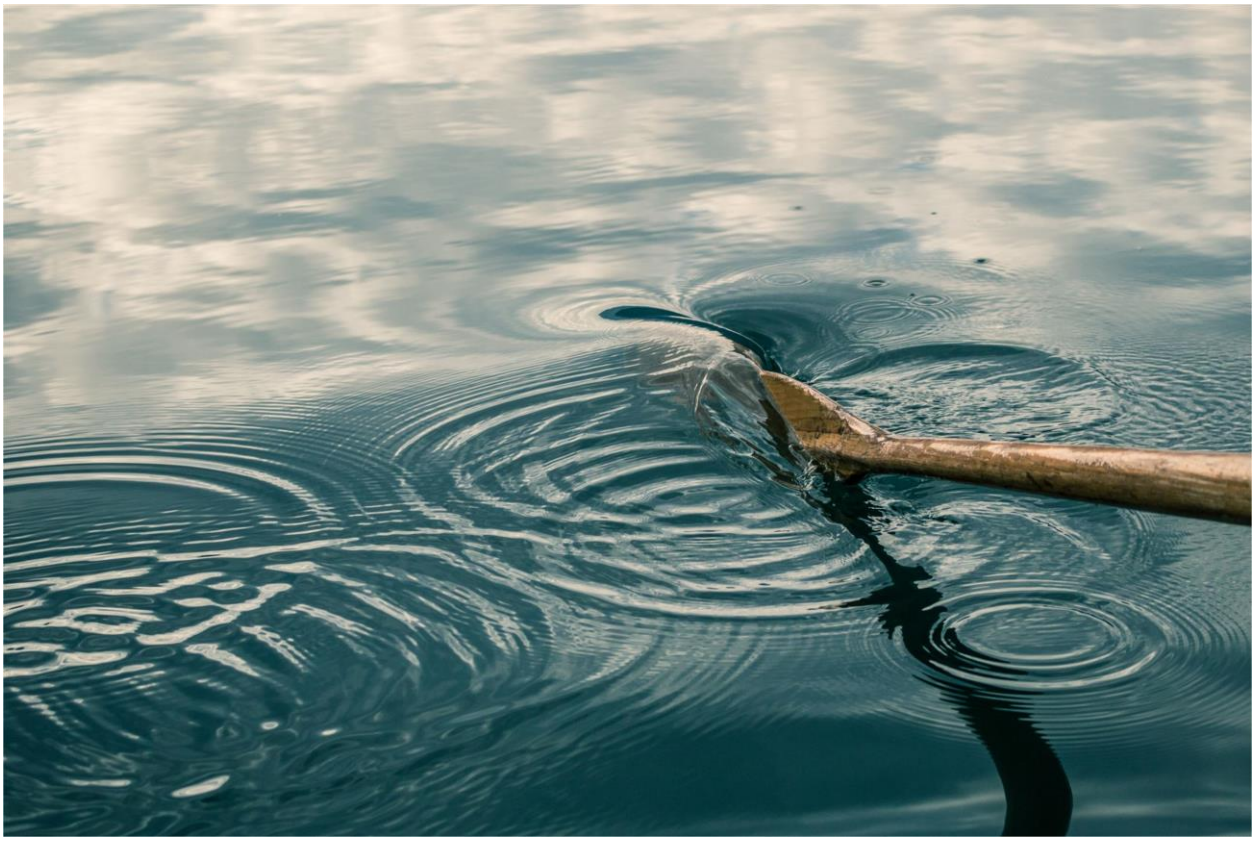
Regional Needs Assessment: Phase One

ARROWHEAD BEHAVIORAL HEALTH INITIATIVE REGION 3



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Introduction of Overall Project

The overall goal of our work is to conduct an in-depth assessment of the current behavioral health landscape in NE Minnesota to identify critical improvements to existing services, new opportunities for investment, and important policy recommendations. This intentional systematic examination will identify improvements and opportunities that will positively impact the health and well-being of persons seeking or needing behavioral health support; by creating a feedback loop with the decision makers, planners, and funders of services.

The focus area for this assessment is the Arrowhead Behavioral Health Initiative's Region: Minnesota Counties and Lake Superior Chippewa Bands of Bois Forte, Carlton, Cook, Fond du Lac, Grand Portage, Itasca, Koochiching, Lake, and St. Louis.

Phase One

The goal of phase 1 is to identify and analyze existing relevant data to provide a national, state, and regional context and to determine what additional data and perspectives are needed for the complete assessment. As we embarked on this phase of the work, we recognized it was important to establish a conceptualization of an ideal continuum of care and to create a framework for organizing the known barriers for accessing and utilizing the behavioral health care continuum. We believe that the existence of a clear theoretical framework is critical for guiding intervention development and measurement, and hope this model serves as a template that will help Region 3 create a shared vision and language and facilitate discussion on shared priorities.

The Phase One steps included:

- Conducted an extensive review of the literature, including published articles, recently published books, and publicly available reports with the purpose of establishing an ideal continuum of care and in-depth analysis of the barriers to care (see Reference Section).
- Connected with numerous partners in Region 3 to learn about their data collection and to develop an understanding of how they use the data in decision making or planning.
- Developed an understanding of the current systemic changes in Region 3 which impact the delivery of behavioral care services.
- Established an ideal continuum of care.
- Created a model for organizing the known barriers for accessing and utilizing behavioral health care.
- Linked national, state, and regional secondary data with the barriers.
- Analyzed regional secondary data.
- Established suggested focus areas for Phase Two.
- Began to collate interventions and approaches to address the identified barriers.

Summary of Regional Context Changes

In the last couple of years, the region has experienced new projects and initiatives that influence the delivery of behavioral health care. We identify these projects to ensure that we recognize the steps the region is taking and avoid providing recommendations on changes that have already occurred.

Implementation of the Clarity Project

The Clarity Center for Wellbeing is scheduled to open in Duluth in 2024. The vision of the center is to "provide patient-centered, holistic support and care to any age individual who is experiencing a substance use and/or mental health crisis through comprehensive care models facilitated by caring professionals."[1] They will be able to triage care and offer treatment for mental health, substance use, and co-occurring disorders; family support; peer support; medication management; referrals; crisis response team, etc. The center will be located in the Hillside neighborhood of Duluth.

Duluth Crisis Stabilization Program Changes Management

The Duluth crisis stabilization program (formerly called Birch Tree) operated by Thrive Behavioral Network closed and re-opened in early 2024 under management by HDC, now called Yellow Leaf Support Center. At the same time, Thrive Behavioral Network re-opened Birch Tree in a new location nearby.

New Leaf Healing Center

The New Leaf crisis stabilization program opened in 2017 in Cohasset under the management of First Call for Help. The center is intentionally located in a rural setting with access to nature. They have incorporated Indigenous cultural activities, art, and outdoor experiences into their care.

[1] https://www.stlouiscountymn.gov/departments-a-z/public-health-human-services/adult-services/clarity-project, para 3

Snapshot of Current Need

Based on data gathered from First Call for Help, CADT and MN Department of Health, we present an initial snapshot of who is seeking and needing behavioral health care, highlighting the following trends (see Appendix A for the full findings):

Thousands of people are reaching out to crisis line for help or to talk.

Between January-December 2023 there were 8926 calls in Region 3, 15% of these calls were for persons aged 10-24, 25% were persons aged 25-44.

High rate of detox admissions supporting unhoused populations

CADT is serving between 15-16% of statewide admissions in 2022 despite Region 3 population being 5% of the state's population.

