



North Country CHS Agency
Community Health Improvement Plan

2014

Beltrami, Clearwater, Hubbard and Lake of the Woods Counties

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Beltrami, Clearwater, Hubbard and Lake of the Woods County Boards of Health

And

North Country CHB

And

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THE REGION/JURISDICTION

Lakes, rivers and trees primarily make up the four counties that represent the North Country Community Health Agency. These four counties have many similarities, including a desire to improve the health status of the community by working together. The people of this community have learned to work together, across county boundaries, for the welfare of their constituents. Agencies concerned with poverty and aging, education and health recognize the efficiencies of addressing needs across the broader population of the region versus at the county level where it seems there are more roads than people. Much has been done to enhance the health of this population; more needs to be addressed.

Noted for its remote locations, abundantly beautiful natural resources and harsh winters, the four county's topography varies, with rolling hills giving way to flatter, low-lying areas. Much of the land is forested and extensive wetlands dot the map with several streams and rivers meandering through, including the Mississippi River. The population has grown older as youth move to the cities for better employment opportunity. Family and religion remain an integral part of life. Residents believe in the value of an education and struggle to keep the rural schools open. Beyond the challenging climate and notable natural beauty of the area lies another distinct characteristic – a persistent, high concentration of poverty. Year after year, the five year unemployment rate within the counties remains higher than the state. With Clearwater County substantially higher at (12.1%) compared to a state average of (5.86%). The U.S. Median income from 2006-2010 was \$51,914. In Minnesota during the same time frame it was \$57,243. Statistics show that the median income in our region ranges between 15-33% lower (\$9,267-\$19,684) than the statewide average.

The negative consequences of poverty typically have the greatest adverse impact on the elderly and the young. In the North Country area, more of the population is aged 65 and older compared to the rest of the state. Furthermore the region has 1-4% more of its elderly population living at home alone. Elderly people living at home are more at-risk for accidents or injuries than those living with others. Living alone has been shown to be a risk factor for falls although part of this effect appears to be related to certain types of housing older people may occupy. **The Community Health Assessments, when reviewed in totality, provides evidence for areas of improvement weighted by the concerns and values of the population. The 10 issues that stood out for the North Country communities were noted and combined as follows:**

- 1. Economic Factors influencing health (Unemployment/Underemployment, Poverty, and Homelessness)**
- 2. Health Care Access (High Cost, Shortage of Medical Providers, Mental Health, Suicide)**
- 3. Substance Abuse/Chemical dependency.**
- 4. Obesity/Diabetes**
- 5. Access to Community Wellness (safe streets, physical activity, access/transportation to healthy foods)**

Hundreds of people contributed to the Community Health Assessments for the region completed in 2013. They gave of their time and shared their knowledge and their beliefs. We are grateful for these contributions and hopeful that this regional partnership brings new ideas and the promise of a healthier community in the future. Additional copies of this document are available by contacting your local health department.

SERVICE AREA/HEALTH INEQUITIES:



Beltrami, Clearwater, Hubbard and Lake of the Woods counties comprise some of the most impoverished areas of the state. They include the Red Lake Indian Reservation, part of the White Earth Indian Reservation and border the Leech Lake Indian Reservation.

Population/Density

Population statistics per square mile reveal that only Lake of the Woods (LOW) county meets the designation of being a frontier population (six or fewer people per square mile)
<http://www.frontierus.org/>.

Source: U. S Census Bureau statistics, 2010/11 population estimates

County	Persons per sq. mile	Population 2011
LOW	3	3,929
Clearwater	9	8,838
Beltrami	18	45,670
Hubbard	22	20,658
Total CHB		79,095
Minnesota	65	5.34 million
USA	84	302 million
World	117 (not including water)	7.74 billion

Educational Levels

Educational levels of area residents are substantially lower than in comparison to the rest of the state. Between 39-54% of the population in the region aged 25 and older has less than or equal to a high school education or equivalent compared to 37% of the population statewide.

Unemployment, Median Income & Poverty

Year over year, the 5-year unemployment rate within Clearwater (12.1%) is substantially higher than the state average of 5.86%.

