



**Minneapolis**  
*City of Lakes*

## **Public Health Advisory Committee**

Tuesday, July 27, 2010, 6:00 – 8:00 pm

Minneapolis City Hall

350 S 4<sup>th</sup> Street, Room 132

### **AGENDA**

Welcome & Introductions Approve June 22, 2010 Minutes	John Schrom Co-Chair	Vote	6:00 – 6:10
Youth Violence & Alcohol Use • American Indian Cultural Perspective • Latina Cultural Perspective	Richard Wright Mitch Roldan (Invited)	Presentations/Q & A	6:10 – 7:00
CDBG Year-end Report	Becky McIntosh	Report	7:00 – 7:20
Upcoming CDBG Process	Subcommittee	Discussion	7:20 – 7:40
Youth Violence & Alcohol Use	Subcommittee	Update	7:40 – 7:50
Department Updates	Gretchen Musicant		7:50 – 7:55
Information Sharing	All		7:55 – 8:00

**Next Meeting:** Aug 24th, Minneapolis City Hall, Room 132

If there are any problems/changes the night of the meeting, please call 612-919-3855.

**Minneapolis Department of Health & Family Support (MDHFS)  
Public Health Advisory Committee (PHAC)  
July 27, 2010**

**Members Present:** Gavin Watt, Robin Schow, Sean Cahill, Debra Jacoway, John Schrom, Lizz Hutchinson, Clarence Jones, Julie Young-Burns, Samira Dini, Mitchell Davis Jr., Dr. James Hart, Robert Burdick, Renee Gust, Barb Grossman

**Members Excused:** David Theriksen, Douglas Lemon

**Members Unexcused:** Noya Woodrich

**Staff Present:** Gretchen Musicant, Emily Wang, Brian Thomas May, Becky McIntosh

**Guests:** Richard Wright, Indian Health Board of Minneapolis

**John Schrom opened the meeting at 6:01 pm at City Hall, and members introduced themselves.**

Item	Discussion	Outcome
Welcome & Introductions Approve June 22, 2010 Minutes	<ul style="list-style-type: none"> <li>• Renee Gust moved to accept minutes</li> <li>• Clarence Jones seconded the motion</li> </ul>	<ul style="list-style-type: none"> <li>• Motion is carried</li> </ul>
Youth Violence & Alcohol Use	<ul style="list-style-type: none"> <li>• Richard Wright shared his experiences working in related fields, primarily with the Native community since 1976. He is a provider at the Indian Health Board of Minneapolis and has also served as Hennepin County pre-sentence investigator and Chemical Dependency counselor at Hazelden. (See handouts distributed: school presentation &amp; Wisug Tips to Stay Safe-targets elementary grades).</li> <li>• He works with out-patient alcohol dependent adolescents</li> <li>• Family dysfunction can lead to alcohol use. He's worked closely with <a href="#">Minneapolis</a> Police Dept (MPD), <a href="#">Minneapolis</a> Public Schools (MPS) &amp; court system to find behavioral risks in kids (truancy, discipline issues, etc). He works to strengthen families to lessen risks found in kids. (i.e. encourage adults to obtain the next education level, etc.) This has proven to keep kids safer.</li> <li>• Many kids come to IHB addicted to drugs. Kids often raid parents', aunts' and uncles' medications for their "Skittle Parties."</li> <li>• Challenge: How to engage 2<sup>nd</sup>/3<sup>rd</sup> grade kids in a non-threatening way? Richard created a ventriloquist act on safety and drug use.</li> <li>• Worked to get inhalants (white out, rubber cement, etc) out of classrooms. Kids could inhale 3-5 inhalants/classroom, so tried to institute policy to use non-toxic alternatives, which wasn't sustained.</li> <li>• We need Chemical Dependency counselors in all schools. They can be used very effectively to address these issues.</li> <li>• Little Earth housing project has experienced more evictions in the last several years than ever in order to get rid of problem families. This has helped keep violence levels down. No murders in the last 5 years. Effective services provided on site include: completing Rule 25 assessments for parents &amp; children and following recommendations; setting goal in obtaining the next highest educational level, including GED; and assistance in seeking employment.</li> <li>• Has seen kids come to clinic as young as 4 addicted. Older kids, including siblings, give them alcohol. Send kids to treatment for 45 days, but then return to toxic home where adults are using.</li> <li>• Focus needs to be on treating parents' disease, not just the kid's.</li> <li>• Chisago Brown Study at Hazelden involved schools and</li> </ul>	