Vast majority of admissions are of single, unhoused, males.

Detox admissions grew significantly in recent years, 106% between 2022 and 2023, while withdrawal management admissions grew only slightly (2%).

Young adults are disproportionately dying by suicide or inflicting self-harm and rate is growing in older adults.

In 2020 there were 10,168 visits to the ER and hospital for self-harm, with females aged 10-25 significantly overrepresented.

The suicide rate continues to be significantly higher than the state average; 27.0 to 14.3 (per 1000).

Males make up approximately 80% of the recorded death by suicide, and rate of older adults has increased since 2020.

Changes to Minnesota Commitment Laws and Processes

In 2023, Minnesota passed a law that modified the state's response and process for when someone is found 'incompetent' to proceed with their trial due to mental illness or cognitive impairment. There will be a forensic navigator who will assist the defendant to navigate the competency process and establish plans for accessing the support they need (housing, etc.) if they are found incompetent and returned to the community. The changes will also allow the courts to refer people to a competency restoration program, which focuses on re-establishing competency if appropriate.

Expansion of Mobile Crisis

Mobile Crisis has expanded in the region while also consolidating triage. Current Mobile Crisis Providers are HDC, Range Mental Health, Northland Counseling, and Fond du Lac. First Call For Help staffs the mobile crisis response team for Itasca County and does phone triage to all crisis teams in the region.

Implementation of 988 Suicide and Crisis Line

In 2022, 988 became a nationwide number for persons to use when they or someone they are with is experiencing a mental health crisis. In Region 3, 988 can be used anywhere in the region. 988 does not utilize geolocation. Calls are routed by area code, and anyone with a 218-area code will reach First Call For Help/Arrowhead Regional Crisis Line if they call 988. However, if someone with a different area code calls 988 they will be routed to the call center assigned to that area code. For this reason, a toll-free number 844-722-4724 continues to be published as well as 988. Itasca County publishes their local phone number (218) 326-8565 in addition to 211.

Ideal Continuum of Care

Our approach to behavioral health is built on the assumption that behavioral health care exists along a continuum. The ideal continuum spans from prevention to recovery and is meant to ensure that access to interventions is universally available when needed. The proposed ideal continuum of care (below) will be utilized as an analysis tool during this project to help guide our consideration of barriers, opportunities, and potential recommendations.

Prevention/ Pre-emption			Interventions and Treatment				Recovery
Well-being/ health promotion	Prevention	Early intervention	Basic clinical services	Community services and support	Crisis response	Inpatient & Hospitalization, Residential Treatment	Recovery & Resilience
Universal efforts to promote healthy lifestyles &	*Universal efforts to expand learning and use of skills to*	*Strategic efforts to ensure training & access to early*	*Universally accessible clinical supports for behavior*	*Universally accessible supports to reduce acuity and prevent crisis*	*Accessible crisis response to triage evidenced-based need.*	*Evidenced-based treatment for highest levels of behavioral health needs.*	*Intentional recovery coaching & support with peer wisdom at forefront.*

emotional literacy.	*navigate distress.*	*interventions.*	*health maintenance.*				

Review of the Literature

This phase of work began with an extensive literature review, including published articles, recently published books, and publicly available reports. The aim of this literature review was to allow us to identify the latest understanding and theory around behavioral health care and treatment seeking and allow us to situate the current behavioral health landscape within NE Minnesota within this larger context. One significant focus of the literature review was to develop a theoretical understanding of the different types of stigma which impact utilization or access to care.

We were intentional in using the language of 'behavioral health' as we conducted a review of the literature, rather than the more limited concept of mental health. The expanded concept of behavioral health better reflects the needs of the population Region 3 serves, with co-occurrence of mental health issues, alcohol, drug, and substance use and other behavioral challenges. At the same time, we recognize that despite the wide spread of behavioral health conditions and their co-morbidities in the U.S., behavioral health conditions are undertreated and fragmented. As a result, much of the literature and data on the subject often adopts a more limited framework, focusing primarily on mental health issues and treatment within the medical system. We are aware that this focus also characterizes some of the data we use but hope that our approach can contribute to the expansion of the understanding of behavioral health care beyond the framework of mental health.

Through this report we provide some of the key contextual information around barriers and the continuum of behavioral health care. We will not include the literature review in its entirety but will be pulling from this throughout the project.

Barriers for Accessing and Utilizing Effective Behavioral Health Care

The following section introduces a comprehensive model that organizes the barriers for behavioral health help. The goal of this model is to map the barriers in a systematic way, allowing for a better understanding of the experience of persons seeking care and the data available about those experiences and individuals.

I. Attitudinal Barriers (AB):

Attitudinal barriers, which are considered central barriers to behavioral health treatment, include cognitions and emotions that prevent individuals from seeking help. The following analysis presents different types of attitudinal barriers.

a. Public Stigma: This is one of the main barriers that is identified in the literature as preventing people from seeking behavioral health services and is divided into three different aspects, which each introduces different challenges for seeking care:

   i. *Perceived Public Stigma*: This category focuses on the perception of the individual of public stigma, specifically, of the collective perception by members of society that stigmatizes persons who have a mental illness. Research shows that endorsing negative attitudes about mental illness predicts less active help-seeking. This link is partly a result of higher levels of perceived public stigma associated with self-stigma.

   ii. *Structural Stigma:* This category focuses on the macro level implications of public stigma, and the way they limit resources for mental health services. Structural stigma may impact the institutional priority toward behavioral health services, which will result, for example, in limited funding and longer wait times.

   iii. *Cultural Stigma:* Cultural values are often used to explain some of the disparity between different groups in their utilization of mental health services. This can be a result of cultures that have stronger stigma toward mental health issues, as well as cultures that emphasize self-help and reliance on the family system, or a legacy of harm caused by mental health services.

b. Personal Attitude: This category is shaped by the perceived public stigma, but it results in internalization of these assumptions and creates additional challenges for persons experiencing behavioral health issues seeking care. This barrier is divided into three different aspects, which each introduce different challenges for seeking care:

   i. *Perceived Need for, and Effectiveness of, Behavioral Health Services:* There is a clear link between low perceived benefit in engaging in mental health treatment and reluctance to seek help.

   ii. *Attitude Toward Help Seeking:* Negative attitudes toward help seeking are widespread among many individuals and groups, but it is most common among young adults - especially those with lower education and socioeconomic resources – and those with substance use or dependence problems.

   iii. *Self-Stigma:* Self-stigma reflects the internalization of public stigma, which impacts an individual's own approach to seeking treatment. This attribute results in low self-esteem and is linked to higher rates of hospitalization, and lower rates of help-seeking.

