

**Summary of 2001-2002 Teen Health Funds in Washington County**  
**A Project of the Youth Risk Behavior Endowment of the**  
**Minnesota Tobacco Settlement**  
**February 2003**

The Minnesota Youth Risk Behavior (YRB) Endowment is a Minnesota Department of Health initiative stemming from the Tobacco Endowment that provides funding to local public health agencies to implement research-based, promising or proven strategies for improving the health of Minnesota's youth. The goal of the initiative is to reduce youth risk behaviors (other than tobacco) and to increase the capacity of youth, adults, communities, and systems to effectively support youth health and healthy development. This requires a comprehensive, community-wide approach that involves collaboration and partnerships among youth, adults, and institutions within the community.

From this initiative, Washington County has chosen to focus on mental health and healthy youth development. Community assessment activities guided both the selection of YRB focus areas and the development of interventions. Over the summer of 2000, an advisory group of youth and community members came together to explore adolescent health issues in Washington County and surveys of youth were also conducted. Data from the Minnesota Student Survey (MSS) confirmed what was heard from community members that depression and suicide among youth was an increasing concern in Washington County. Results of the 2001 Minnesota Student survey indicate that in Washington County, 36% of 9<sup>th</sup> graders have thought about committing suicide and 13% of 9<sup>th</sup> graders have actually attempted it.<sup>1</sup> Washington County data shows that suicide is the third leading cause of death for the age group 5-14 and is the second leading cause of death in the age group 15-24.<sup>2</sup> There have been 28 suicides with those under the age of 25 from 1991 to 2000.<sup>3</sup>

### **Overview of the Teen Health Fund**

*The goal of the Teen Health Fund is to help communities in Washington County promote mental health and positive youth development and provide activities for the prevention of depression and suicide among 12-18 year olds.*

In January 2001, with funds from the Youth Risk Behavior Endowment, the Washington County Department of Public Health and Environment allocated \$30,000 annually for the creation of the Teen Health Fund (THF) to address depression awareness, suicide prevention and positive youth development. The THF is divided into five service areas in the county (Forest Lake, Stillwater, South Washington Co., Mahtomedi, and No. St. Paul/Maplewood/Oakdale) that are funded based on Washington County portions of school district population in grades 6-12. Each THF community group has a coordinator to oversee their group, a fiscal agent to control and disperse funds, and a technical assistant from the Washington County Department of Public Health & Environment. Additional members come from the community and involve youth, school

staff, mental health providers, churches, youth serving organizations and other adults who have an interest in supporting youth or who work with youth.

The Minnesota Department of Health along with Washington County Department of Public Health and Environment provided guidelines and requirements that the Teen Health Fund used in planning and implementing effective activities in the community. In order to receive the non-competitive funding, each THF group completed a community assessment, activity work plan, evaluation plan, and budget and developed a community group to plan and implement activities. They were also required to submit quarterly progress reports on activities conducted as well as annual budget reports.

### **Highlights of Teen Health Fund Activities in 2001-2002**

The five Teen Health Fund groups and their efforts have raised awareness of depression and suicide and promoted positive youth development by reaching and educating 17,253 youth and 6,478 adults in Washington County from January 2001-December 2002. In 2001 we reached 3,788 youth and 1,352 adults as the programs got underway. For the year 2002 alone, we reached 13,465 youth and 5,126 adults. The 2002 adult total does not include the thousands of "Parents as Partners: A Suicide Prevention Guide for Parents" brochure that all the school districts mailed out between July and December of 2002 to parents in their district.

The following is an overview of how the THF community groups used their funding and the impact they have made on youth in 2001 and 2002.

#### **Forest Lake**

- 6,050 youth and adults were reached with the Yellow Ribbon Suicide Prevention message via presentations by SAVE (Suicide Awareness/Voices of Education), media campaigns and educational efforts including the distribution of magnets, messages on lockers, posters, educational materials, etc.
- Mentoring program with the Alternative Learning Center (ALC) connected 33 high-risk youth with positive adult mentors.
- Free open gym time offered to community youth – 385 youth participants in 4 months.
- Development and opening of the Forest Lake Teen Center, which serves approximately 50 youth each weekday after school between the hours of 2:30-6:00 pm.
- Distribution of "Parents as Partners: A Suicide Prevention Guide for Parents" brochure to parents of all 7<sup>th</sup> through 12<sup>th</sup> graders.
- Training of 132 youth, staff and key adults as "Lifelines" to prevent suicide.
- Development and distribution of a suicide/depression intervention tool kit to 600 school staff, trained lifelines and youth workers.
- Mobilized the community and actively involved youth to address teen depression and suicide.
- Education to the community with speakers on media violence and resiliency.
- The Youth Performing Arts (YPA) drama group wrote and performed a suicide prevention drama for all Forest Lake Junior and Senior High Students.

