253.00	4 Transactions		
37	89965 DHS-ST PETER-SEE LIST 05-430-745-3721-6081		9,660.00	State-operated inpatient 09/01/2019 09/30/2019	Commitment Costs - Poor Relief	N
38	05-430-745-3721-6081		9,660.00	State-operated inpatient 09/01/2019 09/30/2019	Commitment Costs - Poor Relief	N
	89965 DHS-ST PETER-SEE LIST		19,320.00	2 Transactions		
39	91345 Elvecrog/Roberta C 05-430-750-3950-6020		105.00	Public guardianship 09/01/2019 09/30/2019	Public Guardianship Dd	Y
41	05-430-750-3950-6020		70.00	Public guardianship 09/01/2019 09/30/2019	Public Guardianship Dd	Y
40	05-430-760-3950-6020		70.00	Guardianship/Conservatorship 09/01/2019 09/30/2019	Guardianship/Conservatorship	Y
42	05-430-760-3950-6020		105.00	Guardianship/Conservatorship 09/01/2019 09/30/2019	Guardianship/Conservatorship	Y
	91345 Elvecrog/Roberta C		350.00	4 Transactions		
45	13687 Family Assessment Services 05-430-710-3190-6020		250.00	Trial prep 09/10/2019 09/11/2019	Court Related Services & Activities	6
43	05-430-745-3085-6020		130.00	Adult Outpatient Diagnostic As 09/11/2019 09/11/2019	Adult Outpat Diagnostic Assess/Psyc	6
44	05-430-745-3085-6020		250.00	Adult Outpatient Diagnostic As 09/11/2019 09/11/2019	Adult Outpat Diagnostic Assess/Psyc	6

# Aitkin County



Vendor No.	Name Account/Formula	Rpt Accr	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Descripti On Behalf of Name	1099
13687	Family Assessment Services		630.00	3 Transactions			
46	12324 HOPE 05-430-710-3190-6020		75.00	Supervised visits 09/09/2019 09/09/2019		Court Related Services & Activities	Y
47	05-430-710-3190-6020		75.00	Visitation facility rental 09/11/2019 09/11/2019		Court Related Services & Activities	Y
12324	HOPE		150.00	2 Transactions			
2	6110 Lakes & Pines CAC, Inc 05-430-745-3030-6071		3,613.73	Family Resource Specialist - W 07/01/2019 07/31/2019		Client Outreach - Csp	N
3	05-430-745-3030-6071		1,688.41	Family Resource Specialist - A 08/01/2019 08/31/2019		Client Outreach - Csp	N
4	05-430-745-3030-6071		3,613.73	Family Resource Specialist - W 08/01/2019 08/31/2019		Client Outreach - Csp	N
48	05-430-745-3030-6071		2,186.93	Family Resource Specialist - A 07/01/2019 07/31/2019		Client Outreach - Csp	N
6110	Lakes & Pines CAC, Inc		11,102.80	4 Transactions			
5	11072 Lutheran Social Service Of Mn-St Paul 05-430-750-3950-6020		189.75	Public Guardianship 08/01/2019 08/31/2019		Public Guardianship Dd	N
6	05-430-750-3950-6020		161.00	Public Guardianship 08/01/2019 08/31/2019		Public Guardianship Dd	N
11072	Lutheran Social Service Of Mn-St Paul		350.75	2 Transactions			
7	89163 NEMOJT 05-430-720-3370-6038		14,375.00	MFIP Empl Service-Qtrly Paymen 07/01/2019 09/30/2019		Mfip-Employment Services	N
8	05-430-720-3370-6038		3,507.38	DWP Empl Service-Qtrly Pmt 07/01/2019 09/30/2019		Mfip-Employment Services	N
89163	NEMOJT		17,882.38	2 Transactions			
11	10977 Northern Psychiatric Associates 05-430-740-3050-6020		370.55	Child Outpatient Diagnostic As 09/20/2019 09/20/2019		Child Outpat Assess/Psyc. Testing	6
9	05-430-745-3085-6020		370.54	Adult Outpatient Diagnostic As		Adult Outpat Diagnostic Assess/Psyc	6

# Aitkin County



<u>Vendor No.</u>	<u>Name</u> <u>Account/Formula</u>	<u>Rpt</u> <u>Accr</u>	<u>Amount</u>	<u>Warrant Description</u> <u>Service Dates</u>	<u>Invoice #</u> <u>Paid On Bhf #</u>	<u>Account/Formula Descripti</u> <u>On Behalf of Name</u>	<u>1099</u>
10	05-430-745-3085-6020		370.54	09/20/2019 09/20/2019 Adult Outpatient Diagnostic As		Adult Outpat Diagnostic Assess/Psyc	6
10977	Northern Psychiatric Associates		1,111.63	09/20/2019 09/20/2019 3 Transactions			
12	15011 NORTHLAND COUNSELING CENTER 05-430-700-4800-6803		1,666.66	09/01/2019 09/30/2019 Club house - Community Support		Mh Int - Consumer Support	N
	15011 NORTHLAND COUNSELING CENTER		1,666.66	1 Transactions			
13	3639 Northland Counseling Ctr Inc 05-430-730-3710-6020		650.00	09/16/2019 09/17/2019 Detoxification (Category I)		Detoxification - Grand Rapids	6
	3639 Northland Counseling Ctr Inc		650.00	1 Transactions			
14	90748 Oakridge Homes Sils 05-430-750-3340-6073		126.15	09/11/2019 09/25/2019 Semi-Independent Living Servic		Semi-Independent Living Serv (Sils)	N
15	05-430-750-3340-6073		622.34	09/05/2019 09/26/2019 Semi-Independent Living Servic		Semi-Independent Living Serv (Sils)	N
16	05-430-750-3340-6073		370.04	09/03/2019 09/25/2019 Semi-Independent Living Servic		Semi-Independent Living Serv (Sils)	N
	90748 Oakridge Homes Sils		1,118.53	3 Transactions			
17	9489 Redwood Toxicology Laboratory, Inc 05-430-710-3180-6020		27.00	09/07/2019 09/07/2019 Acct # 022622 Drug Testing		Health-Related Services	6
18	05-430-710-3180-6020		7.00	09/07/2019 09/07/2019 Acct # 022622 Drug Testing		Health-Related Services	6
	9489 Redwood Toxicology Laboratory, Inc		34.00	2 Transactions			
19	4242 Ryan, Brucker & Kalis, Ltd 05-430-750-3950-6020		8.75	08/01/2019 08/31/2019 Public guardianship		Public Guardianship Dd	Y
	4242 Ryan, Brucker & Kalis, Ltd		8.75	1 Transactions			
20	88890 Scharrer/Shirley 05-430-750-3950-6020		70.00	Public guardianship		Public Guardianship Dd	Y

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<u>Vendor No.</u>	<u>Name Account/Formula</u>	<u>Rpt Accr</u>	<u>Amount</u>	<u>Warrant Description</u>	<u>Service Dates</u>	<u>Invoice #</u>	<u>Account/Formula Descripti</u>	<u>1099</u>
						<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>	
22	05-430-750-3950-6020		105.00	Guardianship/Conservatorship	08/01/2019 08/30/2019		Public Guardianship Dd	Y
50	05-430-750-3950-6020		70.00	Public guardianship	08/01/2019 08/31/2019		Public Guardianship Dd	Y
51	05-430-750-3950-6020		70.00	Public guardianship	08/01/2019 08/31/2019		Public Guardianship Dd	Y
52	05-430-750-3950-6020		70.00	Public guardianship	08/01/2019 08/31/2019		Public Guardianship Dd	Y
53	05-430-750-3950-6020		70.00	Public Guardianship	08/01/2019 08/31/2019		Public Guardianship Dd	Y
54	05-430-750-3950-6020		70.00	Guardianship/Conservatorship	08/01/2019 08/31/2019		Public Guardianship Dd	Y
55	05-430-750-3950-6020		35.00	Public Guardianship	08/01/2019 08/31/2019		Public Guardianship Dd	Y
58	05-430-750-3950-6020		70.00	Guardianship/Conservatorship	09/01/2019 09/30/2019		Public Guardianship Dd	Y
60	05-430-750-3950-6020		70.00	Public guardianship	09/01/2019 09/30/2019		Public Guardianship Dd	Y
61	05-430-750-3950-6020		70.00	Public guardianship	09/01/2019 09/30/2019		Public Guardianship Dd	Y
62	05-430-750-3950-6020		70.00	Public Guardianship	09/01/2019 09/30/2019		Public Guardianship Dd	Y
63	05-430-750-3950-6020		70.00	Public guardianship	09/01/2019 09/30/2019		Public Guardianship Dd	Y
64	05-430-750-3950-6020		70.00	Guardianship/Conservatorship	09/01/2019 09/30/2019		Public Guardianship Dd	Y
65	05-430-750-3950-6020		70.00	Public Guardianship	09/01/2019 09/30/2019		Public Guardianship Dd	Y
21	05-430-760-3950-6020		35.00	Guardianship/conservatorship	08/01/2019 08/31/2019		Guardianship/Conservatorship	Y
49	05-430-760-3950-6020		70.00	Guardianship/conservatorship	08/01/2019 08/31/2019		Guardianship/Conservatorship	Y
56	05-430-760-3950-6020		105.00	Guardianship/Conservator Activ	08/01/2019 08/31/2019		Guardianship/Conservatorship	Y
57	05-430-760-3950-6020		35.00	Guardianship/conservatorship	09/01/2019 09/30/2019		Guardianship/Conservatorship	Y
59	05-430-760-3950-6020		70.00	Guardianship/conservatorship	09/01/2019 09/30/2019		Guardianship/Conservatorship	Y