II. Structural Barriers (SB):

According to much of the research, structural barriers such as cost of, reimbursement for and access to services, are barriers to persons needing care as well as for the providers. The following analysis presents different types of structural barriers:

a. Cost: Much of the current research in the United States suggests that the cost of services prevents certain groups and individuals from accessing care. This barrier especially impacts low-income individuals and those who experience severe mental health issues. Factors of cost are relevant to people who do not have health insurance and those who have insurance but with high deductibles or copays.

b. Reimbursement: The issue of cost also impacts providers, as they experience lack of insurance coverage parity between behavioral health care and other medical conditions and persistent inadequate reimbursement rates for Medical Assistance.

c. Workforce Challenges: There are current challenges with recruiting and retaining qualified behavioral health professionals and turnover of therapists, which may lead individuals already seeking care to stop using behavioral health services. This issue is significant in MN, where workforce challenges continue to be one of the most daunting barriers for the development of comprehensive behavioral services. We also recognize that some characteristics of Region 3, including the remoteness of some service locations, introduce additional challenges for recruitment and retention of staff.

d. Access: In this case, individuals struggle to access the needed services because of financial or access issues such as lack of adequate transportation, technology and broadband access, childcare and work schedule, etc.
   i. Transportation: The characteristics of Region 3, including the region's size, distance from Duluth and rural nature of the area, make transportation a central barrier in accessing behavioral health services. We recognize this challenge and focus on it in our analysis of barriers that impact individuals' access.
   ii. Limited Care Options: There are portions of Region 3 where there are limited providers, limited services and limited hours of service, and therefore limited options for care.
   iii. Crisis Care for Dependents and Pets: Individuals seeking care are often care-takers of other people or pets. Their need to access behavioral health service is impacted by lack of additional services, which will take care of the needs of their dependents while they are seeking care. These services may include reliable child-care, home aid, or foster care for pets.

e. Housing: Lack of stable housing and poor housing conditions impacts the need and access of behavioral health services in multiple ways. First, limited or poor housing exacerbates behavioral health symptoms, as it impacts physical health, stress and social connections, while also increasing sense of instability and vulnerability, all aspects that have a negative influence on well-being. Second, housing impacts the ability to consistently access needed treatment or support, and third, the struggles that come with lack of stable or safe housing challenge the ability of individuals to focus on their behavioral health needs. This results in a high rate of service need and access for persons who are unhoused.

f. Responsive to Identity and Culture: Access to effective behavioral health services is impacted by identity and culture. The more limited access of some identity groups is influenced by barriers that are related to language issues, racism, sexual orientation, gender identity, and intergenerational trauma. The lack of access and adequate care are further reinforced the socio-economic, language and cultural differences between providers and the persons seeking care. These differences contribute to stigma among healthcare providers and lack of cultural competency, which hinders providers' ability to detect problems in culturally diverse societies.

g. Service Fragmentation: The fragmented structure of the healthcare system impacts the ability of persons experiencing behavioral health issues to access needed services.
   i. *Lack of Integration for Co-Occurrence:* The structure of many services is designed around the access of care and treatment for one need. However, many individuals deal with co-occurring disorders. The lack of integrated care means that providers tend to only focus on the diagnosis required to access their care, requiring individuals to access care via different systems for different diagnoses. This approach limits providers' ability to treat the underlying behavioral health issue.
   ii. *Lack of Integration with Primary Care:* Primary care physicians are likely the first step with identifying signs and early interventions strategies for behavior health concerns such as anxiety, depression, suicide ideation, substance use disorder, eating disorders, and gender dysphoria. Adequate training and comfort of providers are barriers to the successful integration into primary care, however.
   iii. *Fragmentation of Planning and Funding:* The planning, funding and monitoring of care is fragmented, making coordination challenging. This fragmentation occurs between children and adults, prevention and response, mental health and substance use, etc. This fragmentation also impacts the ability of the system to gather and use data, thus limiting assessment and evaluation of the continuum of care.

III. Mental Health Literacy (MHL)

This category refers to "the ability to use mental health information to recognize, manage and prevent mental health disorders and make informed decisions about help-seeking and professional support" (Aguirre Velasco et al. 2020). While some aspects of this category can be defined as attitudinal and structural barriers, the research and literature of the last two decades identifies health and behavioral health literacy as significant and unique categories for analyzing barriers. Therefore, we analyze mental health literacy as a separate category. Mental health literacy consists of three main components:

a. Limited Knowledge of Behavioral Health Conditions: Individuals with limited behavioral health literacy have limitations with recognizing behavioral health conditions, understanding risk factors or causes of issues. The lack of knowledge is likely accompanied by beliefs, which impact the understanding of mental health issues, and willingness to seek treatment.

b. Limited Knowledge of the Mental Health System: This component is a result of individuals lacking understanding of the healthcare environment, such as how to seek mental health information and what services are available. As a result, they are unable to understand and use the information to promote their mental health.

c. Limited Comfort or Use of Telehealth: The use of telehealth as a method of delivery has expanded significantly in the last few years. However, there are multiple barriers to using telehealth. Based on the needs of Region 3 and its residents, we are especially interested to investigate whether the following reasons impact access to telehealth:
   i. *Access to Equipment and Reliable Internet Service*: While lack of access to either one of these items limits the ability to use telehealth, limited data plans or unreliable equipment also prevents people from utilizing telehealth services.
   ii. *Location*: Lack of safe and private location – whether it is in a clinic, community center or one's own housing – for conducting telehealth meetings may deter people from accessing telehealth services.
   iii. *Individual and Cultural Barriers*: There are various social, cultural and attitudinal reasons that may impact the willingness of people to use telehealth. These may include the level of comfort with the technology, views about receiving care online and the effectiveness of such care and hesitation around safety and privacy.
   iv. *Service Providers*: Difficulty utilizing telehealth services can also be a result of the system and the level of comfort of providers in using it. This can be a result of digital knowledge, ease of digital media, reimbursement rates, etc.

Applying Data to Barriers

To the extent possible, the goal is to identify and link evidence for each of the barriers as demonstrated in Minnesota and regional data.

Attitudinal Barriers (AB):

Attitudinal Barriers	General data and MN (including other regions)	Region 3
Public Stigma: Perceived Public Stigma	Mental health stigma is often considered the main obstacle to help-seeking (11). This is also the main barrier identified by persons experiencing behavioral health issues in Region 4 (48%) (7). There are "gender differences in perceived stigma, where men may experience elevated stress regarding disclosing mental health issues in comparison to women" (19).	"Unfortunately, the denser social networks in rural communities, where everyone seems to "know each other's business," can also inhibit individuals, making them hesitant to seek mental health services and increasing the perceived level of stigma in their community" (15). When the patients feel that primary care physicians are not comfortable with behavioral health conditions, it "further perpetuates the shame that they feel, and they are not likely to bring it up for discussion or consultation" (6).
Public Stigma: Structural Stigma	Between 60-80% of people who live with serious mental health issues are unemployed (8).	While suicide rate has been declining among individuals who identify as white, "there was a sharp increase among people of color and other marginalized populations (LGBTQ+, people with disabilities), a fact important to keep in mind since the primary population growth in Minnesota over the next fifty years is expected to be in communities of color" (15).
Public Stigma: Cultural Stigma	"Race and gender appear to intersect with mental health-related stigma, influencing its severity" (19).	Rural residents "experience higher rates of mental health symptoms. Negative attitudes toward mental health issues in some rural communities and the challenges that long distances to services create all compound the problem of unmet need in rural communities" (15).

Attitudinal Barriers	General data and MN (including other regions)	Region 3
Personal Stigma: Perceived Need for, and Effectiveness of, Behavioral Health Services	7% of the population in developed countries believe that mental illness could be overcome (1). 20% of persons experiencing behavioral health issues who did not access mental health services in the last two years, and 6% of those who did, do not think the services will help (3).	Of the 16.7% who delayed mental health care, 35.3% stated they felt their need "was not serious enough" (2). "Rural communities, which have a history of self-reliance, are much less likely to seek out assistance from outside the community, instead preferring to rely on family or others in their social circles" (15).
Personal Stigma: Attitude toward Help Seeking	63% of respondents who recognize their need for treatment but did not receive it reported "wanting to handle the problem on their own" (12). This reason was also the most common response among those who dropped out of all treatment (12). Cultural factors – such as race, ethnicity and religion – influence help-seeking, especially among groups that are culturally and linguistically diverse in comparison to the wider population (10).	
Personal Stigma: Self-Stigma	18% are worried about how they would be seen (3).	Of the 16.7% who delayed mental health care, 26.3% stated they were too embarrassed to seek help (2).

