

**Summary of 2004 Teen Health Funds in Washington County  
A Project Supported by the Local Public Health Grant  
April 2005**

**Introduction**

The Washington County Teen Health Fund (THF) was established in 2001 through a portion of the Minnesota Tobacco Endowment. The state eliminated local Endowment funding in June of 2003, making 2004 the first full year of operations without the use of the state formula funding for prevention activities related to youth health risk behaviors.

Washington County Department of Public Health and Environment continued to support a minimum of youth risk behavior prevention activity in 2004, from a portion of the Local Public Health Act funds. The goals adopted by the state under the Endowment were maintained with the new local allocated funds. The goals included initiatives for reducing youth risk behaviors and to increase the capacity of youth, adults, communities, and systems to effectively support youth health and healthy development. This required a comprehensive community-wide approach that involved collaboration and partnerships among youth, adults, and organizations within the county.

Funding for the 2004 THF was distributed to the five established service areas to maintain depression awareness, suicide prevention and healthy youth development activities. These risk and protective factors were a continuation from the established need determined in 2001 for the original Endowment funding.

Results of the Minnesota Student Survey (MSS) supported the decision to target suicide risk factors for youth. In 2001 for Washington County the MSS indicated, 36% of 9<sup>th</sup> graders had thought about committing suicide and 13% of 9<sup>th</sup> graders had actually attempted it<sup>1</sup>. Current 2004 Minnesota Student Survey Washington County data indicates 35% of 9<sup>th</sup> graders have thought about committing suicide and 11% have actually attempted it<sup>2</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>3</sup>. According to the Minnesota Department of Health Center for Health Statistics, there have been 46 suicides among those under age 25 from 1990 to 2003 in Washington County<sup>4</sup>.

**Overview of 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 prevention of depression and suicide among 12-18 year olds.***

The THF was established to assist local communities in the county to plan, implement and evaluate youth led-adult guided activities that address depression awareness, suicide prevention and healthy youth development. The five established service areas in the county include Forest Lake, Stillwater, South Washington County, Mahtomedi and Oakdale (part of School District 622). A total of \$10,000 from the 2004 Local Public Health Act was divided equally among all five service areas (\$2,000 each) for maintaining activities.

Each THF service area has a coordinator to oversee their group, a fiscal agent to control and disperse funds, and a technical assistant assigned from Washington County Department of Public Health and 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.

Through technical assistance, Department guidelines and requirements each THF planned and implemented effective strategies in the community. In order to receive the non-competitive funding, each THF group completed a work plan and budget. Ongoing group meetings determined the implementation of the local activities. Each THF completed a mid year report, end of the year report, and annual budget report to the Department for the evaluation process and the completion of this summary.

Washington County Department of Public Health and Environment continues to support each of THF local strategic directions and provide ongoing updates on proven practices for education, awareness and prevention activities for youth risk behaviors and healthy youth development. The THF groups are connected through a coordinators network and an electronic database for sharing information throughout the year.

#### **Highlights of the Teen Health Fund Activities in 2004**

The number of people reached through THF activities in 2004 were 12,895 youth ages 12 to 18 and 2,518 adults. The following are highlights from these activities:

- **Use of teen depression screening methods in schools has increased.** In 2001 there was only one THF district that implemented teen depression screening into the schools. By the end of 2004 three additional THF districts had added screening methods and the fifth district had a pilot screening planned for early in 2005. Through the use of evidence based tools, either the Reynolds Adolescent Depression Screening or the Teen Screen (Signs of Suicide-SOS prevention program), schools conducted screenings for students at the eighth or tenth grade level. A total of 1,977 students were screened during 2004 with 145 or 7% receiving appropriate professional follow-up and/or referral.
- **Community awareness.** Yellow Ribbon Suicide Prevention programs continue to reach junior and senior high school students in Forest Lake and District 622. Other anti stigma and awareness activities have taken place in Mahtomedi in collaboration with the Suicide Awareness Voices of Education (SAVE)

organization. Depression and suicide prevention activities in non public and charter schools was introduced or enhanced in 2004.

- **Peer leader groups are gaining momentum.** Forest Lake reported an increase of adult and student Yellow Ribbon “life lines” trained in the past three years. Stillwater, Mahtomedi, District 622, and Oltman Junior High (South Washington County) have youth leaders involved with classroom presentations or school-wide events.