SLM1  
 10/18/19 2:56PM  
 Health & Human Services

# Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

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<u>Vendor</u>	<u>Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Descripti</u>	<u>1099</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>
66	05-430-760-3950-6020		105.00	Guardianship/Conservator Activ 09/01/2019 09/30/2019	Guardianship/Conservatorship	Y
88890	Scharrer/Shirley		1,470.00	21 Transactions		
67	14390 TANGE, MSW/PHILIP B 05-430-740-3900-6020		90.00	Clinical supervision-Child Rul 09/12/2019 09/12/2019	Child Rule 79 Case Mgmt	6
68	05-430-745-3910-6020		337.50	Clinical supervision-Adult Rul 09/12/2019 09/20/2019	Adult Rule 79 Case Mgmt	6
14390	TANGE, MSW/PHILIP B		427.50	2 Transactions		
Final Total .....			96,635.35	22 Vendors	68 Transactions	

# Aitkin County



Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>	
	5	96,635.35	Health & Human Services	
	All Funds	96,635.35	Total	Approved by, .....
				.....
				.....



# 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

PTACC Conference Opportunity Request

October 14, 2019

To The Aitkin County Board,

With the help of the Region V+ Adult Mental Health Initiative, the region's Comprehensive Reentry Social Workers have an opportunity to attend the second annual Police, Treatment, and Community Collaborative (PTACC) Conference. The conference focuses on the emerging idea of pre-arrest diversion and or deflection.

The conference takes place at the Sawgrass Marriot Resort in Ponte Vedra Beach, Florida, from November 10<sup>th</sup>, through November 13<sup>th</sup>, 2019. The cost of registration and travel will be entirely funded through the Sourcewell Innovation Grant that was awarded to the Region V+ Adult Mental Health Initiative for further advancement and innovation in the area of Comprehensive Reentry Programming.

Pre-arrest diversion refers to the idea of addressing those with mental health concerns, Substance Use Disorders, and those faced with poverty. The idea is that when individuals encounter law enforcement due to these challenges, there are often few resources made available to them, other than county jails or hospitals. It is my hope that I can attend this conference and broaden my knowledge on how to better bridge the gaps between Law Enforcement, Corrections, Social Services and Community Resources. I hope to return with knowledge on how to create solutions to these concerns that are unique to Region V+ and the Aitkin County Communities.

The conference consists of 4 days full of esteemed presenters, and experts in the fields of Human Services, Law Enforcement, Mental Health and Substance Use Disorder. The conference includes information on 5 different models of Prearrest Diversion, making it possible for attendees to explore a model that might best fit their unique community. The conference further consists of multiple tracks, which offer attendees the ability to choose the track that best suits their level of experience or readiness to implement a Prearrest Diversion Strategy. Below is an excerpt from the Collaborative. More information can also be found at <https://ptaccollaborative.org/>

“The PTAC Collaborative encourages individuals, organizations, and community leaders to come together through cross-sector collaboration to learn about, develop, and enhance pre-arrest diversion initiatives that best address the needs of their communities and citizens. Given the deadly nature of the opioid crisis, there has never been a more essential time for law enforcement, behavioral health, and the community to work together to ensure access to treatment for individuals affected by substance use disorders (SUD), and mental illness (MI). With approximately 850,000 police officers in 18,000 departments across the country, pre-arrest diversion (PAD) interventions may offer a potential referral source to mental health and substance use treatment unmatched by any other effort, justice related or otherwise. This initiative aims to divert people whose infractions are driven mainly by Substance Use Disorders, Mental Illness, and poverty, out of the justice system and toward social services where their needs can be addressed.”

Sincerely,

Nick Anderson



# 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

## *Contract*

Nystroms and Associates for Chemical Use Assessments.

## *Objective*

Nystroms and Associates will provide chemical use assessments for individuals incarcerated in the Aitkin County Jail that have insurance.

## *Opportunity*

This service provides supports to individuals requesting chemical use assessments, who are incarcerated and on insurance. This service is funded through the individual's medical insurance plan.

## *Existing or New Contract*

This is a new purchase of service agreement with Nystroms and Associates will provide more choice for inmates requesting this service.

## *Changes to Existing Contract*

This is a new purchase of service agreement which promotes choice of providers in our community.

## *Timeline for Execution*

10/22/19-12/31/20

## *Conclusion*

We are requesting the county board to support entering into this agreement with Nystroms and Associates to provide chemical use assessments for individuals on medical insurance incarcerated in the Aitkin County Jail.

## Memorandum of Understanding

Between

**Nystrom & Associates, Ltd. (NAL)**

And

**Aitkin County Health And Human Services (HHS)**

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### **I. Purpose**

NAL will provide on-site substance use disorder assessments for clients with insurance within the Aitkin County Jail. Assessments will be coordinated by Aitkin County Health and Human Services.

### **II. NAL Responsibilities**

NAL shall undertake the following in relation to this MOU:

1. NAL will provide onsite substance use disorders assessments:
  - a. To schedule an assessment, call or e-mail NAL's Special Projects Team at 651-379-1727 or e-mail [registration@nystromcounseling.com](mailto:registration@nystromcounseling.com) using the scheduling template provided with client's name, date of birth, date and time of assessment, insurance information and location.
  - b. NAL's assessor will arrive at the Aitkin County Jail by 8:00am, unless Aitkin County Health and Human Services provides notification beforehand that it is not necessary
  - c. NAL's assessor will utilize the client's Probation Officer for each assessment completed.
  - d. NAL will only conduct substance use disorder assessments for clients that have health insurance coverage and bill the client's insurance.
  - e. NAL's assessor will complete up to 3 assessments per day, when on site at the ACJ.
2. NAL will schedule Aitkin County Jail clients for services as indicated by Aitkin County Health and Human Services or client request.
  - a. To schedule an appointment at NAL, call NAL's Special Projects Team at 651-379-1727 or e-mail [registration@nystromcounseling.com](mailto:registration@nystromcounseling.com)
  - b. The Aitkin County Health and Human Services staff can call to schedule prior to the client's release from jail, or the client can call the NAL Special Projects Team after his or her release to schedule.
  - c. The NAL Special Projects Team can schedule outpatient appointments in addition to ARMHS appointments.
3. NAL will arrange to have a staff member(s) have monthly check-ins with the Aitkin County Comprehensive Re-Entry Social Worker.