Structural Barriers (SB):

Structural Barriers	General data and MN (including other regions)	Region 3
Cost	Respondents with severe mental health cases, who recognize the need for treatment, often report financial burden as the main barrier that prevents them from seeking care (12).	Cost is a significant barrier for accessing mental health services, even for those with insurance that covers mental health care (9). Cost was also a barrier for medication (even a co-pay that is as small as $3) (6).

Structural Barriers	General data and MN (including other regions)	Region 3
	"Living in poverty has the most measurable effect on the rates of mental Illness" (14). 23% of persons experiencing behavioral health issues said they did not access services due to cost (3).	While around 31% of individuals earning more than 200% of the guidelines reported experiencing mental health conditions, almost 50% of individuals earning less than 200% reported experiencing mental health conditions (2).
Reimbursement	"Reimbursement rates from private insurance and Medicaid for mental health treatment services are significantly lower than other physical conditions" (14).	
Workforce Challenges	Minnesota is already experiencing a severe shortage of psychiatrists in most parts of the state, and about half of Minnesota's psychiatrists are over age 55 and thus are likely to retire in the next 10 years, further exacerbating the shortage. Similar shortages are felt in most other occupational categories as well" (14)	"While the behavioral health workforce has always been challenging to maintain, the treatment gap between those who need care and those who are trained to provide it has never been larger than right now, especially for residents in Greater Minnesota's communities" (15). "While in metropolitan areas there is one licensed mental health provider for every 197 residents, that ratio goes up as the population density goes down, with 741 residents for every one provider in the most rural areas... In the past decade, the number of hospitals with outpatient psychiatric and detoxification services in rural Minnesota has declined 11%.... Of those professionals who serve Greater Minnesota, the median age is 63, compared to 56 for those practicing in urban settings" (15).
Access: Transportation	27% of service providers identified transportation services as the biggest barrier for accessing mental health services in their area, and	In addition to inconsistent transportation within and between communities, persons experiencing behavioral health issues in

Structural Barriers	General data and MN (including other regions)	Region 3
	72% mentioned their patients encountered this barrier (3).	communities close to Duluth, such as Two Harbors, are expected to travel to Duluth for certain services (4). "Mental health centers are sparser in rural regions than in urban and suburban communities, leading to longer driving distances, which can be especially troublesome for people with limited ability to travel, whether because of their finances (they don't own a car or can't drive themselves, for example) or the severity of their symptoms makes long-distance travel difficult" (15). Rural residents frequently have to travel longer distances to see providers, with weather and road issues creating further challenges" (16).
Access: Limited care options	The two main barriers identified by persons experiencing behavioral health issues for assessing services are available services and wait time (3). For providers, it was lack of providers or available appointments (7).	Persons experiencing behavioral health issues described challenges accessing services during evenings and weekends (6), and convenient times (9).
Access: Crisis Care for dependents and pets	While research identifies the positive impact of pets on the well-being of owners, 25% of them state that they will prevent seeking care if it impacts their ability to take care of their pets (26)	"Peers on our council report that they are reluctant to get the treatment they often need because they cannot find care for their pets" (20).
Housing	Of the patients experiencing homelessness and being treated for overdose or substance use, 87% had a history of at least one mental health disorder. This is in comparison to 75% in the non-homeless population (13).	Of the persons who were unhoused and unsheltered, approximately 50% identify as having a serious and persistent mental illness and 30% experiencing substance use disorder (22). Persons seeking DETOX support, which medically assisted

Structural Barriers	General data and MN (including other regions)	Region 3
		detoxification from alcohol or other drugs, doubled between 2022 to 2023. Of those seeking care, the vast majority are single, unhoused, men aged 25-44 (23).
Responsive to Identity and Culture	"Structural racism, intergenerational trauma, and genocide have lasting effects on people and cultures, leading to disparities that are reproduced generation to generation" (14). In Minnesota, adults who are Asian, Black, Multi Racial, Hispanic/Latinx have significantly lower rates of follow-up PHQ-9/9M at Six Months in comparison to white adults. They also have lower rate of response to treatment and lower rates of remission in comparison to white/Not Hispanic/Latinx population (5). Diverse cultural communities "experience more risk factors, but they also can find it difficult to engage in mental health treatment when the provider does not understand their language cultural values, or perspectives on mental health" (14). Nearly all respondents of the national Trans Survey (94%) who lived at least some of the time in a different gender than the one they were assigned at birth ("gender transition") reported that they were either "a lot more satisfied" (79%) or "a little more satisfied" (15%) with their life. (28)	31% of persons experiencing behavioral health issues said that finding a mental health provider they felt comfortable with in regard to diversity has been a barrier for accessing care (9). Both persons experiencing behavioral health issues and providers describe the lack of culturally relevant and appropriate care in the American Indian community as a significant barrier (4).
Service Fragmentation:	The majority of persons experiencing behavioral health	Persons experiencing behavioral health issues who typically go to the

Structural Barriers	General data and MN (including other regions)	Region 3
Lack of integration for co-occurrence	issues feel their primary care providers are knowledgeable of mental health services and respectful toward them when discussing mental health issues (3). Persons experiencing behavioral health issues found mental health services especially helpful when providers were empathetic, caring and knowledgeable (7). 18% of persons experiencing behavioral health issues stated that the services they received were not very, or not at all, helpful, in facilitating further access to mental health services (3).	emergency room during a mental health crisis describe the experience as scary, demoralizing and unhelpful. They also described being judged and misunderstood, especially by emergency room personnel and in some communities, by law enforcement (6). 2023 crisis call data from Region III's First Call for Help shows that 6% of calls involve chemical dependency issues and 14% are from individuals needing detox (25). Veterans, who sometimes are hesitant to use the V.A. system to access mental health services, face difficulties accessing private services (4). In 2023, 12% of callers to Region III's First Call for Help needed mental health resources and referrals (25).
Service Fragmentation: Fragmentation of planning and funding		"Rural Minnesota's small employers are less likely to provide health insurance for their employees contribute to the greater use of Medicare, Medicaid, and MinnesotaCare in rural areas" (15). Both patients and providers identified state and insurance regulations as barriers, including billing practices, data sharing rules, and housing regulations (6).