- Awarded the Minnesota Hospital and Health Care Partnership Community Health Award for their efforts.

### **Mahtomedi**

- Developed a partnership of community members to address depression awareness and suicide prevention. Members included school support staff from the high school and the Alternative Learning Program (ALP), Washington County Public Health, White Bear Lake Counseling Center, students, Suicide Awareness Voices of Education (SAVE) and parents.
- 55 youth and 10 adults attended a Teen Leadership camp which formed the core group and foundation of their efforts over two years.
- Education and awareness to parents by distributing the “Parents as Partners: A Suicide Prevention Guide for Parents” brochure, using local news station, and facilitating a presentation by a panel of experts from the community.
- Educational materials and posters for students and parents available on display at conference nights and in the school bathrooms throughout the year.
- Student handbook revised to include information and local resources for youth depression and suicide.
- Trained 247 teachers in 2001 to recognize the warning signs of depression and suicide.
- Reached 343 teens in the sophomore health classes with a SAVE/student presentation on depression awareness and suicide prevention.
- Depression screening in health classes resulted in 45 students being identified as “at risk” and 29 parents were contacted by licensed support staff as a direct result of the screenings.
- Young Women's Issues support group facilitated by a school counselor.
- Education to school, students at other schools and professionals by presenting at the Mahtomedi School Board, two other schools, one church, two professionals conferences and two news stories on KSTP Channel 5 News.
- One teen is working with Mound West Tonka Lions Club to put together a weekend retreat for teens from Mahtomedi, Mound West Tonka and Minneapolis Southwest on effective coping strategies for teens. The weekend promises to be fun, but also a way for teens to get information about how to live with depression. If the retreat goes well the SAVE organization hopes to offer this format as a summer camp for teens living with depression.

### **North St. Paul/Maplewood/Oakdale**

- Yellow Ribbon Suicide Prevention Program for students, teachers, staff, and parents, was presented in five schools that included large group presentations, displays, and screenings.
- Increased youth involvement and ownership of programs.
- Mobilized public and private schools and community resources to address suicide prevention and depression.
- Distribution of “Parents as Partners: A Suicide Prevention Guide for Parents” brochure to parents of teens in the district.

- Skit was written by youth with the help of a drama teacher to deliver prevention messages to schools.
- Presentation to students by the “Reaching Out Theater” that addresses youth depression and suicide.
- Development of a Youth Group at Tartan to continue efforts to promote mental health awareness in the school and community.
- Secured additional financial support from Ramsey County YRB to work across county lines within the full school district and were able to access a grant from Target specifically for North High School.

### **South Washington County**

- Helped to develop and support a partnership between the YMCA and the Common Ground Teen Center that served about 700 youth in 2001 and 2002. Activities included free dances, open gym, after school programs and recreational opportunities for youth in grades 7-12.
- Developed a partnership between RESPECT and THF to plan and implement activities in the communities.
- Actively engaged youth in developing programming – membership has tripled since it first began.
- Yellow Ribbon Suicide Prevention Program presentations to youth, staff and parents that reached 750 youth and over 100 adults (school staff and parents). After presentations, thirty-five students came forward with concerns and eight were referred to a mental health agency.
- Community education for parents and youth with a speaker on family strength and resiliency.
- “Reaching Out Theater” presented skits on depression awareness to 750 students.
- Distributed “Parents as Partners: A Suicide Prevention Guide for Parents” brochure to all parents in the district.