Unemployment rate - Annual Average 2005- 2009						
	2006	2007	2008	2009	2010	5-yr avg.
Statewide	4	4.6	5.4	8.0	7.3	5.86
Clearwater	9.8	10.4	11.6	15.1	13.6	12.1

The U.S. Median income from 2006-2010 was \$51,914. In Minnesota during the same time frame it was \$57,243 (<http://quickfacts.census.gov/qfd/states/27000.html>). Statistics show that median income in the region ranges between 15-33% lower (\$9,267 to \$19,684) than the statewide average.

County	Median Income
Clearwater	\$41,896
LOW	\$41,979
Beltrami	\$44,038
Hubbard	\$45,623
Minnesota	\$59,126
USA	\$51,914
World	\$7,000

Across a working lifetime of 40 years this means that a household in the middle of the income distribution potentially brings home \$370,000 to \$787,000 less than other households across the state.

Percent of people of all ages living at or below 200% of Poverty	
Clearwater	42.2
Beltrami	41.2
LOW	32.3
Hubbard	31.1
Statewide	26

Regionally, Clearwater has the greatest percentage (42.2%) of individuals living at or below 200% of poverty according to the Minnesota County Health tables and as shown below.

Students Eligible for Free/Reduced Price Meals				
	2008	2009	2010	2011
Beltrami	54.3	56.2	59.6	60.3
Hubbard	47.9	50.9	54.0	53.2
Clearwater	50.5	48.8	48.0	52.3
LOW	38.5	43.3	48.8	48.9
Statewide	31.6	32.7	35.5	36.6

Beltrami County had the highest free/reduced priced lunch rate in the region in 2011 (60.3%), with all other counties being higher than the state average (36.6%) as well.

THE PLANNING PROCESS

Organizing

Background

The North Country Community Health Services Agency formed in 1978 as a four-county region created to assist local health departments in providing essential public health services to their communities. The member counties (Beltrami, Clearwater, Hubbard and Lake of the Woods) have shared experience, knowledge, time and effort to reach a goal of enhancing public health service for all community members. One essential service is to *“Monitor health status to identify community health problems”*. In this endeavor, local health departments joined with additional community members to conduct a region wide health assessment (CHA) and to develop a region wide health improvement plan (CHIP). This document presents the findings of that effort.

In the following pages we summarize the findings and results of several reports done by various agencies and organizations at the state and local level. In addition, we have provided an overview of the recommendations made by each group based on their research, as well as identified models for implementing these recommendations.

Visioning

Mission Statement

A Mission Statement describes our organization’s unique purpose, tells what we do, whom we serve, and the realm in which we operate.

The Mission of the North Country Community Health Services partnership is to lead efforts to prevent disease and protect and promote the health of all people in Beltrami, Clearwater, Hubbard, and Lake of the Woods counties.

Vision Statement

Our Vision Statement articulates the kind of organization we want to achieve over the next five years.

The vision for the North Country Community Health Services agency is a strong and dynamic partnership of governments fully equipped to address the changing needs of the public’s health.

Six Areas of Public Health Responsibility

- Assure a strong public health system.
- Promote healthy communities & eliminate health disparities throughout the lifespan.
- Prevent the spread of infectious disease.
- Make environments safe & healthy.
- Prepare for disasters & emergencies.
- Help all people get quality health services.

Guiding Principles on Public Health

- Focus on the health needs of the population.
- Gives priority to preventing problems over the early detection & treatment of problems. This is primary prevention.
- Does what others cannot or will not do.
- Focuses on providing the greatest good for the greatest number of people.
- Organizes community resources to meet the health needs-individual level empowering to advocate for their own health.
- Is based on a thorough understanding of the causes of a health problem, known as epidemiology.

Key Elements of our Public Health Vision

- All members share a common understanding of our principles that provide direction & an ethical framework for decision-making; maintain a meaningful communication; engage in effective community coalition building; & sustain a true commitment to reflection on & continually strengthening relationships.
- Dynamic partnerships will be resilient, adapt to rapid change, and be creative in identifying, organizing, and employing other community resources.
- The long standing success of the relationship between MDH & the local jurisdictions will evolve into broader partnership of governments.
- To meet our vision, we must have information, tools, & technology, a professional & culturally-competent work force; & stable and sufficient funding.