4. NAL will coordinate care with Aitkin County Health and Human Services as indicated with a valid ROI.
5. Primary point of contact for Aitkin County Health and Human Services as it relates to this MOU will be:
  - a. Scheduling:
    - i. Special Projects Team
    - ii. 651-379-1727
    - iii. [registration@nystromcounseling.com](mailto:registration@nystromcounseling.com)
  - b. Administrative Concerns:
    - i. Kevin Evenson, SUD Program Director
    - ii. 651-628-9566 x 1132
    - iii. [Kevenson@nystromcounseling.com](mailto:Kevenson@nystromcounseling.com)
    - iv. Anita Boos, SUD Program Manager
    - v. 651-478-5455
    - vi. [Aboos@nystromcounseling.com](mailto:Aboos@nystromcounseling.com)

### **III. Aitkin County Health and Human Services Staff Responsibilities**

1. For the on-site substance use disorders assessments, Aitkin County Health and Human Services will provide NAL with the client's name, demographics, and insurance information prior to the assessment.
2. Aitkin County Health and Human Services will have one of the case workers arrange to have up to 3 clients that need to be assessed scheduled on the day that the NAL assessor completes the substance use disorder assessment.
3. Aitkin County Health and Human Services will contact NAL's Special Projects Team to schedule follow-up appointments.
4. Primary point of contact for NAL as it relates to this MOU will be:
  - a. Administration Concerns:
    - i. Kimberly Larson, Adult Services Supervisor
    - ii. 218-927-7308
    - iii. [kimberly.larson@co.aitkin.mn.us](mailto:kimberly.larson@co.aitkin.mn.us)
    - iv. Nicholas Anderson, Comprehensive Re-Entry Social Worker
    - v. 218-927-7260
    - vi. [nicholas.anderson@co.aitkin.mn.us](mailto:nicholas.anderson@co.aitkin.mn.us)

### **IV. Clinical Documentation**

All clinical documentation will be completed utilizing NAL systems. All Diagnostic Assessments, Progress Notes (Individual and Group), Treatment Plans, and other clinical documentation are the sole property of NAL. Release of documentation to Aitkin County Health and Human Services will be within the confines of this MOU or at the request of

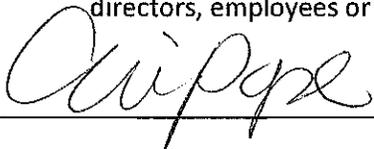
Aitkin County Health and Human Services with a valid Release of Information signed by client.

**V. Ongoing Collaboration and Communication**

Aitkin County Health and Human Services and NAL agree to meet at least monthly via phone conference to ensure the compliance of this agreement. Phone conference may be scheduled with the Aitkin County Health and Human Services Supervisor or the Comprehensive Re-Entry Social Worker.

**VI. Mutual Indemnification Agreement**

Each party ("Indemnifying Party") shall defend, indemnify and hold harmless the other party, and such other party's shareholders, members, officers, directors, employees or agents (collectively: the "Indemnified Party"), from and against any and all losses, claims, damages, liabilities, costs or expenses, including but not limited to reasonable attorneys' fees, and other costs and expenses reasonably incident to proceedings or investigations, or to the defense or settlement of any claim brought against the Indemnified Party, arising from the death of or physical injury to any person, or from the damage to any property, to the extent such death, injury or property damage is proximately caused by the negligence or willful misconduct of the Indemnifying Party or any of its shareholders, members, officers, directors, employees or agents. The foregoing notwithstanding, a party shall not be entitled to defense or indemnification hereunder against any losses, claims, damages, liabilities, costs or expenses resulting from such party's own negligence or willful misconduct or from the negligence or willful misconduct of such party's own shareholders, members, officers, directors, employees or agents



Authorization Signature NAL

Authorization Signature Aitkin County HHS



Print Name of NAL Signatory and Title

Print Name of Aitkin County HHS



Date

Date

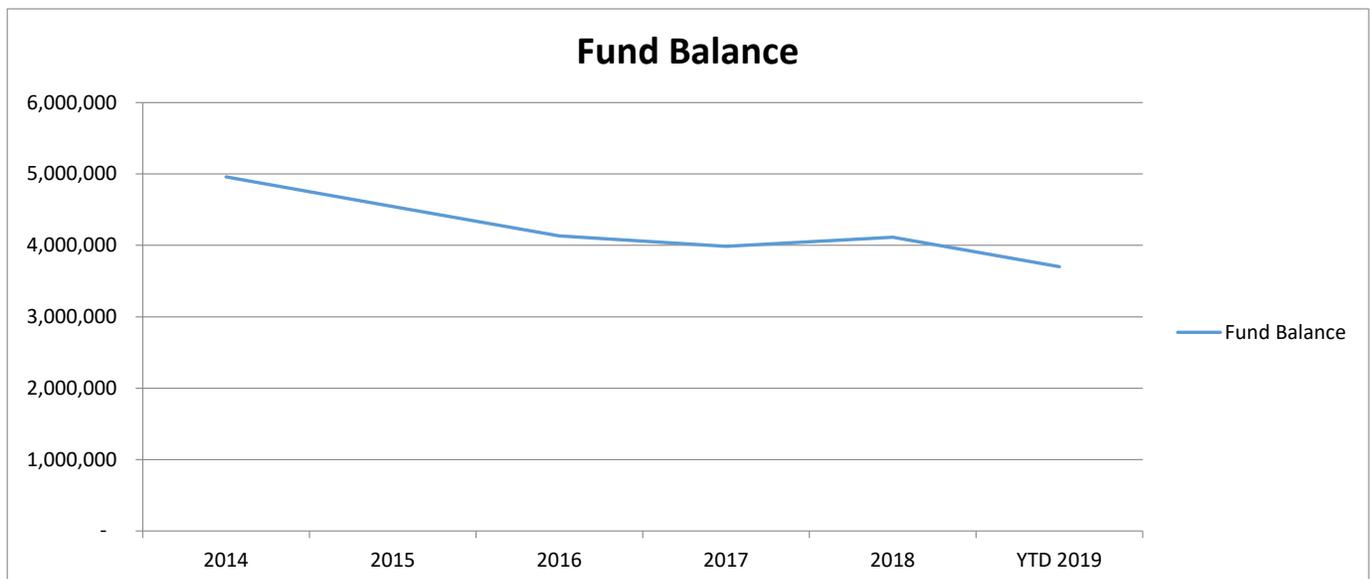
Item VII.A.

Aitkin County Health and Human Services

5-Year Trend

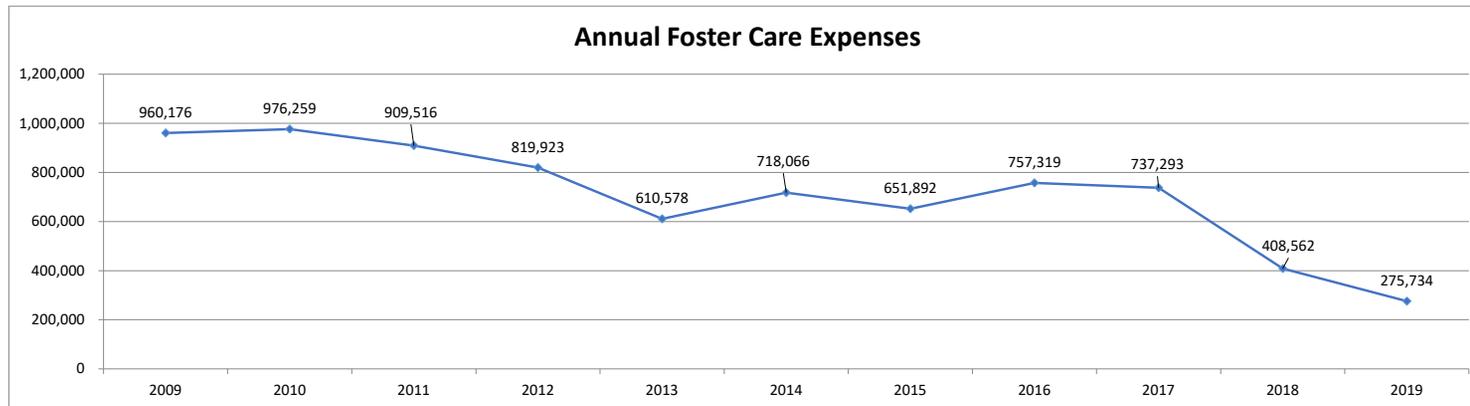
	2014	2015	2016	2017	2018	YTD 2019
<b>Fund Balance</b>	4,959,306	4,544,194	4,132,946	3,984,994	4,114,466	3,701,331