### **Stillwater**

- Circle of Support teacher training by Youth Service Bureau staff to teachers from both Junior Highs focusing on depression awareness and suicide prevention in youth.
- Two Youth Leadership trainings at Camp St. Croix with a total of 32 youth who became peer educators in their schools.
- Trained 600 teachers, administrators and counselors to recognize the warning signs of depression and suicide and respond to youth with issues.
- Distribution of “Parents as Partners: A Suicide Prevention Guide for Parents” brochure to parents of all teens in the Senior High School.
- Partnered with Graffiti Skate Park for a display at the Washington County fair on depression and suicide in teens and provided handouts on resources.
- Involved with the SADD (Students Against Destructive Decisions) Awareness Day at Stillwater Senior High and Junior Highs Schools.
- Actively engaged teens and adults in developing and implementing THF activities.

- Developed a plan for the “Speak Out” event at Graffiti Teen Center – a daylong event providing education and speakers to youth and adults on depression awareness as well as activities to promote healthy choices and skill building.
- Ongoing Circle of Support Natural Helper Training with community and church members in conjunction with Community Volunteer Service and the senior center.
- Provided support for Graffiti Teen Center to conduct activities for teens that promote healthy youth development.

### **Communities for Teen Health - County Wide Efforts**

- Coordination of efforts by youth from all over the county to create WaCyDasp.org (Washington County Youth Depression Awareness and Suicide Prevention), a youth based video and website providing education on depression, suicide prevention and local resources. Over 5,000 requests for web pages have been sought from the site. Users have come from the County, State and 8 other countries. Forty-five video packets were distributed to health teachers in 5 school districts and to several private schools.
- Coordinated development and distribution of “Parents as Partners: A Suicide Prevention Guide for Parents” brochure.
- Identified and publicized local resources for youth in need.
- Coordinated the development of the Adolescent Health Strategic Plan for 2003-2004 involving 70 youth and adults.
- Conducted fifteen teen focus groups and 40 adult interviews countywide to review teen health needs. A summary report is available by calling (651) 430-6655.
- Developed the Teen Health Source, a quarterly e-mail newsletter that focuses on adolescent issues and tobacco endowment activities. The current issue and back issues can be seen at [www.co.washington.mn.us/pubhlth/pubhlth.html](http://www.co.washington.mn.us/pubhlth/pubhlth.html) and click on publications/newsletters.
- Partnership with the University of Minnesota Extension Service to provide Positive Parenting of Teens which includes class sessions and resources to community groups, worksites, faith communities and the county jail.
- 17,253 youth and 6,478 adults in Washington County have been reached by the Communities for Teen Health activities from January 2001-December 2002.

### **Anecdotal Stories**

- ❖ As a result of distributing the “Parents As Partners: A Suicide Prevention Guide For Parents” brochure, parents wrote the following comments when asked what other thoughts they would like to share:

*“The timing of this booklet (9/02) was divine. I think it saved my child’s life. Thank you.”*

*“I think my son is depressed.”*

*“This booklet would have helped a year ago. My daughter was diagnosed with depression last November. The doctors & we did not recognize the symptoms. It was a hard time for all of us. We found the answers at the*

*Mayo website, & then a psychiatrist in Family Means. She is now doing great on medication. This book is very good.”*

*“I think it is a great pamphlet to include with the school literature. My daughter went through clinical depression her senior year and my ninth grade son knows how to handle it more than we did from what he learned in health class.”*

*“The booklet gives very clear & concise information. I especially like the resource of services and their phone numbers. This can be kept for future references. Thanks for putting you time and energy into a useful informational booklet.”*

*“Yearly information would be helpful to remind parents to deal with this issue and to bring it to the forefront of our minds.”*