Results from one peer leader training survey indicated:

*I know how to identify depression in someone else.*

*90% strongly agree (10% agree)*

*I know how to identify depression in myself.*

*98% strongly agree (2% agree)*

Another school training for peer helpers indicated the things they learned were:  
*how to be a better listener, how to get and/or offer help to others, what resources are in the school and community and how to make better more informed decisions for themselves.*

How they changed because of being a peer helper: *they stopped and thought before they acted; they knew that other students looked to them for help and guidance; they took school more seriously; they were more aware of everyone and how people were treated by each other; they felt like they could help make a difference at their school.*

Being a peer helper *increased their responsibility and self confidence; they were better problem solvers and more aware of their social surrounding.*

Students who were part of the class presentations given by the peer helpers were surveyed. *The majority of the students said that they would talk to a peer helper if they had a problem and some students named specific peer helpers they felt most comfortable talking to.*

- **Out-of-school time.** Additional outside funding was received by the St. Croix Valley Teen Center (formerly Graffiti Teen Center) to develop and start after school activities for teens in Stillwater. Although the facility made functional changes and planned after school programs for students, there were several challenges for the start up of a new program. Being able to market the after school program to students was an obstacle as the school district changed its policy in 2003-04 for how schools accept flyers or notices from community organizations. The district was also in the process of promoting an after school enrichment program and the additional activities at the Teen Center may have been viewed as competition with the district plans. The Stillwater THF and Teen Center staff, continue to explore ways to work with the district and to offer an off school site for student events.
- **Staff trainings.** State teacher training towards re-licensure now requires knowledge of signs and symptoms of teen depression and suicide. The THF

activities helped support this training in three districts. Comments from staff evaluations from the trainings included:

*“I learned the extreme importance of recognizing depression warning signs that may lead to destruction.”*

*“It is critical that teachers and parents are aware of the magnitude of this topic.”*

Lessons learned from THF activities conducted in 2004 include the following feedback from community coordinators:

- Set limits for what activities can be addressed by the community group and the new county funding limits.
- Look for outreach opportunities with groups addressing other various youth health behaviors.
- Find ways to build capacity and interest for increased partnerships, partner skills, and sustainable funding resources.
- Collect meaningful evaluations in a timely and efficient manner.
- Market activities and accomplishments through the media to help attract interest.
- Have a designated school staff and administrative support for THF activities in order to reach the target population.

### **Community-wide activities**

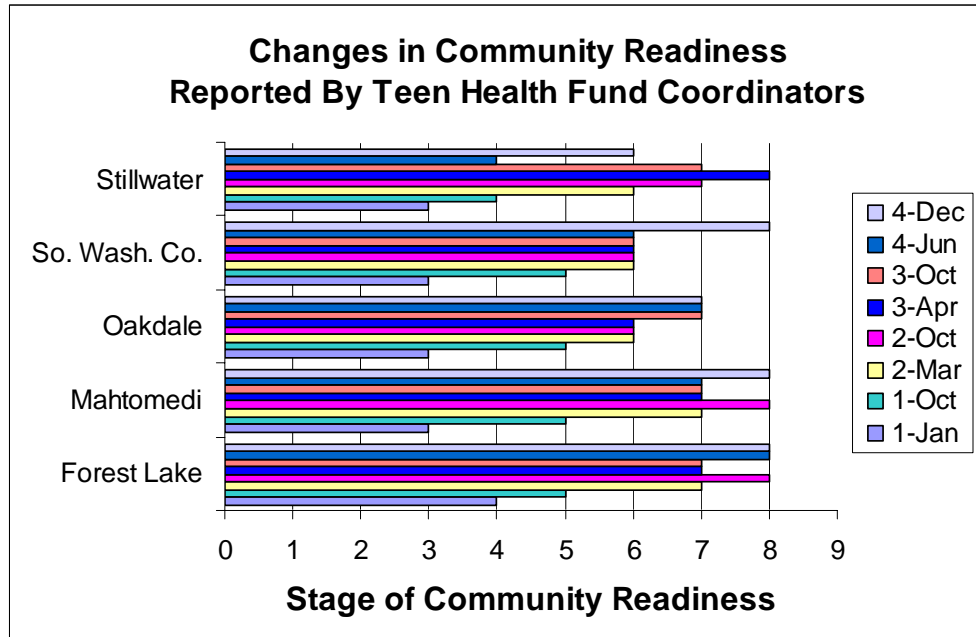
Along with local community efforts for teen depression awareness and suicide prevention, county staff continued activities reaching stakeholders throughout the county and region. Three targeted activities are highlighted below:

- Teen Health Source electronic newsletter was published three times during the year to report on Teen Health Fund activities and cover other healthy youth development efforts or research. The database for the newsletter is about 274 including youth, parents, youth serving agencies, and decision makers.
- The Washington County Youth Depression Awareness and Suicide Prevention website, [www.wacydasp.org](http://www.wacydasp.org) has been maintained recording 50,791 hits and 5,743 specific page hits during 2004. Plans have been developed to expand the website early in 2005 to include more teen health topics and to recognize more teen groups or community-wide prevention activities.
- Training from the Minnesota Department of Education was available for interested county stakeholders to support the development of youth health councils or other collaborative methods to broaden the scope of community work.