Mental Health Literacy (MHL):

Mental Health Literacy	General data and MN (including other regions)	Region 3
Limited knowledge of mental health conditions	Low perceived need is the main barrier for treatment in many cases, including cases of moderate and serious mental health disorders. It is also more common among men and older respondents (12).	Of the people who "wanted to talk with or seek help from a health professional about mental health concerns," 35.3% delayed or did not do it because they believed their need was "not serious enough" (2).
Limited knowledge of the mental health system	21% of persons experiencing behavioral health issues mentioned they do not know what mental health services are available as barriers to accessing care (3).	All respondents, including those with lived experience, identify lack of knowledge about available services and resources as the most significant barrier for accessing care (9). Both providers and persons experiencing behavioral health issues spoke of lack of awareness of services, particularly those related to crisis prevention and stabilization, and community-support services (4). "29% of survey respondents weren't sure what mental health care services or resources were available to them in SLC" (9).
Telehealth: Equipment and services	34% of persons experiencing behavioral health issues said they lack the ability to access remote services (no smartphone, no Wi-Fi connection etc.) (7).	"While telehealth is a promising solution in some cases, it is not appropriate for all situations, and lack of adequate broadband coverage in some rural areas is a barrier to using this mode at all" (16).
Telehealth: Location		As of now, we were unable to find data that examines whether the lack of safe or private location impacts the willingness of persons to engage in telehealth. We would like to explore this barrier further, especially in the context of behavioral health care.
Telehealth: Individual and cultural barriers	64% of persons experiencing behavioral health issues said that telehealth services were always or sometimes less helpful than in-person services (7).	"Survey conducted by the Office of Rural Health and Primary Care showed that mental and behavioral health providers were the group most likely to transition to

Mental Health Literacy	General data and MN (including other regions)	Region 3
		telemedicine, with over 60 percent moving to this mode of practice within the first six months of the pandemic" (16).
Telehealth: service providers	"Clinicians agreed that they felt as comfortable with video visits as in-person visits and comfortable with video for both established and new patients. There was relatively less agreement regarding the efficiency of video visits, with 66 (58.9%) who agreed or completely agreed that video was more efficient than in-person visits" (21).	"Providers responding to the workforce survey reported that unreliable internet access limited how helpful telehealth could be in treating patients in rural areas" (16).

Applying Barriers to Continuum of Care

The table below links the barriers to the relevant stage of the behavioral health continuum of care. This has assisted us in identifying focus areas to explore in Phase Two.

Prevention/ Pre-emption			**More acute intervention**				**Recovery**
Well-being/ health promotion	Prevention	Early intervention	Basic clinical services	Community services and support	Crisis response	Inpatient & Hospitalization, Residential Treatment	Recovery & Resilience
Universal efforts to promote healthy lifestyles & emotional literacy.	*Universal efforts to expand learning and use of skills to navigate distress.*	*Strategic efforts to ensure training & access to early interventions.*	*Universally accessible clinical supports for behavior health maintenance.*	*Universally accessible supports to reduce acuity and prevent crisis*	*Accessible crisis response to triage evidenced-based need.*	*Evidenced-based treatment for highest levels of behavioral health needs.*	*Intentional recovery coaching & support with peer wisdom at forefront.*
Associated Barriers							
AB (a) SB (e) SB (g)	AB (a) SB (e) SB (g) MLH (a)	AB (a) AB (b) SB (e) SB (f) SB (g) MLH (a) MLH (b)	AB (a) AB (b) SB (a) SB (c) SB (d) SB (f) SB (g) MLH (b) MLH (c)	AB (b) SB (c) SB (d) SB (f) MLH (b) MLH (c)	SB (b) SB (c) SB (d) SB (g)	SB (b) SB (c) SB (d) SB (g)	AB (a) SB (e) SB (g)

List of Barriers

I. Attitudinal Barriers (AB):
   a. Public Stigma:
      i. Perceived Public Stigma
      ii. Structural Stigma
      iii. Cultural Stigma

   b. Personal Attitude:
      i. Perceived Need for, and Effectiveness of, Behavioral Health Services
      ii. Attitude Toward Help-Seeking
      iii. Self-Stigma

II. Structural Barriers (SB):
   a. Cost
   b. Reimbursement
   c. Workforce Challenges
   d. Access
      i. Transportation
      ii. Limited care options

iii. Crisis care for dependents and Pets.

e. Housing
f. Responsive to Identity and Culture
g. Service fragmentation
    i. Lack of Integration for Co-Occurrence
    ii. Fragmentation of planning and funding

III. Mental Health Literacy (MHL):
a. Limited Knowledge of Mental Health Conditions
b. Limited Knowledge of the Mental Health System
c. Limited comfort and use of telehealth
    i. Access to equipment and reliable internet services.
    ii. Location
    iii. Individual and cultural barriers
    iv. Service providers

Suggestions for Phase Two Focus Areas

Based on our work thus far, these are our suggestions for topics to focus on in Phase Two:

Telehealth: Explore factors that obstruct the use of telehealth and understand the experience of users and providers.

Workforce challenges: Explore the unique recruitment and retention challenges for a qualified workforce to support the desired continuum of care, including a focus on effective use of telehealth.

Use of data for decision-making: Explore the extent that data generated by service providers can be used more effectively, both internally and externally, in decision-making to improve the effectiveness of care.

Continuum of care: Examine prevention/preemption and recovery ends of the continuum of care to understand if they are resourced and accessible.

Effectiveness of recent changes to crisis response strategies: Examine the impact of the recent expansion of crisis response; triage crisis calls and mobile crisis response.

Factors impacting positive or negative outcomes: Use case studies to develop an understanding of the risk and protective factors that impact positive or negative outcomes, focusing on groups at-risk.

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Appendix

First Call for Help Crisis Log Data 2023
Center for Alcohol and Drug Treatment Reports
CDC Suicide Data 2018 to 2021
MIDAS Self Harm Data 2016-2020

First Call for Help Crisis Log Data 2023

Demographics

Region	Count	Percentage
Bois Forte	2	
Carlton	317	3.4%
Cook	32	0.3%
Fond Duc Lac	2	
Itasca	3300	34.2%
Koochiching	89	1.1%
Lake	84	1.0%
North St Louis	1675	21.7%
South St Louis	3448	38.2%
Grand Total	**8949**	**100.0%**

County Name	Count	Percentage	County Population	% of Population
Carlton	350	3.8%	36,362	**12%**
Cook	28	0.3%	5,611	**2%**
Itasca	3209	33.4%	45,054	**15%**
Koochiching	105	1.3%	12,072	**4%**
Lake	95	1.1%	10,915	**4%**
Saint Louis	5139	60.2%	200,122	**65%**
Grand Total	**8926**	**100.0%**	**310,136**	**100.0%**

Note: 23 calls from Aitkin County with call line originating from Itasca Crisis Line not included in this chart's total

Are you a current Military Service Member Veteran or spouse/former spouse of a Military Member

	Count	Percentage	Region 3 Population	Percentage
Declined to answer	1320	14.8%		
No	6626	74.0%		
Yes	141	1.6%	19618	6.3%
(blank)	862	9.6%		
Grand Total	**8949**	**100.0%**		

Which Tribe are you affiliated with?

	Count	Percentage
Leech Lake - Anishinaabe	47	51.1%
Bois forte - Anishinaabe	13	14.1%
Fond du Lac - Anishinaabe	12	13.0%
Other	11	12.0%
Red Lake - Anishinaable	3	3.3%
White Earth - Anishinaabe	3	3.3%
Grand Portage - Anishinaabe	1	1.1%
Fond du Lac - Anishinaabe; Mille Lacs - Anishinaabe	1	1.1%
Mille Lacs - Anishinaabe	1	1.1%
Grand Total	**92**	**100.0%**

Demographics – Age Categories	Count	Percentage	Region III Population	Percentage
0 - 9 years of age	63	0.7%	31341	10.1%
10 to 15 years of age	329	3.7%	17500	5.6%
16 to 18 years of age	258	2.9%	20281	6.5%
19 to 24 years of age	778	8.7%	23278	7.5%
25 to 44 years of age	2181	24.4%	70365	22.7%
45 to 64 years of age	3311	37.0%	81242	26.2%
Senior (ages over 65)	495	5.5%	66129	21.3%
Unknown/Refused	1534	17.1%		
Grand Total	**8949**	**100.0%**	**310136**	**100.0%**