	<p>law enforcement (Sheriff's department) to institute a youth drug court which helped kids stay in school by providing positive awards, leading to positive outcomes.</p> <ul style="list-style-type: none"> <li>• Kids don't know they have a problem. Alcohol is a way of life. So, it's the social worker, rarely the parent, who brings the youth to see Richard.</li> <li>• On reservations, the median age for CD counseling is 15.</li> <li>• School assignments for teens to report on laws re: possessing substances (i.e. cannabis) and learn what related crimes youth can be charged with, helps raise awareness &amp; prevent using drugs and alcohol.</li> <li>• If you are kind to yourself and feel needed, you will treat yourself well.</li> <li>• "Culture is prevention" PTSD is due to loss of culture- parents stopped parenting, kids went to boarding schools where their hair was cut, language not taught. Now parents are learning to parent and play with their kids. Traditions are returning- schools are now language immersion, hundreds of toddlers are dancing again, <a href="#">Indian</a> names are being given again to those who are able to follow the four philosophical laws of the Red Road path of life in the <a href="#">Ojibwas</a> culture: honest, kind, share, and strong.</li> <li>• In mid-1990s, Richard believes the advent of health plans made it challenging for working poor to be eligible for insurance, many feel between the cracks, which ultimately led to greater disparities, including mental health.</li> <li>• Recommendations: treat the parents, use programs to reduce disparities, bring back the work subsidy program for low-income kids, outsiders of the native community can ask, "How can we help?"</li> </ul>	
CDBG Year-end Report	<ul style="list-style-type: none"> <li>• Review of reports by Becky McIntosh</li> <li>• Lao Family Center – didn't work since families wouldn't provide income verification. Is not funded for second year.</li> <li>• Wellshare - <a href="#">Member</a> stated funding seems to always go to Cedar/Riverside &amp; Seward. Needs to be spread out to best serve the Somali population.</li> <li>• Division of Indian Work – no longer funded, couldn't meet funding requirements</li> <li>• Take-<a href="#">a</a>ways – hard to meet HUD requirements, recession has impact, small organizations are hard to keep running.</li> </ul>	
Upcoming CDBG Process	<ul style="list-style-type: none"> <li>• Emily Wang reviewed that survey results from previous grant cycle's community and staff reviewers, and other health-related institutions' RFP processes, helped to inform the proposed 2011-2013 CDBG RFP process. Presented draft process. (See handout).</li> <li>• Focus is on grant requirements of federal HUD, the funding source. New this cycle, MDHFS is proposing to add a pre-application step, in order to help all parties involved ensure eligibility before too much time is invested in the full proposal stage</li> <li>• May want to consider having agencies come to present to full PHAC</li> </ul>	<p>Renee Gust moved to accept draft as process, Gavin Watt Seconded motion</p> <ul style="list-style-type: none"> <li>• Renee Gust <a href="#">amended motion</a> to give power to MDHFS staff to tweak process as needed. PHAC members have 1 week to give any ideas for changes.</li> <li>• Gavin Watt Seconded <a href="#">amended</a> motion</li> <li>• Full motion carried.</li> </ul>
Youth Violence & Alcohol Use	<ul style="list-style-type: none"> <li>• Emily Wang reviewed subcommittee notes &amp; timeline for developing final recommendations (see handout).</li> </ul>	<p><a href="#">Recommendations will be presented at Blueprint for Action's 11/30/10 Executive Committee meeting.</a></p>
Department Updates	<ul style="list-style-type: none"> <li>• Gretchen Musicant hopes recommendations can lead to link between alcohol and violence.</li> <li>• Budget cuts unknown until new governor is in place.</li> </ul>	

Meeting adjourned at 8:00 pm

Minutes submitted by Brian Thomas May

I. PLEASE INCLUDE A NARRATIVE REPORT BASED ON ACCOMPLISHMENTS NOT INCLUDED BELOW TOWARDS MEETING THE GOALS OF THE PROJECT.

II. OUTCOME TABLE AND TIMELINE BENCHMARKS

PROJECTED

OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	4 <sup>TH</sup> QUARTER	FINAL
# of clients served	150	135	135	125	240
# Home Health Visits	60	50	50	40	200
% kept out of LTC	-	-	-	-	(100 %)
# blood pressure checks	465	450	410	375	1700
# clinic referrals	20	10	10	20	60

ACTUAL

OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	FINAL
# of clients served	149	141	154	128	258
# Home Health Visits	68	68	83	89	308
% kept out of LTC	-	-	-	-	100%
# blood pressure checks	556	484	496	384	1920
# clinic referrals	42	37	39	22	140

Year 35  
Awarded/used \$23K

Year 36  
Awarded \$23K

Southeast Seniors

II. OUTCOME TABLE AND TIMELINE BENCHMARKS

PROJECTED

OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	4 <sup>th</sup> QUARTER	FINAL
# Community health clinics	10	15	15	10	50
# blood pressure checks	60	120	120	50	350
# of exercise classes	10	10	10	10	40
Nursing Services:					
# Home health clients served	5	5	5	5	20*
# Home health visits made	50 visits	50 visits	50 visits	50 visits	200
# PHN clients served in home	5	5	5	5	20*
# PHN visits in home	30	30	30	30	120
# seniors kept out of LTC	-	-	-	-	20

\* Final unduplicated total served.