The Intents of our Key Elements

- A competent Public Health work force
- Strong Community Partnerships
- Evidence-Based Primary Prevention
- Accessible Public Health & Health Care Services
- Informed Public
- Current Technology and Communications
- Strong Public Health System

“Public Health is what we, as a society, do collectively to assure the conditions in which people can be Healthy.”

U.S. Institute of Medicine.

THE COMMUNITY HEALTH ASSESSMENT

All four counties in the region have populations less than 80,000, the smallest being under 4,000. Data are often unavailable for small counties and when available, subject to high



rate variability because of one or two case differences between time periods. It is recognized that differences between counties could be lost when information is pooled in this manner. Therefore, the regional partners agreed to look at individual county information as well as regional information so that significant differences could be addressed by a county if so desired.

The public health system is more than just the local or state public health department. The public health system encompasses all organizations within a community that address or provide services around health issues. Further it may include those organizations that impact health status through addressing social determinants such as unemployment or affordable housing. Each county called one or more meetings of community members with knowledge or involvement in the Ten Essential Services of Public Health. These meetings served to evaluate the performance of the system of public health relative to standards established in the instrument. The process has a benefit of educating community members on the wide array of responsibilities and partner roles in provision of public health.

With the assistance of a Community Transformation Grant (CTG) and the State Health Improvement Program (SHIP), our region identified its Top Concerns Impacting Quality of Life (*Community Transformation Grant Evaluation Report, April 2014*). Group forums were conducted throughout the region asking communities what issues must be addressed to improve the quality of life for people. Membership included healthcare providers, social services, schools, parents and individuals who work directly with at risk youth and youth in crisis. Their responses were:

Mental Illness	Youth and Adult Community Rec
Obesity	Housing
Schools	Transportation
Healthcare	Jobs/Employment Opportunities
Low Income	

There is a cycle of poverty, living in a rural area and increasing problems with no solutions that is negatively promoting an unhealthy environment for youth in our region. Where there were mental illness issues before, there are more today. Where there were nutrition and behavioral issues in the schools before, there are more and they are escalated today. Where there were



few resources to provide support locally to at risk youth or youth in crisis, the same resources are stretched even farther today.

Below we share some of the issues our target population and the residents of our region brought forward in the group forums to help us better understand what's happening in our communities.

I. Mental Health/Illness

Mental Health concerns were discussed at length across most all meetings. Participants indicated that distance to services, inappropriate service utilization, problems at home, school, and work were issues. There is undiagnosed mental illness among parents. Single moms are caring for young children in the home. Some are depressed but don't seek help; and, it leads to other problems impacting their children such as nutrition, behavior and sleep habits. Social Media becomes their outlet and they don't have any social connectedness outside of Facebook, texting, etc. Children don't learn how to handle social situations because they don't leave home.

We are also seeing severely, challenging behaviors in the classroom that have not been seen before and teachers not equipped to deal with them. The number of children with behavioral problems has increased significantly in recent years.

II. Obesity

Obesity is a major health concern of the region. Attendees advocated for education starting very young regarding diabetes, nutrition, caloric needs and exercise. School lunch program has seen students eating fruits and vegetables but the kids are hungry because there is not enough protein or carbohydrates in their diets. A reduced work week in Lake of the Woods county has caused lack of nutritious food at home because it is too expensive.

III. Drug Use

Prescription drug use was mentioned frequently as a problem adversely impacting both youth and adults. Too many prescription drugs are being used, which causes numerous side effects. Doctors are prescribing powerful narcotics to people who don't really need them, also with no plans to help them get off those meds. Prescription drug abuse has increased dramatically, kids have more access to it at home than ever before. More education is needed to keep prescriptions away from kids who live in the household or may be visiting.



We looked at what each individual county had to say about youth and mental health issues (*Department of Human Services Children Mental Health Gap Analysis: 2013 Gaps Analysis County Profile*). Each county was asked,

1. *“Which issues/barriers are currently most critical to overcome in your jurisdiction to ensure that children within the Mental Health System have Home and Community-Based support options? and,*
2. *What is the highest priority in your jurisdiction for mental health service development during the years 2013-2015?*

Beltrami: Mothers using chemicals while pregnant. [Our highest priority is access to more] in-patient services.