Demographics – Gender	Count	Percentage	Region III Population	Percentage
Female	4369	48.8%	152411	49.2%
Female Transgender	35	0.4%		
Male	4491	50.2%	157135	50.8%
Male Transgender	12	0.1%		
Non-Binary/Genderqueer	4			
Other	38	0.4%		
Grand Total	**8949**	**100.0%**	**309546**	**100.0%**

Age Range	Female	Male	Female Transgender	Male Transgender	Non-Binary/ Genderqueer	Other	Grand Total
0 - 18 years of age	4.0%	3.1%	0.04%	0.1%	0.02%		7.3%
19 to 24 years of age	6.1%	2.4%	0.1%	0.01%			8.7%
25 to 44 years of age	11.4%	12.8%	0.2%	0.01%	0.01%	0.01%	24.4%
45 to 64 years of age	15.2%	21.8%					37.0%
Senior (ages over 65)	2.9%	2.6%				0.01%	5.5%
Unknown/Refused	9.2%	7.5%	0.01%	0.02%	0.01%	0.4%	17.1%
Grand Total	48.8%	50.2%	0.4%	0.1%	0.0%	0.4%	100.0%

Age Range	Female	Male	Female Transgender	Male Transgender	Non-Binary/ Genderqueer	Other	Grand Total
0 - 18 years of age	55.1%	42.8%	0.6%	1.2%	0.3%	0.0%	100.0%
19 to 24 years of age	70.3%	28.1%	1.4%	0.1%	0.0%	0.0%	100.0%
25 to 44 years of age	46.7%	52.3%	0.9%	0.0%	0.0%	0.0%	100.0%
45 to 64 years of age	41.2%	58.8%	0.0%	0.0%	0.0%	0.0%	100.0%
Senior (ages over 65)	53.1%	46.7%	0.0%	0.0%	0.0%	0.2%	100.0%
Unknown/Refused	53.5%	43.9%	0.1%	0.1%	0.1%	2.3%	100.0%
Grand Total	**48.8%**	**50.2%**	**0.4%**	**0.1%**	**0.0%**	**0.4%**	**100.0%**

Primary and Secondary Reasons for Crisis Call

Primary Reason for Call	Count	Percentage
Warmline with MH Symptoms	1227	16.3%
Anxiety/Panic	1182	14.5%
MCR/CRT/MCT	903	13.8%
Suicidal Ideation	1012	9.9%
Mental Health Resources/Referrals	688	7.0%
Dysregulated Behavior	643	6.8%
Other	882	6.7%
Depression	639	5.9%
Psychotic/Delusional	531	5.6%
Information/Referral	407	4.6%
Substance Use Disorder (SUD)	183	2.2%
Self-Injurious	151	1.6%
DEC Assessor	95	1.1%
Mania	143	1.1%
Suicide Attempt	74	0.7%
Bipolar	51	0.7%
PTSD	51	0.7%
Warmline without MH Symptoms	49	0.4%
Trauma	23	0.2%
Homicidal Ideation	12	0.2%
Borderline Personality Disorder	3	
Grand Total	**8949**	**100.0%**

Secondary Reason for Call	Count	Percentage
Depression	528	13.9%
Anxiety/Panic	523	15.1%
Warmline with MH Symptoms	502	14.3%
Other	303	8.0%
Suicidal Ideation	291	8.4%
Mental Health Resources/Referrals	276	6.9%
MCR/CRT/MCT	230	8.1%
Dysregulated Behavior	218	5.8%
Psychotic/Delusional	182	4.9%
Substance Use Disorder (SUD)	126	3.5%
Self-Injurious	86	2.4%
Information/Referral	77	2.0%
Mania	55	1.4%
Bipolar	51	1.5%
PTSD	45	1.3%
Trauma	29	0.8%
Suicide Attempt	27	0.7%
Homicidal Ideation	13	0.3%
Borderline Personality Disorder	11	0.4%
Warmline without MH Symptoms	10	0.2%
DEC Assessor	2	
Grand Total	**3585**	**100.0%**

Primary Reason for Call by Region

Primary Reason for Call (Count)	Bois Forte	Carlton	Cook	Fond Duc Lac	Itasca	Koochic-hing	Lake	North St Louis	South St Louis	Grand Total
Warmline with MH Symptoms		6			363	4		486	386	1227
Anxiety/Panic		27			378	10	6	321	440	1182
Suicidal Ideation		87	11		296	20	16	123	459	1012
MCR/CRT/MCT	1	52	2	1	423	10	19	60	335	903
Other		21	2		449	14	9	73	314	882
Mental Health Resources/Referrals	1	31	5		220	7	5	87	332	688
Dysregulated Behavior		19			298	2	6	111	207	643
Depression		21	2		230	4	2	88	292	639
Psychotic/Delusional		2	2		166	5	5	118	233	531
Information/Referral		9	5		115	4	3	101	170	407
Substance Use Disorder (SUD)		4	2		45	3		47	82	183
Self-Injurious		11			47	1	3	17	72	151
Mania		8		1	80	1	2	13	38	143
DEC Assessor					94				1	95
Suicide Attempt		10			39	1	6	4	14	74
Bipolar			1		16	3	1	7	23	51
PTSD		3			16			4	28	51
Warmline without MH Symptoms		4			13			7	25	49
Trauma		1			8			7	7	23
Homicidal Ideation		1			4		1		6	12
Borderline Personality Disorder								1	2	3
Grand Total	**2**	**317**	**32**	**2**	**3300**	**89**	**84**	**1675**	**3448**	**8949**

**Green highlighting indicates the top five reasons for that region*

Primary Reason for Call (%)	Bois Forte	Carlton	Cook	Fond Duc Lac	Itasca	Koochi-ching	Lake	North St Louis	South St Louis	Grand Total
Warmline with MH Symptoms		1.9%			11.0%	4.5%		29.0%	10.7%	13.7%
Anxiety/Panic		8.5%			11.5%	11.2%	7.1%	19.2%	12.8%	13.2%
Suicidal Ideation		27.4%	34.4%		9.0%	22.5%	19.0%	7.3%	13.3%	11.3%
MCR/CRT/MCT	50.0%	16.4%	6.3%	50.0%	12.8%	11.2%	22.6%	3.6%	9.7%	10.1%
Other		6.6%	6.3%		13.6%	15.7%	10.7%	4.4%	9.1%	9.9%
Mental Health Resources/Referrals	50.0%	9.8%	15.6%		6.7%	7.9%	6.0%	5.2%	9.6%	7.7%
Dysregulated Behavior		6.0%			9.0%	2.2%	7.1%	6.6%	6.0%	7.2%
Depression		6.6%	6.3%		7.0%	4.5%	2.4%	5.3%	8.5%	7.1%
Psychotic/Delusional		0.6%	6.3%		5.0%	5.6%	6.0%	7.0%	6.8%	5.9%
Information/Referral		2.8%	15.6%		3.5%	4.5%	3.6%	6.0%	4.9%	4.5%
Substance Use Disorder (SUD)		1.3%	6.3%		1.4%	3.4%		2.8%	2.4%	2.0%
Self-Injurious		3.5%			1.4%	1.1%	3.6%	1.0%	2.1%	1.7%
Mania		2.5%		50.0%	2.4%	1.1%	2.4%	0.8%	1.1%	1.6%
DEC Assessor					2.8%					1.1%
Suicide Attempt		3.2%			1.2%	1.1%	7.1%	0.2%	0.4%	0.8%
Bipolar			3.1%		0.5%	3.4%	1.2%	0.4%	0.7%	0.6%
PTSD		0.9%			0.5%			0.2%	0.8%	0.6%
Warmline without MH Symptoms		1.3%			0.4%			0.4%	0.7%	0.5%
Trauma		0.3%			0.2%			0.4%	0.2%	0.3%
Homicidal Ideation		0.3%			0.1%		1.2%		0.2%	0.1%
Borderline Personality Disorder								0.1%	0.1%	
Grand Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