ACTUAL

OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	4 <sup>th</sup> QUARTER	FINAL
# Community health clinics	10	13	13	7	43
# blood pressure checks	94	101	95	55	345
# of exercise classes	17	22	23	17	79
Nursing Services:					
# Home health clients served	21	22	23	20	32
# Home health visits made	97	34	79	65	275
# PHN clients served in home	10	8	9	8	19
# PHN visits in home	22	17	37	16	92
# seniors kept out of LTC	-	-	-	-	29

Year 35  
Awarded/used \$23K

Year 36  
Awarded \$23K

*Longfellow School  
Healthy Services*

II. OUTCOME TABLE AND TIMELINE BENCHMARKS  
PROJECTED

OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	4 <sup>th</sup> QUARTER	FINAL
# Clients Served	53	53	53	53	212
# home nursing visits	42	42	42	42	168
#fall prevention assessments	-	-	-	-	8

# special outreach contacts	34	34	34	34	136
# kept out of LTC	-	-	-	-	

ACTUAL

OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	4 <sup>th</sup> QUARTER	FINAL
# Clients Served	198	308	203	226	355 <i>(67%)</i>
# home nursing visits	27	21	35	69	152 <i>90%</i>
# fall prevention assessments	9	8	8	14	39 <i>Assess</i>
# special outreach contacts	79	130	78	109	155 <i>records</i>
# kept out of LTC	23/24	21/21	14/15	46/48	96%

*Year 35  
Awarded \$23,000  
Used \$23,000*

*Year 36  
Awarded \$23,000*

*Catholic Charities  
Homeless Services*

**I. II. OUTCOME TABLE AND TIMELINE BENCHMARKS  
PROJECTED**

OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	FINAL
Conduct weekly pre-housing support groups. (40 total)			13	13	26
Assess and identify homeless elders.			13	13	26
Refer clients to housing and assist in application process			10	12	20
Clients will be re-housed in improved housing situations			10	10	35
Conduct weekly post-housing support groups.			8	8	30
Identify and refer clients for ongoing support and services.			5	5	20

**Actual**

OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	FINAL
Conduct weekly pre-housing support groups	N/A	N/A	13	21	34
Assess and identify homeless elders.	N/A	N/A	13	21	34
Refer clients to housing and assist in application process	N/A	N/A	12	18	30
Clients will be re-housed in improved housing situations	N/A	N/A	10	16	26
Conduct weekly post-housing support groups.	N/A	N/A	12	11	23
Identify and refer clients for ongoing housing support and services.	N/A	N/A	13	19	32

130%  
130%  
150%  
74%  
77%  
160%

*year 35 (4/09 - 3/10):  
Awarded \$69,000  
Used \$26,189 (38%)*

*Year 36 (4/10 - 3/11):  
Award \$49,000*

# SENIORS

WellShore (MIHV)  
Seniors

## II. OUTCOME TABLE AND TIMELINE BENCHMARKS

**NOTE: As the new scope of services and benchmarks have yet to be approved, we will continue to use the only approved version for reporting.**

PROJECTED

OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	FINAL
Conduct initial assessment of elders & develop care plan with specific goals & tasks	50 assessment visits and plans	85 of assessment visits and plans	85 of assessment visits and plans	80 of assessment visits and plans	300 assessment visits and plans
Conduct health & resource fairs to promote information sharing among elders & those who serve them.		Reaching 75 elders Reaching 15 providers	Reaching 75 elders Reaching 15 providers		Reaching 150 elders Reaching 30 providers
Conduct 3 month follow-up visit with elders to assess status of care plan.		40 elders visited 30 on track with care plan (70% of those followed)	60 elders visited 45 on track with care plan implementation	60 elders visited 45 on track with care plan implementation	160 elders visited 120 on track with care plan implementation
Conduct 6 month follow-up visit with elders to assess status of care plan implementation.			40 visited 30 on track with care plan implementation	60 visited 45 on track with care plan implementation	100 visited 75 on track with care plan implementation
Elders participating regularly (once per week) in fitness program & set personal fitness goals.		20 elders participating	15 repeat elders participating 5 new elders participating	20 repeat elders participating 5 new elders participating	20 unduplicated elders participating
Quarterly assessment of physical activity, social connectedness/support.		40 elders assessed	60 elders assessed	60 elders assessed	160 elders assessed

Year 35  
Awarded \$69,000  
Used 41,585 (60%)

Year 36  
\$69,000

# Seniors

WellShore (MIHV)  
Seniors

## II. OUTCOME TABLE AND TIMELINE BENCHMARKS

**NOTE: As the new scope of services and benchmarks have yet to be approved, we will continue to use the only approved version for reporting.**