	2014	2015	2016	2017	2018	YTD 2019
<b>Revenue:</b>						
Tax Levy	(1,888,237)	(1,982,478)	(2,376,726)	(2,553,009)	(2,535,667)	(1,551,227)
Intergovernmental Revenue	(270,042)	(279,448)	(207,004)	(201,413)	(210,921)	(41,291)
State Revenue	(881,137)	(1,043,277)	(1,062,714)	(1,140,452)	(1,199,189)	(838,096)
Federal Revenue	(2,168,616)	(2,084,504)	(2,047,014)	(2,222,386)	(2,189,914)	(1,617,825)
Third Party Revenue	(207,346)	(258,635)	(341,275)	(355,350)	(356,678)	(245,302)
Misc. Revenue/Pass Thru	(315,012)	(388,502)	(311,493)	(197,534)	(300,925)	(337,710)
<b>Expenditure:</b>						
Payments for Recipients	1,635,621	1,719,526	1,881,399	1,793,401	1,511,569	1,175,514
Payroll	3,664,934	3,934,931	4,102,280	4,272,534	4,410,375	3,390,067
Services/Charges and Fees	336,723	343,675	347,003	370,495	358,719	198,700
Travel and Insurance	143,562	156,611	155,526	145,609	141,900	67,449
Supplies and Small Equipment	73,199	110,486	100,869	113,969	105,325	38,565
Capital Outlay	31,266	38,483	48,764	25,644	9,179	-
Misc. Expenditure/Pass Thru	180,414	150,934	120,507	96,846	127,130	81,596
<b>Net Change to Fund Balance:</b>	335,329	417,802	410,121	148,355	(129,096)	320,441



## Foster Care Report

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
<b># of Children</b>	64	57	56	49	50	53	65	62	71	42	39
<b>Child Shelter</b>	850	0	177	2,696	2,817	0	1,071	2,384	0	0	0
ICWA	709	0	0	0	0	0	0	0	0	0	0
<b>Treatment Foster Care</b>	0	33,227	101,130	96,216	79,138	35,418	18,948	0	0	0	0
ICWA	0	0	0	0	0	0	7,870	18,632	11,055	7,966	0
<b>Family Foster Care</b>	396,552	346,845	167,154	174,298	241,526	158,688	190,403	289,650	234,738	242,772	105,186
ICWA	99,413	111,278	138,816	92,451	11,382	24,570	52,441	72,284	63,041	19,072	2,801
<b>Rule 8 - Group Home</b>	19,938	14,710	45,321	7,062	0	100	35,955	0	25,692	0	7,899
ICWA	10,952	48,097	16,400	25,716	7,306	888	0	0	0	0	0
<b>Correction Facilities</b>	0	0	0	0	24,953	0	0	0	83,298	69,350	66,705
ICWA	68,751	103,404	107,921	56,691	21,011	68,770	27,341	47,201	890	28,018	0
<b>Rule 5 - Residential Treatment</b>	95,415	103,210	70,889	99,575	21,835	119,466	96,403	139,532	301,090	7,579	79,994
ICWA	42,836	36,960	0	0	36,571	0	48,012	27,891	0	0	0
<b>Northstar Kinship Assistance</b>	0	0	0	0	0	0	0	1,973	0	10,796	221
<b>Northstar Adoption Assistance</b>	0	0	0	0	0	0	0	0	0	18,107	256
<b>Extended Foster Care/SILS</b>	0	0	1,228	0	0	100	0	0	3,960	244	5,039
<b>Respite &amp; MH Respite</b>	7,862	34,851	8,645	9,183	2,358	919	5,765	1,276	2,356	271	4,519
<b>Child Care</b>	671	1,579	1,167	0	718	592	4,495	981	179	0	0
<b>Health Services</b>	455	82	194	382	111	2,607	3,108	195	132	0	0
<b>Transportation</b>	10,803	9,584	10,268	7,188	14,129	9,790	7,789	6,098	10,864	4,388	3,114
<b>Total Foster Care Expenses</b>	<b>960,176</b>	<b>976,259</b>	<b>909,516</b>	<b>819,923</b>	<b>610,578</b>	<b>718,066</b>	<b>651,892</b>	<b>757,319</b>	<b>737,293</b>	<b>408,562</b>	<b>275,734</b>



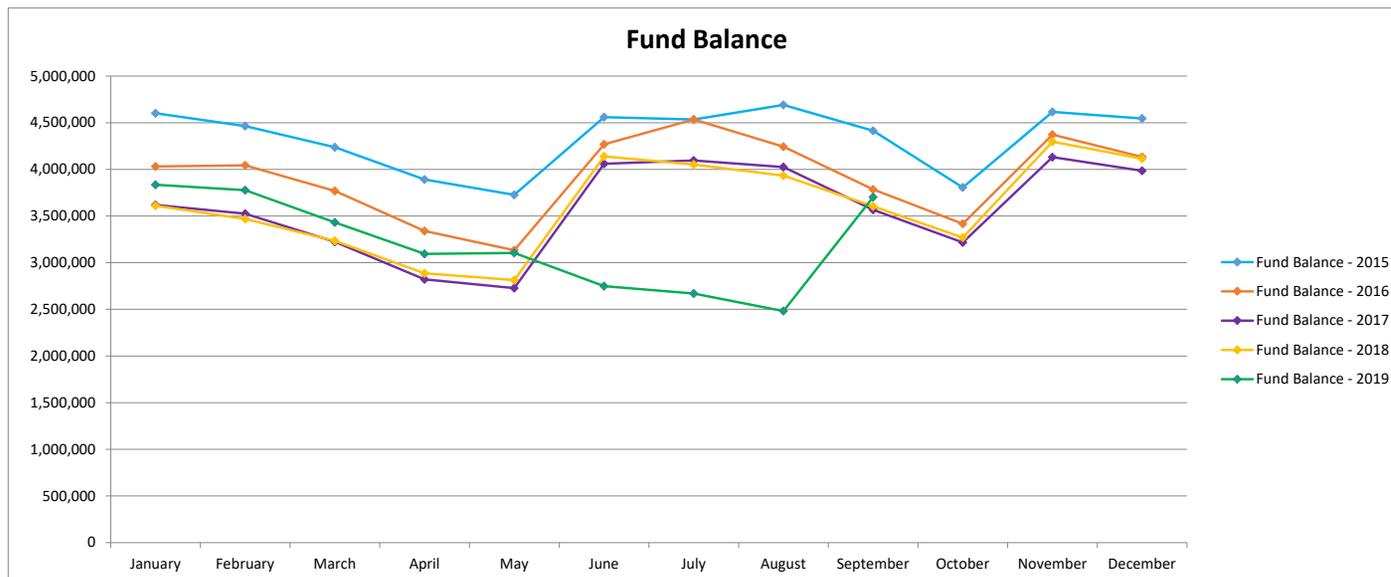
# Aitkin County Health and Human Services

## Financial Statement for Board

	January	February	March	April	May	June	July	August	September	October	November	December
<b>Fund Balance - 2015</b>	4,600,651	4,463,903	4,236,061	3,892,021	3,727,220	4,560,231	4,534,967	4,690,698	4,413,847	3,806,907	4,615,850	4,544,194
<b>Fund Balance - 2016</b>	4,031,619	4,044,030	3,768,001	3,340,621	3,133,611	4,268,703	4,534,967	4,244,044	3,785,410	3,417,297	4,372,735	4,132,946
<b>Fund Balance - 2017</b>	3,619,229	3,524,864	3,223,404	2,822,304	2,727,519	4,060,299	4,095,282	4,024,250	3,565,913	3,217,691	4,131,280	3,984,994
<b>Fund Balance - 2018</b>	3,611,051	3,469,435	3,233,426	2,886,928	2,813,898	4,140,160	4,052,414	3,933,909	3,604,831	3,269,988	4,296,888	4,114,466
<b>Fund Balance - 2019</b>	3,835,322	3,777,110	3,431,033	3,095,033	3,104,212	2,749,623	2,670,351	2,481,450	3,701,331			

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	YTD 2019
<b>Revenue:</b>													
Tax Levy	0	0	0	0	0	0	0	0	(1,551,227)				(1,551,227)
Intergovernmental Revenue	0	0	0	0	0	0	(18,488)	0	(22,803)				(41,291)
State Revenue	(11,059)	(76,809)	(70,235)	(58,039)	(105,230)	(47,682)	(326,424)	(116,025)	(26,593)				(838,096)
Federal Revenue	(55,142)	(309,216)	(198,817)	(96,899)	(391,354)	(92,988)	(39,241)	(295,111)	(139,055)				(1,617,825)
Third Party Revenue	(46,351)	(18,493)	(4,295)	(18,274)	(19,245)	(24,147)	(49,842)	(25,501)	(39,154)				(245,302)
Misc. Revenue/Pass Thru	(87,949)	(15,141)	(31,219)	(42,168)	(20,347)	(17,381)	(47,263)	(59,784)	(16,457)				(337,710)