**Green highlighting indicates the top five reasons for that region*

Primary Reason for Call by Age Category

Primary Reason for Call (Count)	0 - 18 years of age	19 to 24 years of age	25 to 44 years of age	45 to 64 years of age	Senior (ages over 65)	Unknown/ Refused	Grand Total
Warmline with MH Symptoms	4	84	91	833	75	140	1227
Anxiety/Panic	28	111	353	484	50	156	1182
Suicidal Ideation	183	201	285	200	45	98	1012
MCR/CRT/MCT	67	87	307	246	84	112	903
Other	53	54	220	224	56	275	882
Mental Health Resources/Referrals	30	41	184	174	28	231	688
Dysregulated Behavior	107	24	111	300	36	65	643
Depression	38	48	210	212	48	83	639
Psychotic/Delusional	5	22	130	304	18	52	531
Information/Referral	7	13	66	73	13	235	407
Substance Use Disorder (SUD)	2	5	68	65	12	31	183
Self-Injurious	49	46	28	15	3	10	151
Mania	7	9	24	89	5	9	143
DEC Assessor	27	11	26	18	11	2	95
Suicide Attempt	29	10	19	8	3	5	74
Bipolar	1	4	26	17		3	51
PTSD	4	2	17	24		4	51
Warmline w/out MH Symptoms		2	5	17	6	19	49
Trauma	3	3	9	5		3	23
Homicidal Ideation	5	1	2	2	2		12
Borderline Personality Disorder	1			1		1	3
Grand Total	**650**	**778**	**2181**	**3311**	**495**	**1534**	**8949**

**Green highlighting indicates the top five reasons for that region*

Primary Reason for Call (%)	0 - 18 years of age	19 to 24 years of age	25 to 44 years of age	45 to 64 years of age	Senior (ages over 65)	Unknown/ Refused	Grand Total
Warmline with MH Symptoms	0.6%	10.8%	4.2%	25.2%	15.2%	9.1%	13.7%
Anxiety/Panic	4.3%	14.3%	16.2%	14.6%	10.1%	10.2%	13.2%
Suicidal Ideation	28.2%	25.8%	13.1%	6.0%	9.1%	6.4%	11.3%
MCR/CRT/MCT	10.3%	11.2%	14.1%	7.4%	17.0%	7.3%	10.1%
Other	8.2%	6.9%	10.1%	6.8%	11.3%	17.9%	9.9%
Mental Health Resources/Referrals	4.6%	5.3%	8.4%	5.3%	5.7%	15.1%	7.7%
Dysregulated Behavior	16.5%	3.1%	5.1%	9.1%	7.3%	4.2%	7.2%
Depression	5.8%	6.2%	9.6%	6.4%	9.7%	5.4%	7.1%
Psychotic/Delusional	0.8%	2.8%	6.0%	9.2%	3.6%	3.4%	5.9%
Information/Referral	1.1%	1.7%	3.0%	2.2%	2.6%	15.3%	4.5%
Substance Use Disorder (SUD)	0.3%	0.6%	3.1%	2.0%	2.4%	2.0%	2.0%
Self-Injurious	7.5%	5.9%	1.3%	0.5%	0.6%	0.7%	1.7%
Mania	1.1%	1.2%	1.1%	2.7%	1.0%	0.6%	1.6%
DEC Assessor	4.2%	1.4%	1.2%	0.5%	2.2%	0.1%	1.1%
Suicide Attempt	4.5%	1.3%	0.9%	0.2%	0.6%	0.3%	0.8%
Bipolar	0.2%	0.5%	1.2%	0.5%	0.0%	0.2%	0.6%
PTSD	0.6%	0.3%	0.8%	0.7%	0.0%	0.3%	0.6%
Warmline without MH Symptoms	0.0%	0.3%	0.2%	0.5%	1.2%	1.2%	0.5%
Trauma	0.5%	0.4%	0.4%	0.2%	0.0%	0.2%	0.3%
Homicidal Ideation	0.8%	0.1%	0.1%	0.1%	0.4%	0.0%	0.1%
Borderline Personality Disorder	0.2%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
Grand Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

**Green highlighting indicates the top five reasons for that region*

Mobile Crisis Team Information

Mobile Crisis Hub Contacted	Count	Percentage
Not Applicable	4320	49.5%
ABHI - South St. Louis	1907	20.7%
Itasca	1892	20.9%
ABHI - RMHC North St. Louis	431	4.6%
ABHI - Carlton	266	2.8%
Koochiching	55	0.7%
ABHI - Lake	40	0.5%
ABHI - Cook	16	0.2%
Fon Du Lac	5	0.0%
SE - Central	3	0.0%
NSPL - 47 County Primary Coverage Area	3	0.0%
SBH - Beltrami - Adult	2	0.0%
Cass County	1	0.0%
WMHC - Yellow Medicine	1	0.0%
Scott	1	0.0%
NSPL - MN backup coverage area	1	0.0%
SE - East	1	0.0%
WMHC - Redwood	1	0.0%
Anoka	1	0.0%
SBH - Hubbard - Adult	1	0.0%
LLBO Crisis Line	1	0.0%
Grand Total	**8949**	**100.0%**

Type of immediate intervention needed	Count	Percentage
Action Plan	156	58.5%
Law Enforcement	50	15.9%
Safety plan made	33	11.3%
Family/Friend transport to ED	16	5.9%
Ambulance	13	5.9%
Law Enforcement; Ambulance	6	1.5%
Safety plan made; Action Plan	5	0.7%
Law Enforcement; Family/Friend transport to ED	1	0.3%
Grand Total	**280**	**100.0%**

Was MCR/CRT offered to the caller?	Count	Percentage
No	4411	54.3%
Yes	3990	45.3%
(blank)	548	0.4%
Grand Total	**8949**	**100.0%**

Referral Source

Title of person making referral	Count	Percentage
Self	5899	67.8%
ED Hospital	458	5.3%
Parent	446	4.6%
Other	377	4.0%
Family/Friend	316	3.2%
DEC Assessor	228	2.4%
Police/Law Enforcement	205	2.3%
Treatment Facility	196	2.3%
MH Provider	162	1.9%
School	118	1.1%
MCR/CRT/VCRT	112	0.8%
Spouse/Partner	101	1.0%
Group/Residential/Foster Homes	93	1.0%
Social Worker	87	1.0%
Case Mgr	58	0.6%
Dispatch	39	0.4%
Probation Officer	26	0.3%
Legal Guardian	11	0.1%
Primary Care Giver	6	0.0%
Juvenile Center	6	0.1%
Child Protective Services (CPS)	3	0.0%
Health Plan	2	0.0%
Grand Total	**8949**	**100.0%**

Safety Concerns

Chemical Dependency Issues?	Count	Percentage
No	776	8.1%
Yes	513	5.7%
(blank)	7660	86.2%
Grand Total	**8949**	**100.0%**

If under the influence of substances, is detox needed?	Count	Percentage
No	786	85.6%
Yes	132	14.4%
Grand Total	**918**	**100.0%**