Clearwater: We have a limited population that is in a rural setting so we have to travel a distance to obtain many of our mental health services. We will be working with Sanford to assure continued psychological/psychiatric services in our county. We will also work with the children’s mental health crisis team to educate people on the availability of this service.

Hubbard: [We need] an increase in the number of providers and the reimbursement rate for these providers. Addition of day treatment in our county as well as child psychiatry service in our county [is our highest priority].

Lake of the Woods: Accessing emergent services. We have a child crisis team but once we identify that more intensive services are needed, we then have to determine where they will go and who will take them. With limited funding for mental health transportation, this affects our county a great deal. To solve the mental health transportation issue. We know we cannot lure providers to a county of under 4,000 residents. But we should be able to have funding to use so that our residents can get the mental health services they need without transportation costs being the barrier.”



IDENTIFYING PRIMARY ISSUES

Findings and Recommendations for Future Exploration

The negative consequences of poverty typically have the greatest adverse impact on the elderly and the young. In the North Country area, more of the population is aged 65 and older compared to the rest of the state. Furthermore the region has 1-4% more of its elderly population living at home alone. Elderly people living at home are more at-risk for accidents or injuries than those living with others. Living alone has been shown to be a risk factor for falls although part of this effect appears to be related to certain types of housing older people may occupy. The Community Health Assessments, when reviewed in totality, provides evidence for areas of improvement weighted by the concerns and values of the population.

“Although behavioral and environmental factors that could be addressed through prevention are responsible for approximately 70 percent of deaths in the U.S., only 3 percent of health spending currently goes toward prevention, compared to 97 percent for treatment of illness.”

The issues that stood out for the North Country community were noted as follows:

- Economic Factors influencing health (Unemployment/Underemployment, Poverty, and Homelessness)





- Health Care Access (High Cost, Shortage of Medical Providers, **Mental Health**, Suicide)
- **Substance Abuse/Chemical dependency**
- Obesity/Diabetes



Access to Community Wellness (Safe streets, Physical Activity, Access/Transportation to healthy foods)

Hundreds of people contributed to the Community Health Assessments for the region completed in 2013. They gave of their time and shared their knowledge and their beliefs. We are grateful for these contributions and hopeful that this regional partnership brings new ideas and the promise of a healthier community in the future. Additional copies of this document are available by contacting your local health department.

THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

The Community Health Improvement Plan (CHIP) followed this work by gathering North Country Board members to review and determine priority areas on which to work.

On October 22, 2014, 8 North Country Community Health Board representatives from the counties of Beltrami, Clearwater, Hubbard and Lake of the Woods, met to build for the first time a regional Community Health Improvement Plan for the North Country Community Health Service Agency, hereafter referred to as "the NCCHS region". The community members in attendance were tasked with reviewing the regional Community Health Assessment (CHA) that had been recently completed and selecting priorities for a five-year community health improvement plan (CHIP).

Participants were given the 2013 Community Health Assessment (CHA) report prior to the meeting for review and consideration via oral presentation and website. Printed copies were available at the priority setting session. Following the presentations the participants voted for the top issues.

In the final analysis of priorities, the ***CHB team elected to address two priorities: Mental Health and Substance Abuse/Chemical dependence.*** The impact of underemployment and poverty were not dismissed as a priority. Rather, the CHB Team and community partners understand that this social determinant underlies many behaviors and ability to access care and thereby impacting individual and community well-being. It was a consideration in all strategies planned for the two priorities selected. The team believed that this first regional effort must remain manageable and not duplicate other efforts in the community.

The CHB team elected to align regional goals/ objectives with a SIM grant proposal related to these issues. The goals, objectives, indicators, and strategies proposed for community effort are listed below. Many community partners from area agencies and many individuals helped to identify roles and responsibilities for implementation of strategies that address the issues. Lead individuals and organizations to lead the various interventions are identified in the plan that follows.