PROJECTED

OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	FINAL
Conduct initial assessment of elders & develop care plan with specific goals & tasks	50 assessment visits and plans	85 of assessment visits and plans	85 of assessment visits and plans	80 of assessment visits and plans	300 assessment visits and plans
Conduct health & resource fairs to promote information sharing among elders & those who serve them.		Reaching 75 elders Reaching 15 providers	Reaching 75 elders Reaching 15 providers		Reaching 150 elders Reaching 30 providers
Conduct 3 month follow-up visit with elders to assess status of care plan.		40 elders visited 30 on track with care plan (70% of those followed)	60 elders visited 45 on track with care plan implementation	60 elders visited 45 on track with care plan implementation	160 elders visited 120 on track with care plan implementation
Conduct 6 month follow-up visit with elders to assess status of care plan implementation.			40 visited 30 on track with care plan implementation	60 visited 45 on track with care plan implementation	100 visited 75 on track with care plan implementation
Elders participating regularly (once per week) in fitness program & set personal fitness goals.		20 elders participating	15 repeat elders participating 5 new elders participating	20 repeat elders participating 5 new elders participating	20 unduplicated elders participating
Quarterly assessment of physical activity, social connectedness/support.		40 elders assessed	60 elders assessed	60 elders assessed	160 elders assessed

Year 35

Awarded \$69,000

used 41,585 (60%)

Year 36

Awarded \$69,000

4UP

Centro Cultural

II. OUTCOME TABLE AND TIMELINE BENCHMARKS

PROJECTED OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	FINAL
# of families participating in program	18	18	18	18	36 families in 6 month program
3 of families able to name at least 3 sources of support	15	15	15	15	30
# of families reporting increased knowledge of parenting youth ages 10-18	15	15	15	15	30
# of parents increasing their cultural arts skills	15	15	15	15	30
# of parents demonstrating their cultural arts skills					20

Actual OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	FINAL
# of families participating in program	29	50	36	22	58 161%
# of families able to name at least 3 sources of support	10	25	28	15	43 143%
# of families reporting increased knowledge of parenting youth ages 10-18	20	50	20	15	35
# of parents increasing their cultural arts skills	29	50	36	22	58
# of parents demonstrating their cultural arts skills	29	50	36	22	58

) exceeded

yr 35  
Awarded / \$ 47,000  
used

yr 36  
Awarded \$ 47,000

# Youth Violence Prevention

~~###~~ MPLS Urban League

## II. OUTCOME TABLE AND TIMELINE BENCHMARKS

### PROJECTED

OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	FINAL
# of families participating in boot camp		15	15	15	45
# of families completing boot camp		15	15	15	45
# of families with developed Wellness plans based on wellness assessments		15	15	15	45
# parents reporting that their children have not been victim or perpetrator of a violent act		15	15	15	45
# parents reporting having developed new skills and strategies to reduce violence		15	15	15	45

### Actual

Outcomes	First quarter	Second Quarter	Third Quarter	Fourth Quarter	Final
# of families participating in boot camp	14	9	0	11	34 76%
# of families completing boot camp	0	13	8	11	32 71%
# of families with developed Wellness plans based on wellness assessments	14	9	0	11	34 76%
# parents reporting that their children have not been victim or perpetrator of a violent act	0	12	8	11	31 69%
# parents reporting having developed new skills and strategies to reduce violence	0	12	8	11	31 69%

yr 35  
 Awarded \$69,000  
 used \$65,536 (95%)

yr 36  
 Awarded \$69,000

YUP

Lao Family Com.

II. OUTCOME TABLE AND TIMELINE BENCHMARKS

PROJECTED

OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	FINAL
# of Families receiving Monthly Home visits	15	15	15	15	27
# of parents reporting having learned new parenting skills	0	15	18	18	18
# of parents reporting decreased violence in their home after case closing	0	5	15	15	18
# of parents reporting positive changes in children's behavior and attitudes after case closing	0	5	15	15	18

Actual

OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	FINAL
# of Families receiving Monthly Home visits	5	6	6	5	10 37%
# of parents reporting having learned new parenting skills	0	2	2	2	4 22%
# of parents reporting decreased violence in their home after case closing	0	2	0	2	4
# of parents reporting positive changes in children's behavior and attitudes after case closing	0	2	1	2	4 ↓

YUP 35  
 Awarded \$69,000  
 Used 46,585 (68%)