### **County Evaluation**

According to The Center for the Application of Prevention Technologies<sup>5</sup>, community readiness is the extent to which a community is adequately prepared to implement a prevention program. Since 2001, the nine stages of community readiness through which communities develop has been assessed periodically in each community group. Increased community readiness for prevention programming improves the likelihood that prevention efforts will succeed. The following chart indicates the progression of the five projects over the past four years. The projects are currently operating at stages six

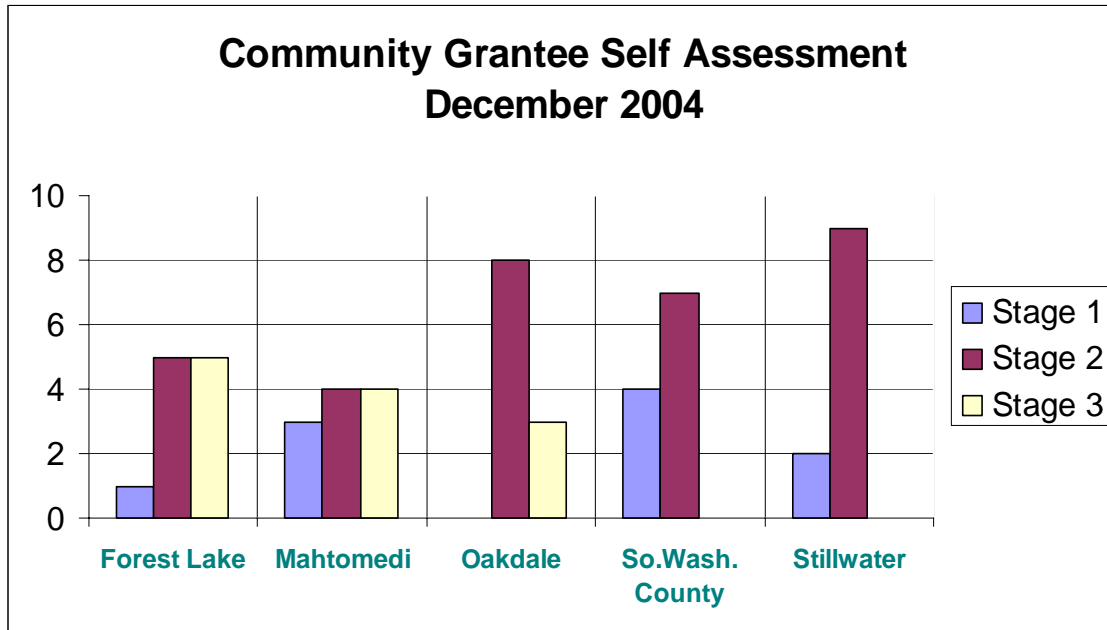
through eight meaning that programs are in place and expanding and responding to needs within the communities.



A second assessment for the THF administrated twice during the year is the Community Grantee Self Assessment. This tool is adapted from the National Institute of Standard and Technology, U. S. Department of Commerce<sup>6</sup>. The purpose of the tool is to recognize organizations excelling in quality achievement and management. The assessment covers ratings for the following core values and concepts: community mobilization, strategic planning, community assessment, program evaluation, policy advocacy, media advocacy, resource capacity, youth empowerment, public education and resources, training capacity, and program implementation.

The overall assessment ranking identifies communities that are working on capacity building in stage one, program implementation in stage two, and comprehensive programming in stage three. Shown in the chart below, Forest Lake THF is ranked in the comprehensive program stage with the other four groups ranked in program implementation. Two core values or concepts for growth county-wide are youth empowerment and media advocacy.

The county evaluation process is one way to follow the progress of the THF work plans and to learn ways to improve future programming or strategies.



## Conclusion

Although there has been a significant change in the funding for the THF programs established in 2001, the need and interest in the communities remains high for addressing teen depression and suicide prevention strategies. The county has remained committed to these efforts and has supported the five service areas with staff for technical assistance and minimal funding to maintain established prevention and awareness activities. Community interest has availed itself for building capacity around outreach, comprehensive program needs, evaluation, and leveraging outside funds to complement the existing initiatives. The next steps for the THF communities will include addressing the needs for sustainable funding, building capacity for youth and parents, and enhancing support from school administration or community stakeholders. The new 2004 Minnesota Student Survey results may help identify additional needs in the community and THF could be an established vehicle to begin moving toward additional youth risk behavior interventions and collaborative community efforts.

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

<sup>2</sup> Minnesota Student Survey Interagency Team. Minnesota Student Survey 1998-2004. Roseville, MN: Minnesota Department of Education 2005.

<sup>3</sup> Minnesota Department of Health, Center for Health Statistics, 2000-2003 County Health Tables. [www.health.state.mn.us](http://www.health.state.mn.us) . Accessed March 2005.

<sup>4</sup> Minnesota Department for Health, Center for Health Statistics. *Washington County Number of Deaths by Year and Gender by Age Group*. [www.health.state.mn.us](http://www.health.state.mn.us) Accessed April 6, 2005.

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<sup>5</sup> Southeast Center for the Application of Prevention Technology, Center for Substance Abuse Prevention. [www.secapt.org](http://www.secapt.org) . Accessed April 2, 2000.

<sup>6</sup> National Institute of Standard and Technology, U. S. Department of Commerce, 1987.

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