- ❖ One adult THF member learned, after our Yellow Ribbon (YR) program, that her daughter had planned a suicide. She said her daughter might never have come forward, or come to her before seeing the YR program because she believed that no one cared about her or could help her. After seeing the program she felt the stigma was lifted and she could seek help and did. –*South Washington County Coordinator*
- ❖ A teen approached a speaker at one of our activities and said she was depressed. The speaker and the THF coordinator were able to refer the teen and counseling was started. –*Stillwater Coordinator*
- ❖ After the Yellow Ribbon program, our school counselor was approached by a student who reported that she had thought about committing suicide many times. This student would be considered outstanding, a leader, and over all model student. She had never revealed her thoughts to anyone but realized she needed to do something after watching the YR presentation. The counselor, along with the student’s parents sought help immediately. The counselor felt the YR presentation was the turning point. –*Oakdale Coordinator*
- ❖ “I think it is really cool how you guys have our peers share their personal stories with us – they presented really good.” –*Student*
- ❖ “I had two friends who were depressed and committed suicide. It was really hard to talk about it for a long time”. –*Student*
- ❖ “Just yesterday I met with a student and his parents, our Principal and a teacher for a re-entry meeting for a highly intelligent, Advanced Placement (AP) student who has recently been diagnosed with Major Depression and Obsessive-Compulsive Disorder. He was not the type of student at first glance any one would think has a problem. He was an A student with no attendance or discipline problems. It all started three weeks ago when his (also gifted) friends came in to see me concerned that he was isolating himself at school and talking about death, writing scary song lyrics, carrying a knife to school and threatening his friends. I called the parents...and together we got him a mental health evaluation. The parents really did not know or believe that their son was having so many problems...In all, twelve of his friends came forward to say they were afraid of this student and afraid for him...This teen health grant work is very important work and very time intensive...I believe that these depression screenings and the

presentations we do in the health classroom creates such a supportive environment that students will come forward to tell a School Counselor if a student they know has a problem.” -*Mahtomedi School Counselor*

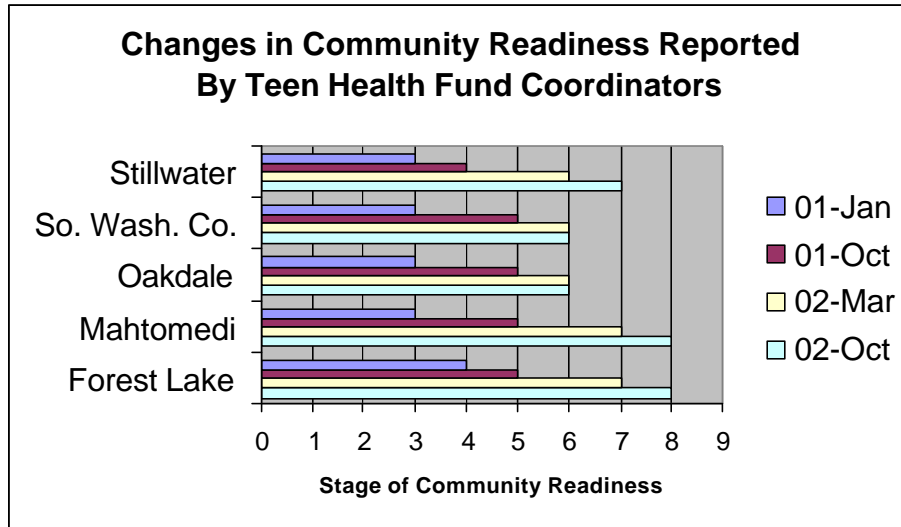
## **Community Readiness and Evaluation**

According to the Center for the Application of Prevention Technologies, community readiness is the extent to which a community is adequately prepared to implement a prevention program. A community must have the support and commitment of its members and the needed resources to implement an effective prevention effort. There are nine stages of readiness through which communities develop: the higher the stage of development, the greater the degree of readiness. These nine stages are:

1. Community Tolerance/No Knowledge – community norms actively tolerate the behavior
2. Denial – little or no recognition that the issue might be a local problem, feeling that nothing needs to or can be done about it locally.
3. Vague Awareness – belief that there is a local problem, no immediate motivation to do anything, no identifiable leadership exists, or leadership lacks energy or motivation.
4. Preplanning – clear recognition that there is a local problem and something should be done, identifiable leaders, and there may be a committee, but no real planning.
5. Preparation – planning is going on, leadership is active and energetic, programming has started on a trial basis, funding is being sought or has been committed.
6. Initiation – trial program is started, there may be great enthusiasm because limitations and problems have not yet been experienced.
7. Institutionalization/Stabilization – programs are running, supported by administration and accepted as a routine and valuable activity, trained/experienced staff, little perceived need for change or expansion, may be some form of routine tracking, established funding allows the program the opportunity to implement its action plan.
8. Confirmation/Expansion – existing programs are viewed as valuable and authorities support expanding or improving programs, new programs are being planned or tried in order to reach more people, funds for new programs are being sought/committed, data are obtained regularly on extent of local problems and efforts to assess risk factors and causes of the problem.
9. Professionalization – detailed knowledge of prevalence, risk factors and etiology exists, some programs target general populations, while others are targeted at specific risk factors.