YUP 36  
 Awarded \$0

Actual

OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	FINAL
Minneapolis low income teens receive physical examinations	Minneapolis low income teens receive physical examinations <i>NA</i>	Minneapolis low income teens receive physical examinations <i>NA</i>	Minneapolis low income teens receive physical examinations <i>NA</i>	Minneapolis low income teens receive physical examinations <i>NA</i>	Minneapolis low income teens receive physical examinations <i>NA</i>
Minneapolis low income teens will receive group and/or individual health education from the CNP	%/ Minneapolis low income teens will receive health education from the CNP group <i>0</i> individual <i>0</i> total	<i>64%</i> / <i>16</i> Minneapolis low income teens will receive health education from the CNP group <i>16</i> individual <i>16</i> total	<i>68%</i> / <i>67</i> Minneapolis low income teens will receive health education from the CNP group <i>67</i> individual <i>67</i> total	<i>27%</i> / <i>69</i> Minneapolis low income teens will receive health education from the CNP group <i>69</i> individual <i>69</i> total	<i>179%</i> / <i>152</i> Minneapolis low income teens will receive health education from the CNP group <i>152</i> individual <i>152</i> total
Minneapolis low income teens will receive support services and health education by enrolling in the PlainTalk program	Minneapolis low income teens will receive support services and health education by enrolling in the PlainTalk program <i>125 Am 1525</i>	Minneapolis low income teens will receive support services and health education by enrolling in the PlainTalk program <i>125 Am 1525</i>	Minneapolis low income teens will receive support services and health education by enrolling in the PlainTalk program <i>125 Am 1525</i>	Minneapolis low income teens will receive support services and health education by enrolling in the PlainTalk program <i>125 Am 1525</i>	Minneapolis low income teens will receive support services and health education by enrolling in the PlainTalk program <i>125 Am 1525</i>
Patient advocates will provide Minneapolis low income teens community resource information	Patient advocates will provide <i>NA</i> Minneapolis low income teens community resource information	Patient advocates will provide <i>NA</i> Minneapolis low income teens community resource information	Patient advocates will provide <i>NA</i> Minneapolis low income teens community resource information	Patient advocates will provide <i>NA</i> Minneapolis low income teens community resource information	Patient advocates will provide <i>NA</i> Minneapolis low income teens community resource information

0% of teens became pregnant during grant year.

yr 35  
Awarded \$ 66,000  
used 47,190 (72%)

yr 36  
Awarded \$ 47,000

# Teen Pregnancy Prevention

Southside Community  
Health Services

## II. OUTCOME TABLE AND TIMELINE BENCHMARKS

PROJECTED					
OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	FINAL
Minneapolis low income teens receive physical examinations	34 Minneapolis low income teens receive physical examinations	34 Minneapolis low income teens receive physical examinations	34 Minneapolis low income teens receive physical examinations	34 Minneapolis low income teens receive physical examinations	136 Minneapolis low income teens receive physical examinations
Minneapolis low income teens will receive health education from the CNP	25 Minneapolis low income teens will receive health education from the CNP _____ group _____ individual _____ total	25 Minneapolis low income teens will receive health education from the CNP _____ group _____ individual _____ total	25 Minneapolis low income teens will receive health education from the CNP _____ group _____ individual _____ total	27 Minneapolis low income teens will receive health education from the CNP _____ group _____ individual _____ total	75%/102 Minneapolis low income teens will receive health education from the CNP _____ group _____ individual _____ total
Minneapolis low income teens will receive support services and health education by enrolling in the PlainTalk program	10 Minneapolis low income teens will receive support services and health education by enrolling in the PlainTalk program	12 Minneapolis low income teens will receive support services and health education by enrolling in the PlainTalk program	12 Minneapolis low income teens will receive support services and health education by enrolling in the PlainTalk program	11 Minneapolis low income teens will receive support services and health education by enrolling in the PlainTalk program	45 Minneapolis low income teens will receive support services and health education by enrolling in the PlainTalk program
Patient advocates will provide Minneapolis low income teens community resource information	Patient advocates will provide 19 Minneapolis low income teens community resource information	Patient advocates will provide 19 Minneapolis low income teens community resource information	Patient advocates will provide 19 Minneapolis low income teens community resource information	Patient advocates will provide 19 Minneapolis low income teens community resource information	Patient advocates will provide 76 Minneapolis low income teens community resource information

ACTUAL OUTCOMES	FIRST QUARTER SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	FINAL
Number of participants	128 <i>of 150 projected = 85%</i> <del>130</del>			128
Number of hours of program exposure	6.5 hours per day x 5 days x 12 weeks=390			
<p>Within 5 days of enrollment all Broadway teens will have met with their assigned case manager and initiated a School Success Plan (SSP)</p> <p>Within 10 days of enrollment, students will have developed a pregnancy prevention plan as part of their SSP and have participated in 1 NRN session. Within 1 month of enrollment appropriate students will be recruited for Media production</p>	<ul style="list-style-type: none"> <li>96 % ( 110 ) of students were assigned a case manager an had initiated a school success plan, and participated in the new student orientation class within 5 days of enrollment</li> <li>10 5 (92%) of students have developed a pregnancy prevention plan.</li> <li>89 students have enrolled in Not Ready Now.</li> <li>20 of our 3<sup>rd</sup> year students are participating in a year-round Not Ready Now media course. These students will be creating podcast diaries and end with an video documentary detailing their research on pregnancy prevention research and promising practice. During their course they will not only research the topic, they will also interview experts in the field and end with interview session of female family members to explore the intergenerational aspect of adolescent pregnancy.</li> </ul>			<ul style="list-style-type: none"> <li>1 56 (82%) of students were assigned a case manager and had initiated a school success plan, and participated in the new student orientation class within 5 days of enrollment</li> <li>1 38 (88%) of students have developed a pregnancy prevention plan.</li> <li>1 28 students have enrolled in Not Ready Now.</li> <li>9 8% of NRN students have successfully delayed a second pregnancy.</li> </ul>
Indicators of participant satisfaction	Case management and Not Ready Now surveys will be completed in January			98% of 37 surveyed students indicated that their case manager was helpful to extremely helpful in creating a pregnancy prevention plan and remaining enrolled in school.