Priorities, Goals, Objectives, Strategies

Priority 1: Mental Health Promotion

Goal: ***To improve the region's capacity to support at risk youth and youth in crisis.***

We will work to fulfill this goal through four key objectives based on the *Rice County Public Health Model for Mental Health Promotion*.

Objectives:

No Mental Illness

1. PREVENTION: Engage families, community organizations and schools as key players in fostering resiliency in our youth.

2. PROMOTION: Promote mental health and well-being at the community level.

Poor Mental Health

Good Mental Health

3. CRISIS: Improve outcomes for individuals who experience mental health crises.

4. CARE/ADVOCACY: Strengthen the system of mental health care in our region.

Mental Illness

Strategies:

- 1) Prevention: To engage families, community organizations and schools as key players in fostering resiliency in our youth.

Activities supporting this objective are focused on establishing common ground. The leadership team will work together to agree on positive language to describe the social-emotional skills we seek to build. The schools in our region have incorporated Adverse Childhood Experiences (ACE) in their annual Minnesota Student Survey. Our team will use the results from this survey and inventory existing social-emotional skill building efforts underway in each county as our baseline.

Although we are in a rural area with limited resources, we can build on what we have. We will start with a catalyst of community programs who work with our target population on a daily basis and learn from each other. All of us recognize we can do a better job with our Native American population. One of our first steps will be to improve our common ground understanding by providing MN Native American 101 training to our partners. This training was provided at a recent healthcare conference and we'd like to replicate it as part of this project.

- 2) Promotion: To promote mental health and well-being at the community level.

The promotion segment of our project is centered around education. It's a 4 prong approach: Happy Hour workshops; Jam Session Topic Exploration; Take a Minute Public Service Announcements & Materials; and, staff development training. We will hire a coordinator to ensure we have broad coverage across all four counties; our education messages align with the positive language and common ground we're establishing; and, opportunities to build capacity through staff development are optimized.

Education Elements:

- Staff Development – In the first year workshop facilitators will be trained for each of the four counties to deliver the Happy Hour workshop series.

- “Happy Hour” – A workshop series introducing participants to the basic concepts of positive psychology. Each session involves both education and skill development. The series includes:
 - Goal Setting
 - Positive Emotions
 - Neuroplasticity
 - Learned Optimism
 - Gratitude
 - Strengths and Virtues
 - Engagement
 - Meaning
 - Positive Relationships
 - Building a Positive Portfolio

- “Jam Sessions” - Topic studies to give participants the opportunity to delve into a sub-topic of positive psychology with more depth (videos, book discussions, interactive presentations). Jam Sessions may also be used as community and staff development opportunities.

- “Take a Minute and Wonder” - Public service announcements encouraging youth to spend a moment improving their mental health. These take the form of table tents for work sites and lunch rooms as well as radio spot announcements, television or social media resources. The intent is to “blanket” the region with a positive media campaign.

3) Crisis: To improve outcomes for individuals who experience mental health crises.

The crisis segment of our project is directed towards addressing programming needs aligned with ACE indicators. In our area three community partners have been identified: Oshki Manidoo “New Spirit” Center; Evergreen Youth & Families – Beltrami Area Suicide Prevention Program; and, St. Joseph’s Father Project. All three programs advocate for youth, work to reduce the stigma of health issues; and, provide support to youth and families.

Oshki Manidoo “New Spirit” Center flourishes in a family involvement program that educates families on addiction, intervention, prevention and support for youth returning to their communities, while linking those families to resources and assistance that will improve the quality of their lives.

Many Native American youth today have limited to no experience with the healthy ways or teachings of Native culture. Through this program youth are encouraged to replace drugs, alcohol and gang mentality/lifestyles; build self-esteem, self-identity and self-work in a positive

way; and, become knowledgeable in culture so they can continue to practice when returning home.

Evergreen Youth & Families – Beltrami Area Suicide Prevention Program: The goals of the program are:

1. Suicide prevention education and awareness in regional schools and colleges.
2. Region-wide suicide awareness campaign to reduce stigma associated with mental health, substance abuse and suicide prevention.
3. Broad based community support for suicide prevention and information sharing.