Using these nine stages, the Teen Health Fund Coordinators conducted periodic assessments of community readiness realizing that increasing a community’s readiness for prevention programming improves the likelihood that a prevention effort will succeed.

The following chart indicates the progression of the five projects over the last two years. As indicated, the projects are currently operating at stages six through eight meaning that programs are in place and expanding and responding to needs within the communities in the County.



Evaluations were done after many activities and provided valuable feedback for subsequent program planning. Overall, there was a favorable response by participants indicating an increase in awareness as well as high satisfaction and enjoyment of the activities themselves. Many activities took a dual approach, that is, along with addressing depression and suicide in youth, they were active in promoting healthy youth development. This was accomplished by creating activities or events that fostered healthy behaviors and leadership skills in our youth.

An important aspect of any health promotion program is the ability to identify and provide resources and referrals to individuals who might be at risk for negative behaviors or outcomes. This theme was carried through all THF activities by conducting evaluations at activities that assisted in identification of youth deemed “at risk” and providing qualified mental health practitioners to help them. Furthermore, experts in the field of mental health of youth were involved and provided guidance and support in many activities. School health professionals and mental health providers reported that as a result of THF activities in the schools, they were able to identify students that were depressed or had thoughts of suicide and either assist in treatment or provide referrals.

The Minnesota Student Survey (MSS) is conducted throughout the state every three years and continues to provide valuable trend information on the health status of our youth. We use this information to focus and guide our local efforts in Washington County. If we continue to provide depression awareness and suicide prevention and promote healthy youth development, it is expected that the MSS will show an increase in protective factors that buffer our youth from depression and thoughts of suicide when the survey is conducted again in 2004.

## Next Steps

In the fall of 2002, a Washington County Adolescent Health Strategic Planning session was held with 70 youth and adults contributing to the direction for future activities. Key issues and needs that emerged include: development of youth and adult partnerships, youth employment, youth development and leadership opportunities, transportation, accessible and sufficient support services, training for adults on youth issues and developing political awareness skills.

Based on results of the Strategic Planning session and input from the Teen Health Fund groups, countywide efforts for 2003 will continue to focus on activities that raise awareness of depression and suicide and positive youth development in Washington County youth. Examples include:

- Trainings and education to youth, parents, school staff, and community on teen mental health or related issues.
- Developing community activities for youth such as teen centers, mentorship programs, recreational and volunteer opportunities, and peer leadership experiences.
- Continued networking with community partners such as Human Services Inc., Youth Service Bureau, Family Means and other providers or youth serving agencies.
- Establishing an email newsletter related to teen health issues.
- Maintaining a youth developed depression awareness and suicide prevention video and website (WaCyDasp.org).
- Positive Parenting of Teens, a program of the University of Minnesota Extension Service, is currently offered countywide at a variety of locations for parents to access. Efforts have been made to reach at-risk families by providing opportunities at the jail, shelters, and housing units.
- Activities that foster protective factors in our youth to encourage healthy behavior choices.

Strong partnerships have developed between local public health staff and community partners resulting from public health staff being available on a consistent basis. Building and maintaining partnerships requires a significant time commitment on the part of all partners. In addition, a commitment to sustained health promotion and prevention is essential to achieve change in health behaviors among youth. If community-based collaboratives are given sufficient support such as time, funding and expertise, they can turn serious social problems into opportunities for positive change at the individual, community, and systems level. Inconsistent support creates competition, fragmentation, and setbacks in community efforts, therefore, ongoing support is critical.

This report can also be viewed on our website at <http://www.co.washington.mn.us/> and click on Public Health/Environment, publications/newsletters. For more information call the Washington County Department of Public Health & Environment Adolescent Health Coordinator at (651) 430-6655.

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<sup>1</sup> 2001 Minnesota Student Survey, Department of Children, Families and Learning, St. Paul, Minnesota, 2001

<sup>2</sup> Minnesota County Health Profiles, Minnesota Department of Health, 2002.

<sup>3</sup> Minnesota Hospitalization and Healthcare Partnership, Hospitalization Data for Washington County, 2001.