*yr 35  
Awarded/Used \$69,000*

*yr 36  
Awarded \$69,000*

# Teen Pregnancy Prevention

Mpls Public Schools

## OUTCOME TABLE AND TIMELINE BENCHMARKS

### MONITORING OUTCOMES: Case Management Targets

June 1 <sup>st</sup> 2010	September 1 <sup>st</sup> , 2010	December 1 <sup>st</sup> 2010	March 1 <sup>st</sup> 2011	June 1 <sup>st</sup> 2011
128	165	220	270	300

*Projected 150*

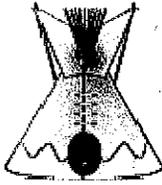
*Projected served over 2 years*

Measurable Performance Objectives	Benchmarks	Milestones
#1 Provide 300 students with comprehensive case management services to improve school retention and delay repeat pregnancies.	Within 5 days of enrollment all Broadway teens will have met with their assigned case manager and initiated a School Success Plan (SSP)	By June of 2011, 300 students will have remained enrolled in school, and have received at least 6 months of intensive case management services
#2 Provide 300 students with Not Ready Now intervention services. To include 100 students participating in multimedia podcasting, public service announcements and peer education with middle school youth.	Within 10 days of enrollment, students will have developed a pregnancy prevention plan as part of their SSP and have participated in 1 NRN session. Within 1 month of enrollment appropriate students will be recruited for Media production	By June of 2011, 300 students will have had at least 6 months of NRN interventions, with fewer than 15 participants experiencing a repeat pregnancy.
		By June of 2011, the Video Club will have created 6 different Public Service Announcements, 15 different Video Podcasts and engaged in 10 peer mentoring sessions with a total of 80 middle school youth.
# 3 Provide 200 students with onsite postsecondary opportunities in partnership with MCTC	Starting 4 <sup>th</sup> quarter (April 2010) a minimum of 4 onsite Postsecondary courses will be offered with a minimum of 50 students enrolled each quarter.	By June of 2011, 125 students will have successfully earned a minimum of 4 college credits while enrolled in high school.

### Data Collection Plans

Data to be collected	Preliminary data collection plan (i.e. type of tool or method – survey, program logs, sign-in sheets.)	How often will this information be collected?
1. Number of participants	School enrollment data, student attendance data, MCTC, Postsecondary enrollment data	Quarterly
2. Number of hours of program exposure for different activities	Attendance in NRN and PSEO classes, case management time-tracking log, attendance in Media Production Club, # and duration of peer education sessions.	Quarterly
3. Measures of impact/outcome attainment	School enrollment data, credits earned, # of repeat pregnancies,	Quarterly
4. Indicators of participant satisfaction	Student satisfaction surveys, focus groups, evaluation surveys from peer education groups	Quarterly

\*The program coordinator and NRN facilitator will collect the data and disseminate the information to the CDBG Advisory Board which is comprised of students, staff and stakeholders.



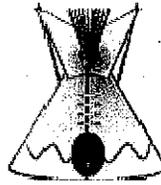
### **Wiisug Tips To Stay Safe**

- **Always lock your doors when you get home**
- **Never tell someone on the phone that you are alone at home**
- **Never leave windows open at night when sleeping**
- **Scream loud if a stranger grabs you**
- **Never let anyone touch you in your private places**
- **Don't take candy from a stranger**
- **Don't get in a strange car**
- **Dial 911 if scared**
- **Have a Wiisug neighbor where you can go to be safe**
- **Travel with a friend**
- **Always let your parents know where you are**
- **Memorize your home phone number**

**These safety tips are brought to you by *Wiisug*, an elder working at the**

**Our Children Are Sacred  
Program For assistance call Ph:  
612-721-9814**

**Take this list home and talk to your parent about it!**



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## **BRAMI : Ideas for Future CDBG Process<sup>1</sup>**

### **I. Form PHAC-CDBG Subcommittee (April 2010)**

### **II. RFP Development**

Staff, PHAC & other community members (primarily to ensure clear communication/understanding specific to funding priorities and participant eligibility documentation)

### **III. Pre-proposal Conference & Posting Frequently Asked Questions**

Staff, PHAC Co-Chairs

### **IV. Pre-Application/Notice of Interest - Staff reviewed**

Staff develop template for Notice of Interest submission, e.g.:

- Priority area to address, target population, projected # to serve
- Summary of program idea, past history providing these services to the target population
- Grant requirements - process for determining eligibility
- Readiness, capacity, & potential to succeed (i.e. financial audits, agency board & staff composition, authentic partnership/collaboration?, etc.)

### **V. Invitation to Submit a Full Proposal for those agencies that pass the Notice of Interest screening**

### **VI. Grant Review**

Staff, PHAC & other community reviewers (8-10 reviewers per category),  
16-20 reviewers total: 2 Categories: 1) Sexual Health & 2) Youth Violence  
Review sessions held on two separate mornings.