<b>Expenditure:</b>													
Payments for Recipients	77,686	100,474	125,970	158,715	125,602	157,260	183,582	148,547	97,680				1,175,514
Payroll	339,102	337,219	496,824	346,212	346,469	344,074	354,141	483,775	342,252				3,390,067
Services/Charges and Fees	29,146	24,976	11,688	23,810	24,978	13,173	12,083	33,705	25,142				198,700
Travel and Insurance	31,115	3,057	3,977	6,832	7,587	4,146	2,316	5,112	3,306				67,449
Supplies and Small Equipment	2,347	2,865	3,129	3,737	11,802	4,158	(1,444)	2,122	9,849				38,565
Capital Outlay	0	0	0	0	0	0	0	0	0				0
Misc. Expenditure/Pass Thru	1,751	6,357	10,655	11,161	9,369	13,592	11,038	11,510	6,163				81,596
<b>Net:</b>	<b>280,646</b>	<b>55,289</b>	<b>347,676</b>	<b>335,085</b>	<b>(10,370)</b>	<b>354,205</b>	<b>80,458</b>	<b>188,350</b>	<b>(1,310,897)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>320,441</b>





# 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 WORKGROUP

### Meeting Minutes

October 2, 2019

**Committee Members Present:** Carole Holten  
Cindy Chuhanic  
Joel Hoppe  
Joell Miranda  
Kari Paulsen  
Kevin Insley  
Lori Chenevert  
Penny Olson  
Steve Teff  
Terri Mathis

**Commissioner Mark Wedel**

**Guests:** Shawn Speed, Scribe  
Brea Hamdorf, Public Health Nurse  
Robert Marcum

**Absent:** Commissioner Laurie Westerlund  
Joy Janzen  
Kristine Layne

### **I. Call to Order**

- A. Carole called to order the regular meeting of the Aitkin County Health & Human Services Advisory Committee at 3:02 pm on October 2, 2019 at Aitkin County Health & Human Services in the large conference room.

### **II. Approval of October 2, 2019 Agenda**

- A. Kari moved to approve the agenda, Steve seconded, all members voting yes to approve the agenda.

### **III. Approval of minutes from June 5, 2019 meeting**

- A. Joel moved to approve the minutes as written, Cindy seconded, all members voting yes to approve the June 5, 2019 minutes.

#### **IV. Committee Member Input/Updates**

- A. Carole asked if we had volunteers for the next HHS County Board meeting on October 22, 2019.
  - 1. Carole and Cindy volunteered to attend and Carole said if anyone is interested to let Shawn know if they would be able to attend the November 26<sup>th</sup> meeting.

#### **V. Elevator Speeches – Brea Hamdorf, Public Health Nurse**

- A. Brea started by talking about how everyone will be going through their elevator speeches and be getting feedback from the group on them.
- B. Brea gave her speech and there was feedback from the group on possibly not saying mental health, as some convey that as you are calling them “crazy”.
- C. Steve gave an example of his talk and how his recent talk at his local church turned into being invited to a couple of homes to talk more about it.
- D. Carole mentioned that she has been concerned with someone she knows who has previously tried to commit suicide and that she is concerned with them attempting it again as she has had a lot of stressful changes in her life but her parents have said they would like that she not talk to her about it and what she should do.
  - 1. The consensus was to talk to her anyways.
- E. Kari said that she has talked to people every week at her office.
- F. Joell mentioned that this is going to be the focus at Hill City Schools this next year.
- G. Cindy talked about a person she knows who she talked to and gave information to and that she is doing better now.
- H. Along with that Cindy is putting copies of the flyers and emergency numbers on the bulletin board at her business and has had to reprint them twice now, so they are getting taken and seen.
- I. She also is putting the emergency help numbers in her local lake association newsletter.
- J. Joel has not had any opportunities to have a talk with anyone.
- K. Penny has had a few talks about it with her other EMT’s and is looking into doing more so that all of them are on the same page on the subject.
- L. Lori talked that she, like Kari, talks to clients and refers them to help. She likes to talk about how if you have a problem with your body you go to the doctor, why shouldn’t you have the same opportunity if you have an emotional issue.
- M. Terri talked about how she had an experience with a veteran who was having sever flashbacks and PTSD from his time in Vietnam and had to get on the ground with him to get him to listen to her and to get him the help he needed.
- N. Kevin talked about how he would just sit and talk with them person to person to find out what is going on with them.
- O. Commissioner Wedel talked about his experience on the other side of suicide, after the fact, and has seen how it affects the friends and families of those who have chosen to commit suicide.
- P. Brea handed out more handouts to help everyone get talks going on the subject. Those documents are included.

- Q. Kari called the national hotline number to see if you got real person or if it was recording and it was a recording at first, which was disheartening to us all as it is so important to get to a real person as soon as possible.
- R. Brea mentioned that through Aitkin Community Education they have had a class called Family Matters and the first class was about mental health and suicide awareness that was attended by about 16 adults and 16 teens.
- S. Schools have also received the Minnesota Student Survey results which will tell them how many suicidal thoughts and attempts have been in their schools and let them know how much emphasis is needed from them on the subject.
- T. Joell mentioned that the Hill City Community Health Fair will be next March and is hoping Brea can help put something together for that dealing with Suicide Awareness. And Brea was more than happy to help out.

## **VI. Adjournment**

A. The meeting was adjourned at 4:03pm.

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Carole Holton, Chairperson

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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 October 2, 2019 meeting.
- Copy of the minutes from the June 5, 2019 meeting.

# I PLEDGE to make it **OK**

NAME \_\_\_\_\_

## Three steps to Make It OK

- 1 LEARN MORE.** The more we learn about mental illnesses, the more common we realize they are.
- 2 START TALKING.** The more we talk about mental illnesses, the closer we come to stopping the stigma.
- 3 PASS IT ON.** Encourage others to join by taking the pledge online.

Start the conversation and get tips at [MakeItOK.org](http://MakeItOK.org)

# 5

## Action Steps for Helping Someone in Emotional Pain



In 2016, suicide claimed the lives of nearly **45,000 people** in the United States, according to the Centers for Disease Control and Prevention (CDC). Suicide affects people of all ages, genders, races, and ethnicities.

Suicide is complicated and tragic, but it can be preventable. **Knowing the warning signs for suicide and how to get help can help save lives.**

Here are 5 steps you can take to #BeThe1To help someone in emotional pain:



### 1. ASK:

"Are you thinking about killing yourself?" It's not an easy question but studies show that asking at-risk individuals if they are suicidal does not increase suicides or suicidal thoughts.



### 2. KEEP THEM SAFE:

Reducing a suicidal person's access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, asking if the at-risk person has a plan and removing or disabling the lethal means can make a difference.



### 3. BE THERE:

Listen carefully and learn what the individual is thinking and feeling. Research suggests acknowledging and talking about suicide may in fact reduce rather than increase suicidal thoughts.



### 4. HELP THEM CONNECT:

Save the National Suicide Prevention Lifeline's number in your phone so it's there when you need it: **1-800-273-TALK (8255)**. You can also help make a connection with a trusted individual like a family member, friend, spiritual advisor, or mental health professional.



### 5. STAY CONNECTED:

Staying in touch after a crisis or after being discharged from care can make a difference. Studies have shown the number of suicide deaths goes down when someone follows up with the at-risk person.