St. Joseph's Father Project: Fostering Actions To Help Earnings and Responsibility (FATHER) Project assists fathers in overcoming barriers that prevent them from supporting their children economically and emotionally. Divorce is one of the Adverse Childhood Experience (ACE) indicators that have been correlated with youth at risk of subsequently struggling with health issues. The FATHER Project recognizes this and works to support both the parents and their children.

State Health Improvement Program (SHIP) helps youth become more active and better understand the importance of healthy nutrition to a healthy lifestyle. Good physical health supports good mental health.

Our project will provide funding across these programs to build internal capacity (staff development); and, help each to strengthen the services they already provide.

In addition, all four counties have identified a need to increase transportation access for youth seeking mental health services. Our project will work with Social Services and other transportation providers such as ambulance services, law enforcement, etc. to reduce distance barriers and increase access for our target population.

- 4) Care/Advocacy: To strengthen the system of mental health care in our region.

RESOURCES TO SERVE TARGET POPULATION:

- Primary Medical Care Physicians: Beltrami and Clearwater are Geographical Primary Care HPSAs while Hubbard and Lake of the Woods are designated Low Income Primary Care HPSAs
- Dentists: All four counties are designated Low Income Dental HPSAs
- Mental Health Providers: All four counties are designated Geographical Mental Health HPSAs

Each county has a social services and public health department. Long term care and behavioral health resources related to youth are not available in all areas. Essentia Health has in-patient services outside of the region in Duluth, Minnesota. Beltrami County serves as a regional “hub” for some of these services. Most services related to youth can only be accessed as an out-patient. Resources available include:

- Northwestern Minnesota Juvenile Center (Beltrami)
- Upper Mississippi Mental Health Center (Beltrami)
- Stellher Human Services (Clearwater)
- St. Joseph’s Fathers & Families Project (Hubbard)
- Oshki Manidoo “New Spirit” Center (Beltrami)

Healthcare professionals, like treatment facilities, are in short supply to address at risk youth and youth in crisis issues. Our schools, social services and public health departments serve as our frontline in helping families with all types of issues. We refer you back to Lake of the Wood’s comments.

“We have a child crisis team but once we identify that more intensive services are needed, we then have to determine where they will go and who will take them.”

North Country Community Health Services

Elements: Implementation Of:	OBJECTIVES	ACTIVITIES	TRACKING METHODS	INDICATORS OF PROGRESS
Leadership Team Structure, Year 1 & Year 2	<u>Care/Advocacy:</u> Strengthen the system of mental health care in our region.	Implementation of leadership activities to support the ACH including meeting logistics, setting agendas, staffing to support ACH activities and facilitation. Monitor Communities That Care Project	Quarterly Reports Quarterly Reports	Develop detailed action plans to support the work plan; monitor & adjust ongoing Beltrami Implement 1 st Year
Community Care Coordination Model, Year 1	<u>Prevention:</u> Engage families, community organizations and schools as key players in fostering resiliency in our youth.	Inventory existing social-emotional skill building efforts underway in each county. Assess social-emotional skills of children and youth in each county using Adverse Childhood Experiences (ACE) Address ACE programming	Inventory Report Meeting notes Review ACE data	3 rd Quarter – Inventory Completed Visit Rice County – 1 st Quarter Completed Annually where data available

Elements: Implementation Of:	<i>OBJECTIVES</i>	<i>ACTIVITIES</i>	<i>TRACKING METHODS</i>	<i>INDICATORS OF PROGRESS</i>
	<u>Crisis:</u> Improve outcomes for individuals who experience mental health crises.	needs including how the programs advocate for youth & reduce stigma	Nutrition: SHIP Program Report Suicide: Evergreen Program Report Families: Father Project Report Chemical: Oshki Manidoo Report Transportation: Participant Use of Service Report	Train the Trainer/Staff In-Service Training for all programs
Community Care Coordination Model, Year 2	<u>Crisis:</u> Improve outcomes for individuals who experience mental health crises.	Address ACE programming needs including how the programs advocate for youth & reduce stigma	Nutrition: SHIP Program Report Suicide: Evergreen Program Report Families: Father Project Report	Delivery of Program Services