Reviewer commitment:

1. Attend required training
2. All reviewers read all proposals and score, primary readers prepared in depth.
3. Attend a half day review session.

#### Training for Community Reviewers/Staff

- Community reviewers provide perspectives that we don't have
- Spirit/meaning of our specific goals/funding principles
- Sharing criteria staff and PHAC will be considering
- Summary matrix of key proposal characteristics to be utilized in community reviewer session

All reviewers for each category review all proposals for a preliminary score. Each proposal assigned a primary reviewer. Staff develop a report template for primary reviewer presentation to standardize reports (e.g. summarize idea, five strengths, five weaknesses, include prompts to dig deeper and be specific). At end of discussion reviewers assign a final score. Note any questions or clarifications that might need follow-up at the site visit.

Staff attending review sessions: facilitator, staff content expert, Becky (admin), Emily

Staff Review Separately – comments/scores available for discussion at the review session if needed  
Scoresheets/strengths & weaknesses

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<sup>1</sup> Informed by: 2009 community reviewer survey, staff, Minnesota Department of Health-Office of Rural Health & Primary Care Community Clinic Grant Program, BlueCross BlueShield Foundation Healthy Together & Growing Up Healthy, Hennepin County Continuum of Care Homeless Assistance Program, and Asian Americans/Pacific Islanders in Philanthropy

- VII. **Site Visit** - Staff visit top scoring proposals for each priority area if final score at least  $\geq 70\%$ .
- Assess capacity to provide the service, review specifics of eligibility documentation
  - Follow-up on questions/clarifications from reviewers
  - Opportunity to learn more about the agency's work, proposed activities, program capacity, the community they serve, info on financial/admin capacity
  - Discuss impact of possible reduction in funding from requested amount
  - Provide agency staff with more information on CDBG requirements
  - Staff for visits: Emily, Becky (admin), content expert

VIII. **Site Visit & Funding Recommendations to PHAC**

- Key staff & Commissioner attend PHAC meeting Jan 2011
- Discussion of top proposals and results of site visits
- PHAC discuss any recommendations about balancing across priorities, geographic, race/ethnicity; develop their final recommendations to go to the Commissioner

IX. **Approval of Final Recommendations**

Commissioner finalizes funding award amounts and recommendations sent to City Council

X. **Consolidated Plan**

The final list of funded agencies included in the City's Consolidated Plan that is submitted to HUD

1) What is your current experience like working w/ American Indian youth (10-24 yrs) using/abusing alcohol?

Perform Rule 25 Assessments

Fetal Alcohol Clinic

Eden Youth IOP 11 to 18 yrs of age, one year duration program

Eden Children's Case Management Project targeting Inhalant Abuse  
Across the State of Minnesota

2) What do you see in your practice within the American Indian community about the relationship between violence & alcohol?

Violence is preventable when community supports are emplaced. Aware of one initiative with LEUT, Hennepin County court. The rate of murder has decreased to zero in the past five years. Residents that have a police presence in the home are encouraged to remedy trouble with a three pronged goal set of engaging in the next highest educational requirement, seeking employment, and getting a Rule 25, and follow the recommendations therein.

3) Do youth share your perspective on risk of alcohol use?

Youth tend to marginalize ATOD use. Differs with age groups. Up to age 13 have no idea about being diagnosed with abuse. Up to 15 are in their own lala land, and are indifferent. Up to 21 are intellectual and want to argue the point.

- 4) Please share any other info that you think is useful in informing our panel in recommendations to prevent youth violence in Minneapolis as it relates to alcohol use.

Wii-sug safety tips-targets elementary grades

By listening to youth leaders, we know that they want action from government leaders and other adult leaders of school, business and civic sectors. In many different ways and surveys the youth tell us to:

- (1) Get the guns out of our schools and neighborhoods;
- (2) Enforce the laws; includes school zero tolerance for drugs
- (3) Provide meaningful after-school activities;
- (4) Help us get good paying jobs/careers; and
- (5) By all means, do something. We need your help.

Youth can be powerful, relate to Inhalant Abuse conference in Pierre Indian learning Center, locked your gas caps.

Prevention programs need to be returned to kids

Government sanctioned programs

Brown county, Carver county Study demonstrates that when school work with the courts, and parents, status offenses, criminal drug crimes decrease.

## 7/21/10 Notes

### PHAC Subcommittee: Youth Violence & Alcohol Use

**Attendees:** Angela Hackel (MDHFS staff), Garret Peterson (MDHFS intern), Gavin Watt, Emily Wang, and Julie Young-Burns

#### Revisit PHAC charge by Blueprint for Action Executive Committee

- Group reviewed PHAC charge by *Blueprint for Action* to develop recommendations to prevent youth violence, with a focus on the intersection of chemical use with violence
  1. PHAC will focus on developing *recommendations* which support Goal #2 of the Blueprint:  
Intervene at first sign that youth & families are at risk for or involved in violence
    - Focus will be on youth 10-24 yrs
    - PHAC decided to narrow the focus from chemical use to **alcohol**
- Final PHAC recommendations will be presented at the Executive Committee's Nov 30<sup>th</sup>, 2010 meeting