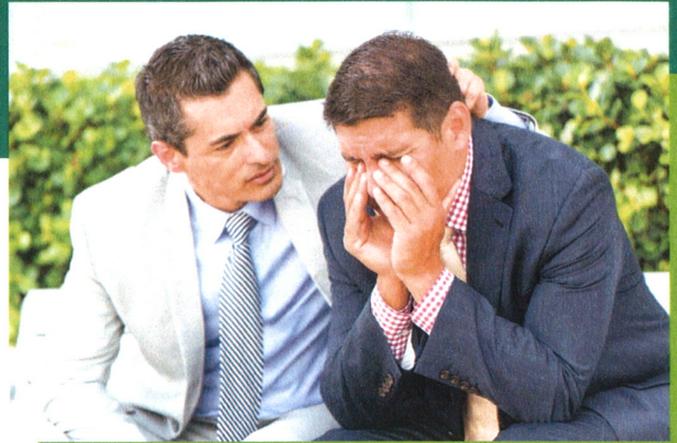
For more information on suicide prevention:  
[www.nimh.nih.gov/health/topics/suicide-prevention](http://www.nimh.nih.gov/health/topics/suicide-prevention)  
[www.bethe1to.com](http://www.bethe1to.com)



U.S. Publication No. 04-11-075

# Depression Checklist

This checklist is provided only as a tool to help you talk with your doctor or treatment provider about your concerns and develop an action plan for successful recovery. **If you check ten or more of these, it is recommended that you seek professional help from your doctor or therapist.**



**Over the last two weeks, have you been bothered by several or more of the following?**

- I feel sad.
- I feel like crying a lot.
- I feel alone.
- I feel sad and "empty" inside.
- I don't have confidence in myself.
- I don't like myself anymore.
- I feel mad, like I could just explode!
- I feel guilty.
- I can't concentrate.
- I have a hard time remembering things.
- I don't want to make decisions - it's too much work.
- I feel like I'm in a fog or dazed
- I'm so tired, no matter how much I sleep.
- I'm frustrated with everything and everybody.
- I don't have fun anymore.
- I feel helpless.
- I'm always getting into trouble.
- I'm restless and jittery. I can't sit still.
- I feel nervous.
- I feel disorganized, like my head is spinning.
- I can't think straight. My brain doesn't seem to work.
- I feel ugly.
- I feel my life has no direction.
- I have lost all my dreams and ambitions
- Little interest or pleasure in doing activities
- I don't feel like talking anymore - I just don't have anything to say.
- I feel life isn't worth living.
- I consume alcohol/take drugs regularly.
- My whole body feels slowed down - my speech, my walk, and my movements.
- I don't want to go out with friends anymore.
- I don't feel like taking care of my appearance.
- Occasionally, my heart pounds, I can't catch my breath, and I feel tingly.
- Sometimes I feel like I'm losing it.
- I feel "different" from everyone else.
- I smile, but inside I'm miserable.
- I have difficulty falling asleep or I awaken between 1 A.M. and 5 A.M. and then I can't get back to sleep.
- My appetite has diminished - food tastes so bland.
- My appetite has increased - I feel I could eat all the time.
- My weight has increased/decreased.
- I have headaches.
- I have stomachaches.

# Stop the Silence - Make It OK



Mental illness is a touchy subject, creating voids in conversation. Here are some tips to help you:

## **STOP THE SILENCE**

If someone shares with you that they are experiencing a mental illness, they are opening up to you in a big way. Ask questions, show concern and avoid awkward silences.

## **BE NICE**

It sounds simple enough, but try to say the right things with openness, warmth and caring.

## **LISTEN**

In your conversation, try to do more of listening and less searching for a solution.

## **KEEP IN CONTACT**

Offer to be available by phone, text, email, or meet up in person. Just be there.

## **DON'T IGNORE IT**

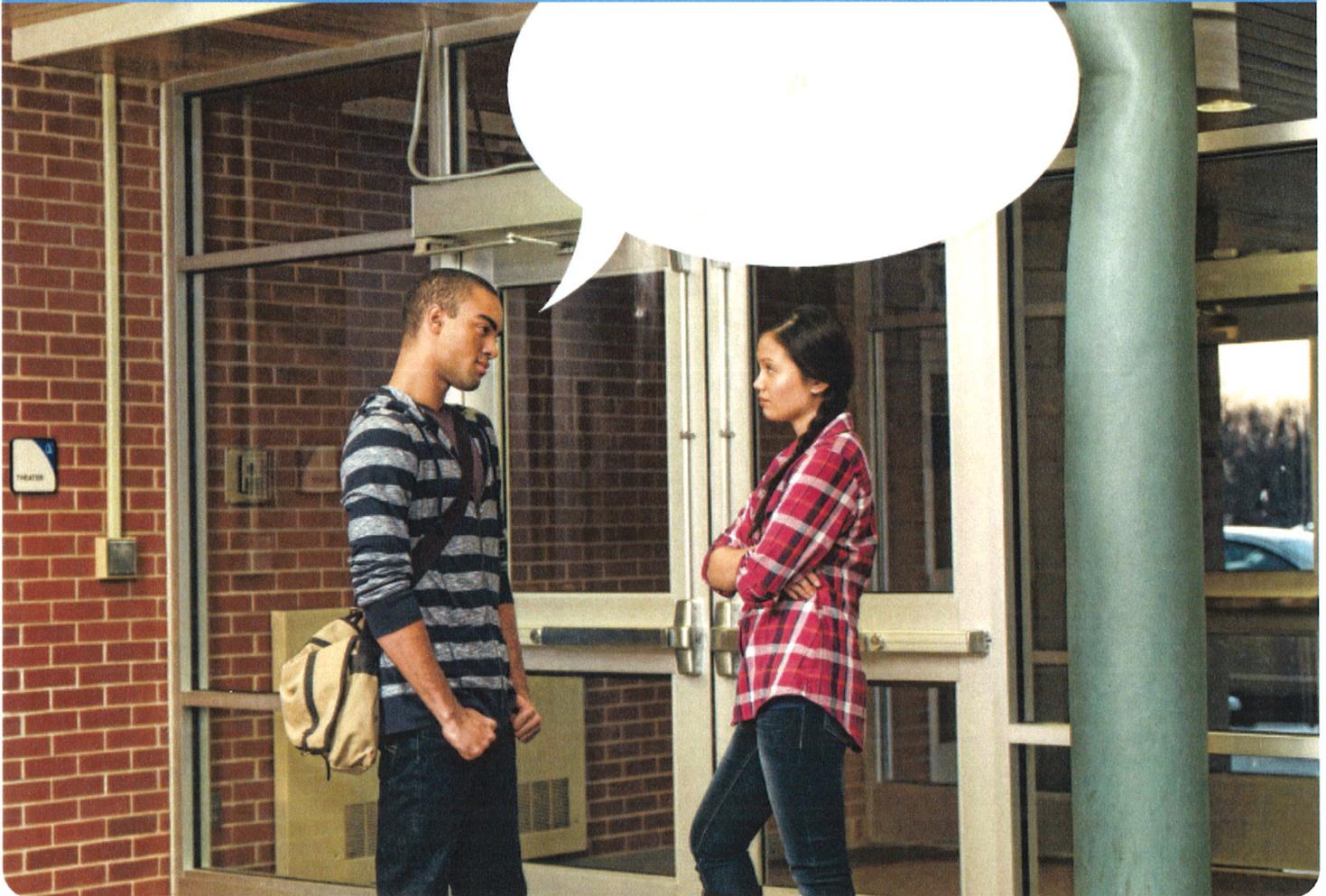
Don't be afraid to ask about someone's well-being if you think they might be hurting. Trust your judgement.

## **OFFER HELP**

Everyone is different, and may want very specific help or no help at all. Either way, ask and be open to the answer.

Learn more at [Make It \*\*OK\*\*.org](https://www.makeitok.org)

# Learn what to say to Make It OK



Talking about mental illnesses can be difficult. Here are some tips:



"Thanks for opening up to me."  
"How can I help?"  
"Thanks for sharing."  
"I'm sorry to hear that. It must be tough."  
"I'm here for you when you need me."  
"I can't imagine what you're going through."  
"People do get better."  
"Can I drive you to an appointment?"  
"How are you feeling today?"  
"I love you."



"It could be worse.."  
"Just deal with it."  
"Snap out of it."  
"Everyone feels that way sometimes."  
"You may have brought this on yourself."  
"We've all been there."  
"You've got to pull yourself together."  
"Maybe try thinking happier thoughts."  
"Oh man, that sucks."

Learn more at Make It .org

# Mental Illnesses Are OK



## **It's OK to have a mental illness - many of us do.**

One in four Americans experience a mental illness each year. Most people live with the symptoms of a mental illness for 10 years before seeking treatment, largely due to the stigma. The sooner people get treatment, the greater their chances of recovery.

## **It's OK because it is a physical ailment - not a character flaw.**

Mental illnesses are biological conditions that can be treated, just like cancer and diabetes. They cannot be overcome through "will power" and are not related to a person's character or intelligence.

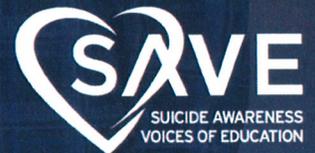
## **It's OK because it's treatable - life can get better.**

The best treatments for serious mental illnesses today are highly effective. In fact, more than 70 percent of symptoms are reduced and people feel better when following their treatment plans.