Elements: Implementation Of:	OBJECTIVES	ACTIVITIES	TRACKING METHODS	INDICATORS OF PROGRESS
			Chemical: Oshki Manidoo Report Transportation: Participant Use of Service Report	
Population Based Prevention, Year 1	<u>Promotion</u> : To promote mental health and well-being at the community level.	Coordinate all education and programming Facilitator Training Offer "Happy Hour" Workshop Series	Quarterly Reports Training Feedback Quarterly Activity Report	Develop an education plan; Education plan implemented Training Completed – 2 nd Quarter Deliver workshops per Ed Plan - Begin 3rd Qtr
Population Based Prevention, Year 2	<u>Promotion</u> : To promote mental health and well-being at the community level.	Offer "Jam Sessions" - Topic Studies Provide "Take a Minute" PSA's and resources	Quarterly Activity Report Quarterly Activity Report	Deliver sessions per Ed Plan Table Tents, Magnets & Radio spots developed; Same tools distributed/delivered
Measurement Plan, Year 1	<u>Care/Advocacy</u> : Strengthen the system of mental health care in our region.	Meaningfully evaluate project impact	Evaluation Plan	Evaluation Plan & Measurement Tools in Place

Elements: Implementation Of:	OBJECTIVES	ACTIVITIES	TRACKING METHODS	INDICATORS OF PROGRESS
Measurement Plan, Year 2	<u>Care/Advocacy</u> : Strengthen the system of mental health care in our region.	Meaningfully evaluate project impact	Evaluation Plan	Progress Reports Completed
Sustainability Plan, Year 1	<u>Prevention</u> : Engage families, community organizations and schools as key players in fostering resiliency in our youth.	Provide MN Native American 101 workshop training to all partners	Participant Feedback	Completed Training – 2 nd Quarter
Sustainability Plan, Year 2	<u>Care/Advocacy</u> : Strengthen the system of mental health care in our region.	Mentorship Program – WRAP Facilitator Training Conduct future planning and further collaboration.	Participant Feedback Quarterly and Annual Reports	Training Completed Annual Progress & Planning
Learning Collaborative Participation, Year 1 & 2	<u>Care/Advocacy</u> : Strengthen the system of mental health care in our region	Participate in ACH Learning Collaborative	Feedback/Presentation at Quarterly Meetings	Annual Conferences & Webinars
Applicant Project Management, Year 1 & 2	<u>Care/Advocacy</u> : Strengthen the system of mental health care in our region	Implement recommendations for improved organization development, communication, time management and decision making per the Leadership Assessment completed in 2013.	Quarterly Reports	Improved communication; improved organization; and facilitated decision making by the end of the project
Community	<u>Prevention</u> : Engage families, community organizations and schools as key players in	Gather partners to agree on positive language to describe the social-emotional skills we	Leadership Team Meeting Minutes	Quarterly/Ongoing

Elements: Implementation Of:	<i>OBJECTIVES</i>	<i>ACTIVITIES</i>	<i>TRACKING METHODS</i>	<i>INDICATORS OF PROGRESS</i>
Engagement	fostering resiliency in our youth.	seek to build and leadership input		

Healthy
People
2020

Mental Health and Mental Disorders

Goal

Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.

Healthy Minnesota 2020: Chronic Disease & Injury

Goals

The goals for this chronic disease framework are intended to be broad and visionary, offering an aspiration for the future of health in Minnesota. They touch on how people live, the care they receive and what they know and they frame our statewide objectives. ● People in Minnesota have the knowledge and skills they need to live the healthiest lives possible ● People in Minnesota live, learn, work and play in safe and healthy environments ● People in Minnesota at risk for or who live with chronic diseases receive the right care in the right place at the right time ● People in Minnesota have access to information about the burden of chronic diseases and injury, their associated risk factors, and best practices to address them.

Mental Health as defined in Healthy People 2020, is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Over the past 20 years, research on the prevention of mental disorders has progressed. The understanding of how the brain functions under normal conditions and in response to stressors, combined with knowledge of how the brain develops over time, has been essential to that progress. The major areas of progress include evidence that coincides with the North Country CHIP including;

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.

- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25-33 percent.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression among children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.