#### Review information received to date

- Group reviewed info received to date, including results of lit reviews & highlights from guest speakers (i.e. Julie Young-Burns, Lt. Michael Sullivan, Toben Nelson, Phanat Vang, Rashida Fischer, etc.) compiled in summary tables by Angela Hackel

#### Group Discussion

- Group discussed ideas to narrow focus & clarity of recommendations further to **3 possible areas**:
  1. Access to alcohol, specific to homes & families (where most youth get the alcohol)
  2. Define violence
    - Interpersonal & physical (i.e. gang violence, 18-25 yr old perpetrators & victims, etc.)
    - Non-physical, verbal, threats & aggression (involves broader age range of youth)
    - Dating & sexual violence
  3. Reduce Access (Drug-Free) vs. Reduce Violence
    - Reduce Access interventions can include: education targeting parents, youth & young adults
    - Julie Young-Burns will explore reducing violence interventions further (including Oakland, CA Prevention Institute)
- Challenges w/ developing specific recommendations
  1. No central home for this type of work-many players (i.e. city health dept, city police, schools, non-profits, etc.)
- Possible Recommendations
  1. Mass media education campaigns/Specifically determine who needs to be educated
    - Parents of middle school & high school youth
    - Parents of 15-18 yr. olds (generally speaking, existing efforts are weaker w/ this group than w/ parents of 21 yr olds)
    - 21-25 yr olds (including older siblings; focus on consequences of buying for minors)
    - What could happen at weddings, funerals, quinceaneras (coming of age ceremony in some Latin American cultures re: girl's 15<sup>th</sup> birthday, etc.)?
  2. Addressing glamorization of alcohol mixed w/ sex & violence through marketing
  3. Social networking, electronic aggression, cyber bullying, posting photos taken at parties of those under the influence, etc. enhances impact of fights, etc.
  4. Binge drinking & violence (focus on ritual drinkers, including gangs-take victim perspective w/ this)
  5. Kids drinking heavily as grieving process/unhealthy memorializing, etc.

## Proposed Timeline

~Aug 17<sup>th</sup> Angela offered to do another lit review specific to the 3 possible areas discussed & add to existing lit review. She will forward to subcommittee members in time for next subcommittee mtg.

① ~Aug 24<sup>th</sup> Possible subcommittee mtg: **Aug 24<sup>th</sup> at 4:30 p.m. (day of next PHAC mtg)??**

Aug 24<sup>th</sup> PHAC Meeting- Youth violence & alcohol use is major agenda item

② ~Sept 28<sup>th</sup> Possible subcommittee mtg: **Sept 28<sup>th</sup> at 4:30 p.m. (day of Sept PHAC mtg)??**

Sept 28<sup>th</sup> PHAC Meeting

③ When? Possible subcommittee mtg:

Oct 26<sup>th</sup> PHAC Meeting (Vote on final recommendations)

Nov 30<sup>th</sup> Blueprint for Action Executive Meeting  
(Noya presents PHAC recommendations)

*Meeting Wizard  
choices*

**City of Minneapolis  
Public Health Advisory Committee Members  
2010**

1	Reich	Gavin	Watt	R	<i>[Signature]</i>
2	Gordon	Robin Kay	Schow		<i>[Signature]</i>
3	Hofstede	Vacant	Vacant		
4	Johnson	Vacant	Vacant		
5	Samuels	Mitchell	Davis Jr	R	<i>[Signature]</i>
6	Lilligren	Vacant	Vacant		
7	Goodman	Sean	Cahill	R	<i>[Signature]</i>
8	Glidden	Debra	Jacoway	R	<i>[Signature]</i>
9	Schiff	John	Schrom	R	<i>[Signature]</i>
10	Tuthill	Lizz	Hutchinson	R	<i>[Signature]</i>
11	Quincy	Robert	Burdick	R	<i>[Signature]</i>
12	Roy Colvin	David	Therkelsen	E	
13	Hodges	Vacant	Vacant		
	Mayor's Representative	Clarence	Jones	R	<i>[Signature]</i>
	Minneapolis Public Schools	Julie	Young-Burns	R	<i>[Signature]</i>
	Hennepin County Human Services and Public Health Department	Renee	Gust	R	<i>[Signature]</i>
	U of M School of Public Health	Dr. James	Hart		<i>[Signature]</i>
	Member at Large	Samira	Dini	R	<i>[Signature]</i>
	Member at Large	Noya	Woodrich		
	Member at Large	Douglas	Lemon	E	
	Urban Health Professional Advisory Committee	<i>[Signature]</i> Revolving	<i>[Signature]</i> Revolving		<i>[Signature]</i>
	Minneapolis Health & Human Services Leadership Group Representative	Revolving	Revolving		
	Minneapolis Health & Human Services Leadership Group Representative	Revolving	Revolving		
	Urban Health Agenda Community Advisory Committee Representative	Revolving	Revolving		