Learn more at [Make It !\[\]\(2c23357b2ce30e79d586a996e0cfa785\_img.jpg\).org](http://MakeItOK.org)



# Is someone you know thinking about Suicide?



**The road, which ends in suicide, is usually a very long one.** The process doesn't happen over night. People who become suicidal have usually suffered from a brain illness such as clinical depression, anxiety disorder, bipolar (manic depression) or schizophrenia for many years. Some have sought professional treatment; others have not. Some have felt suicidal in the past, for others, the suicidal thoughts are new. Regardless of the story, it is important to know that the majority of suicides are preventable.

The illnesses that cause suicide can distort thinking, so people can't think clearly or rationally. They may not know they have a treatable illness, or they may think that they can't be helped. Their illness can cause thoughts of hopelessness and helplessness, which may then lead to suicidal thoughts.

**If depression is recognized and treated, suicidal thoughts can be eliminated. Many suicides can be prevented.**

## Symptoms of Depression:

- Persistent sad or empty mood.
- Feelings of hopelessness, helplessness, guilt, pessimism, or worthlessness.
- Chronic fatigue or loss of interest in ordinary activities, including sex.
- Disturbances in eating or sleeping patterns.
- Irritability, increased crying; generalized anxiety (may include chronic fear of dying/convinced dying of incurable disease), panic attacks.
- Difficulty concentrating, remembering, or making decisions.
- Thoughts of suicide; suicide plans or attempts.
- Persistent physical symptoms or pains that do not respond to treatment - headaches, stomach problems, neck/back pain, joint pain, mouth pain
- Isolating oneself from friends and family.
- If you are concerned about any of these symptoms, ask the person how he or she is feeling.

## Warning Signs of Suicide:

- Talking about wanting to die or to kill oneself.
- Looking for a way to kill oneself.
- Talking about feeling hopeless or having no purpose.
- Talking about feeling trapped or being in unbearable pain.
- Talking about being a burden to others.
- Increasing the use of alcohol or drugs.
- Acting anxious, agitated, or reckless.
- Sleeping too little or too much.
- Withdrawing or feeling isolated.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.

**If you are concerned about any of these symptoms, ask the person how he or she is feeling. Getting help is key to suicide prevention... the earlier, the better.**

(over)

## If you see possible warning signs of suicide:

- **It's okay to ask the person, "Do you ever feel so bad that you think of suicide?"** Don't worry about planting the idea in someone's head. Suicidal thoughts are common with depressive illnesses, although not all people have them. If a person has been thinking of suicide, he will be relieved and grateful that you were willing to be so open and nonjudgmental. It shows a person you truly care and take him seriously.
- **If you get a yes to your question, question the individual further.** Ask, "Do you have a plan?" If yes, ask, "Do you know how you would do it?" "Do you know when?" (today, next week?) "Do you have access to what you would use?" Asking these questions will give you an idea if the person is in immediate danger. If you feel she is, do not leave her alone! A suicidal person must see a doctor or psychiatrist immediately. You may have to take her to the nearest hospital emergency room or call 911. Always take thoughts of or plans for suicide seriously.
- **Never keep a plan for suicide a secret.** Don't worry about breaking a bond of friendship at this point. Friendships can be fixed. **And never call a person's bluff, or try to minimize his problems by telling him he has everything to live for or how hurt his family would be.** This will only increase his guilt and feelings of hopelessness. He needs to be reassured that there is help, that what he is feeling is treatable and that his suicidal feelings are temporary.
- **If you feel the person isn't in immediate danger, you can say things like, "I can tell you're really hurting", and "I care about you and will do my best to help you."** Then follow through - help her find a doctor or a mental health professional. Be by her side when she makes that first phone call, or go along with her to her first appointment. It's not a good idea to leave it up to a person to get help on her own. A supportive person can mean so much to someone who's in pain.

In order to save lives, it's critical that we recognize the symptoms of these biological diseases that cause suicide. There is still stigma associated with these illnesses, which can prevent people from getting help. Your willingness to talk about depression and suicide with a friend, family member, or co-worker can go a long way in reducing stigma. Education is the key to understanding the tragedy of suicide that, in many cases, can be prevented. Oftentimes, it is helpful asking the questions more than once and in different ways. This will allow you to get a better description on how he is feeling and will ultimately help with offering them the necessary help they need.



Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).



SAVE (Suicide Awareness Voices of Education)  
[www.save.org](http://www.save.org)



Crisis Text Line  
Text "Hello" to 741-741  
to start a conversation.

# Suicide:

## Common Misconceptions



“People who talk about suicide won’t really do it, they just want attention.”

**Fact:** According to research, roughly 80% of people who died of suicide do or say something as an indicator or warning sign of what his or her intentions are. Never ignore suicide threats. Statements like “you’ll be sorry when I’m dead,” “I can’t see any way out,” – no matter how casually or jokingly said may indicate serious suicidal feelings.

“Anyone who tried to kill him/herself must be crazy.”

**Fact:** People are not “crazy.” They might have a psychiatric disorder, but they are real medical diseases that require assessment, treatment and monitoring to prevent a tragedy.

“If a person is determined to kill him/herself, nothing is going to stop him/her.”

**Fact:** Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between wanting to live and wanting to die. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.

“People who have died by suicide are people who were unwilling to seek help.”

**Fact:** Studies of suicide victims have shown that more than half had sought medical help within six months before their deaths. Many try to get the help they need, but sometimes it isn’t enough, the right help and other times their illness makes them fail to follow-through with their treatment plans.

“Talking about suicide may encourage the idea.”

**Fact:** You do not give a suicidal person morbid ideas by talking about suicide. The opposite is true. By bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do and has been proven to be a protective factor for preventing suicide.

“If a person is suicidal, his situation was probably so bad that death was the only option.”

**Fact:** The perceptions of depressed individuals are often more severe than the actual event; many individuals who do not carry on with the act manage through similar events. Death is never the only option.



# Mental Health By The Numbers

Millions of people in the U.S. are affected by mental illness each year. It's important to measure how common mental illness is, so we can understand its physical, social and financial impact — and so we can show that no one is alone. These numbers are also powerful tools for raising public awareness, stigma-busting and advocating for better health care.

The information on this page comes from studies conducted by organizations like Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Disease Control and Prevention (CDC) and the U.S. Department of Justice. The terminology used on this page reflects what is used in original studies. Terms like “serious mental illness,” “mental illness” or “mental health disorders” may all seem like they’re referring to the same thing, but in fact refer to specific diagnostic groups for that particular study.

If you have questions about a statistic or term that’s being used, please visit the original study by clicking the link provided.

**1 in 5 (<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>)**

U.S. adults experience mental illness each year

**1 in 25 (<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>)**

U.S. adults experience serious mental illness each year

**1 in 6 (<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2724377?guestAccessKey=f689aa19-31f1-481d-878a-6bf83844536a>)** U.S. youth aged 6-17

experience a mental health disorder each year

Suicide is the **2<sup>nd</sup> leading** (<https://www.nimh.nih.gov/health/statistics/suicide.shtml>)

cause of death among people aged 10-34

# You Are Not Alone

- **19.1%** (<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>) of U.S. adults experienced mental illness in 2018 (47.6 million people). This represents 1 in 5 adults.
- **4.6%** (<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>) of U.S. adults experienced serious mental illness in 2018 (11.4 million people). This represents 1 in 25 adults.
- **16.5%** (<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2724377?guestAccessKey=f689aa19-31f1-481d-878a-6bf83844536a>) of U.S. youth aged 6-17 experienced a mental health disorder in 2016 (7.7 million people)
- **3.7%** (<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>) of U.S. adults experienced a co-occurring substance use disorder and mental illness in 2018 (9.2 million people)
- Annual prevalence of mental illness among U.S. adults, by demographic group:
  - Non-Hispanic Asian: **14.7%** (<https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables>)
  - Non-Hispanic white: **20.4%** (<https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables>)
  - Non-Hispanic black or African-American: **16.2%** (<https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables>)
  - Non-Hispanic mixed/multiracial: **26.8%** (<https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables>)
  - Hispanic or Latino: **16.9%** (<https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables>)
  - Lesbian, Gay or Bisexual: **37.4%** (<https://www.samhsa.gov/data/sites/default/files/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015.htm>)
- Annual prevalence among U.S. adults, by condition:
  - Major Depressive Episode: **7.2%** (<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>)

## reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport20

(17.7 million people)

- Schizophrenia: **<1%**  
(<https://www.nimh.nih.gov/health/statistics/schizophrenia.shtml>) (estimated 1.5 million people)
- Bipolar Disorder: **2.8%** (<https://www.nimh.nih.gov/health/statistics/bipolar-disorder.shtml>) (estimated 7 million people)
- Anxiety Disorders: **19.1%** (<https://www.nimh.nih.gov/health/statistics/any-anxiety-disorder.shtml>) (estimated 48 million people)
- Posttraumatic Stress Disorder: **3.6%**  
(<https://www.nimh.nih.gov/health/statistics/post-traumatic-stress-disorder-ptsd.shtml>) (estimated 9 million people)
- Obsessive Compulsive Disorder: **1.2%**  
(<https://www.nimh.nih.gov/health/statistics/obsessive-compulsive-disorder-ocd.shtml>) (estimated 3 million people)
- Borderline Personality Disorder: **1.4%**  
(<https://www.nimh.nih.gov/health/statistics/personality-disorders.shtml>) (estimated 3.5 million people)

## Mental Health Care Matters

- **43.3%** (<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>) of U.S. adults with mental illness received treatment in 2018
- **64.1%** (<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>) of U.S. adults with serious mental illness received treatment in 2018
- **50.6%** (<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2724377?guestAccessKey=f689aa19-31f1-481d-878a-6bf83844536a>) of U.S. youth aged 6-17 with a mental health disorder received treatment in 2016
- The average delay between onset of mental illness symptoms and treatment is **11 years** (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1361014/>)
- Annual treatment rates among U.S. adults with any mental illness, by demographic group:
  - Male: **34.9%** (<https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables>)

- Female: **48.6%** (<https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables>)
- Lesbian, Gay or Bisexual: **48.5%**  
(<https://www.samhsa.gov/data/sites/default/files/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015.htm>)
- Non-Hispanic Asian: **24.9%** (<https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables>)
- Non-Hispanic white: **49.1%** (<https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables>)
- Non-Hispanic black or African-American: **30.6%**  
(<https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables>)
- Non-Hispanic mixed/multiracial: **31.8%**  
(<https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables>)
- Hispanic or Latino: **32.9%** (<https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables>)
- **11.3%** (<https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables>) of U.S. adults with mental illness had no insurance coverage in 2018
- **13.4%** (<https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables>) of U.S. adults with serious mental illness had no insurance coverage in 2018
- **60%** ([http://www.newamericaneconomy.org/wp-content/uploads/2017/10/NAE\\_PsychiatristShortage\\_V6-1.pdf](http://www.newamericaneconomy.org/wp-content/uploads/2017/10/NAE_PsychiatristShortage_V6-1.pdf)) of U.S. counties do not have a single practicing psychiatrist

## The Ripple Effect Of Mental Illness

### PERSON

- People with depression have a **40%** (<https://www.thelancet.com/commissions/physical-health-in-mental-illness>) higher risk of developing cardiovascular and metabolic diseases than the general population. People with serious mental illness are nearly twice as likely to develop these conditions.
- **19.3%** (<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>) of U.S. adults with mental illness also experienced a substance use disorder in 2018 (9.2 million individuals)

- The rate of unemployment is higher among U.S. adults who have mental illness (**5.8%** (<https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables>)) compared to those who do not (3.6%)
- High school students with significant symptoms of depression are more than **twice as likely** (<https://www.ncbi.nlm.nih.gov/pubmed/29195763>) to drop out compared to their peers

## FAMILY

- At least **8.4 million** ([https://www.caregiving.org/wp-content/uploads/2016/02/NAC\\_Mental\\_Illness\\_Study\\_2016\\_FINAL\\_WEB.pdf](https://www.caregiving.org/wp-content/uploads/2016/02/NAC_Mental_Illness_Study_2016_FINAL_WEB.pdf)) people in the U.S. provide care to an adult with a mental or emotional health issue
- Caregivers of adults with mental or emotional health issues spend an average of **32 hours** ([https://www.caregiving.org/wp-content/uploads/2016/02/NAC\\_Mental\\_Illness\\_Study\\_2016\\_FINAL\\_WEB.pdf](https://www.caregiving.org/wp-content/uploads/2016/02/NAC_Mental_Illness_Study_2016_FINAL_WEB.pdf)) per week providing unpaid care

## COMMUNITY

- Mental illness and substance use disorders are involved in **1 out of every 8** (<https://www.hcup-us.ahrq.gov/reports/statbriefs/sb92.pdf>) emergency department visits by a U.S. adult (estimated 12 million visits)
- **20.1%** ([https://files.hudexchange.info/reports/published/CoC\\_PopSub\\_NatITerrDC\\_2018.pdf](https://files.hudexchange.info/reports/published/CoC_PopSub_NatITerrDC_2018.pdf)) of people experiencing homelessness in the U.S. have a serious mental health condition
- **37%** (<https://www.bjs.gov/content/pub/pdf/imhprpji1112.pdf>) of adults incarcerated in the state and federal prison system have a diagnosed mental illness
- **70.4%** ([https://www.ncmhjj.com/wp-content/uploads/2013/07/2007\\_Blueprint-for-Change-Full-Report.pdf](https://www.ncmhjj.com/wp-content/uploads/2013/07/2007_Blueprint-for-Change-Full-Report.pdf)) of youth in the juvenile justice system have a diagnosed mental illness
- Mood disorders are the **most common** (<https://www.hcup-us.ahrq.gov/faststats/NationalDiagnosesServlet?year1=2015&characteristic1=21&included1=0&year2=&characteristic2=0&included2=1>) cause of hospitalization for all people in the U.S. under age 45 (after excluding hospitalization relating to pregnancy and birth)
- **41%** (<https://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf>) of Veteran's Health Administration patients have a diagnosed mental illness or substance use disorder

## WORLD

- Across the U.S. economy, serious mental illness causes **\$193.2 billion** (<https://www.ncbi.nlm.nih.gov/pubmed/18463104>) in lost earnings each year
- Depression is the **leading cause** (<https://www.who.int/en/news-room/factsheets/detail/depression>) of disability worldwide

## It's Okay To Talk About Suicide

- Suicide is the **2<sup>nd</sup>** (<https://www.nimh.nih.gov/health/statistics/suicide.shtml>) leading cause of death among people aged 10-34 in the U.S.
- Suicide is the **10<sup>th</sup>** (<https://www.nimh.nih.gov/health/statistics/suicide.shtml>) leading cause of death in the U.S.
- The overall suicide rate in the U.S. has increased by **31%** (<https://www.nimh.nih.gov/health/statistics/suicide.shtml>) since 2001
- **46%** (<https://www.cdc.gov/vitalsigns/suicide/>) of people who die by suicide had a diagnosed mental health condition
- **90%** (<https://www.ncbi.nlm.nih.gov/pubmed/11728849>) of people who die by suicide had shown symptoms of a mental health condition, according to interviews with family, friends and medical professionals (also known as psychological autopsy)
- Lesbian, gay and bisexual youth are **4x** (<https://www.cdc.gov/healthyyouth/data/yrbs/pdf/trendsreport.pdf>) more likely to attempt suicide than straight youth
- **75%** ([https://www.cdc.gov/mmwr/volumes/67/wr/mm6722a1.htm?s\\_cid=mm6722a1\\_w](https://www.cdc.gov/mmwr/volumes/67/wr/mm6722a1.htm?s_cid=mm6722a1_w)) of people who die by suicide are male
- Transgender adults are **nearly 12x** (<https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>) more likely to attempt suicide than the general population
- Annual prevalence of serious thoughts of suicide, by U.S. demographic group:
  - **4.3%** (<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>) of all adults
  - **11.0%** (<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>) of young adults aged 18-25
  - **17.2%** (<https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf>) of high school students
  - **47.7%** (<https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf>) of lesbian, gay, and bisexual high school students

If you or someone you know is in an emergency, call **The National Suicide Prevention Lifeline** (<http://www.suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx>) at 800-273-TALK (8255) or call 911 immediately.

Last updated: Sept. 2019



(<https://www.charitynavigator.org/index.cfm?>

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Contact Us Main 703-524-7600

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