What type of substance use?	Count	Percentage
Not Known	466	49.3%
Alcohol	171	22.6%
Meth	107	14.5%
Marijuana	22	2.4%
Other	16	1.3%
Alcohol; Marijuana	14	2.2%
Alcohol; Meth	12	1.6%
Heroin	6	0.6%
Prescription Medications misuse	6	0.5%
Alcohol; Not Known	5	0.7%
Alcohol; Meth; Prescription Medications misuse	5	1.0%
Alcohol; Meth; Marijuana	5	0.7%
Alcohol; Prescription Medications misuse	4	0.6%
Meth; Prescription Medications misuse	4	0.6%
Marijuana; Other	3	0.1%

Meth; Heroin	3	0.3%
Alcohol; Other	2	0.2%
Meth; Marijuana	2	0.0%
Other; Prescription Medications misuse	2	0.1%
Meth; Heroin; Prescription Medications misuse	2	0.0%
Meth; Other	2	0.2%
Alcohol; Other; Prescription Medications misuse	1	0.2%
Meth; Not Known	1	0.1%
Meth; Marijuana; Heroin	1	0.1%
Meth; Not Known; Heroin	1	0.0%
Alcohol; Other; Heroin	1	0.0%
Meth; Other; Prescription Medications misuse	1	0.1%
Grand Total	**865**	**100.0%**

Urgency Level	**Count**	**Percentage**
Low	3195	36.7%
No MCR; Low	3170	38.8%
No Urgency; No MCR	872	7.7%
Medium	806	7.7%
No Urgency	607	6.0%
No MCR; Medium	165	1.8%
High	84	0.7%
No MCR; High	21	0.2%
No MCR	11	0.1%
Extreme High	10	0.2%
No MCR; Extreme High	5	0.1%
Low; Medium	2	0.0%
Medium; High	1	0.0%
Grand Total	**8949**	**100.0%**

CADT DETOX & WITHDRAWAL MANAGEMENT 2023

Source: CADT Procentive EHR

DETOX 2023		NET Minus ZERO DAY ADMITS
TOTAL ADMITS	1298	1088
TOTAL DAYS OF CARE	3048	
AVERAGE LOS	2.8	(ADJUSTED)
INDIVIDUAL CLIENTS	396	
ZERO DAY ADMITS	210	
ZERO DAY CLIENTS	25	
AVERAGE CENSUS	8.4	

WITHDRAWAL MANAGEMENT 2023		NET Minus ZERO DAY ADMITS
TOTAL ADMITS	2307	2198
TOTAL DAYS OF CARE	7174	
AVERAGE LOS	3.3	(ADJUSTED)
INDIVIDUAL CLIENTS	834	
ZERO DAY ADMITS	109	
ZERO DAY CLIENTS	111	
AVERAGE CENSUS	19.7	

DETOX & WM

ADMISSIONS & DAYS*

2022 & 2023

	2022	2023	*Percent Increase*
DETOX ADMITS	629	1,298	106%
DETOX DAYS OF CARE	1,696	3,048	80%
WM ADMITS	2,261	2,307	2.04%
WM DAYS OF CARE	6,663	7174	7.7%
TOTAL ADMITS	2,890	3,605	25%
TOTAL DAYS OF CARE	8,359	10,222	22.3%

*Procentive

DAANES DETOX SUMMARY REPORT

Center for Alcohol and Drug Treatment - Duluth
(MN750330)
Summary for 1/1/2023 - 12/31/2023

Counts
N=3,589

ADMISSIONS BY MONTH	NUMBER	PERCENT
January	258	7.2
February	210	5.9
March	263	7.3
April	329	9.2
May	294	8.2
June	334	9.3
July	374	10.4
August	352	9.8
September	319	8.9
October	380	10.6
November	269	7.5
December	207	5.8

LEGAL STATUS AT ADMISSION	NUMBER	PERCENT
Peace or health officer hold	11	0.3
Health officer hold	9	0.3
Other committment hold	70	2.0
Voluntary admission	3,499	97.5

PRIMARY SOURCE OF REFERRAL	NUMBER	PERCENT
Family/relative/friend	113	3.1
Law Enforcement	136	3.8
Health care facility/professional	188	5.2
County social service agency	121	3.4
Self	3,012	83.9
Other	19	0.5

Center for Alcohol and Drug Treatment - Duluth
(MN750330)
Summary for 1/1/2023 - 12/31/2023

Counts
N=3,589

SEX	NUMBER	PERCENT
Male	2,706	75.4
Female	883	24.6

AGE	NUMBER	PERCENT
Under 18	1	0.0
18 to 24	232	6.5
25 to 34	920	25.6
35 to 44	1,093	30.5
45 to 54	548	15.3
55+	795	22.2
Average Age	42.0	years

RACE/ETHNICITY	NUMBER	PERCENT
White	2,237	62.3
Black	272	7.6
American Indian/Alaskan Native	783	21.8
Hispanic	51	1.4
Asian/Native Hawaiian/Pacific Islander	40	1.1
2 or More Races	192	5.3
Other	14	0.4

MARITAL STATUS	NUMBER	PERCENT
Single, never married	2,983	83.1
Divorced	279	7.8
Separated	73	2.0
Widowed	96	2.7
Married	115	3.2
Cohabiting	27	0.8
Unknown	16	0.4

Center for Alcohol and Drug Treatment - Duluth
(MN750330)
Summary for 1/1/2023 - 12/31/2023

Counts
N=3,589

USUAL RESIDENCE	NUMBER	PERCENT
Homeless - no fixed address (includes shelters)	2,248	62.6
Dependent living - dependent children and/or adults living in a supervised setting	377	10.5
Independent living - including on own, self supported, and non-supervised group homes	926	25.8
Children living with their family	21	0.6
Unknown	17	0.5

USUAL LIVING SITUATION	NUMBER	PERCENT
Alone	2,486	69.3
With spouse or partner only	242	6.7
With minor children only	30	0.8
With spouse/partner and children	34	0.9
With one parent	59	1.6
With both parents	21	0.6
With foster parents	0	0.0
With relatives	86	2.4
With friends	99	2.8
With others	494	13.8
Unknown	38	1.1

TRIBAL AFFILIATION	NUMBER	PERCENT
Bois Forte	60	1.7
Fond du Lac	199	5.5
Grand Portage	12	0.3
Leech Lake	104	2.9
Lower Sioux	4	0.1
Mille Lacs Band	67	1.9
Prairie Island	0	0.0
Red Lake	89	2.5
Shakopee	1	0.0
Upper Sioux	0	0.0
White Earth	64	1.8
Other	130	3.6
Not Enrolled	2,817	78.5
Unknown	42	1.2

Center for Alcohol and Drug Treatment - Duluth
(MN750330)
Summary for 1/1/2023 - 12/31/2023

Counts
N=3,589

PRIMARY SOURCE OF INCOME	NUMBER	PERCENT
Disability benefits	619	17.2
Job	346	9.6
Retirement/pension	39	1.1
Spouse/parents	4	0.1
Relatives/friends	7	0.2
Savings or investments	10	0.3
Public assistance	706	19.7
Other	291	8.1
None	1,508	42.0
Unknown	59	1.6

LABOR FORCE STATUS	NUMBER	PERCENT
Employed full-time (>= 35 hours/week)	233	6.5
Employed part-time (< 35 hours/week)	107	3.0
Occasional/seasonal work	19	0.5
Sheltered employment	0	0.0
Homemaker	0	0.0
Student	5	0.1
Retired	69	1.9
Disabled	603	16.8
Inmate of institution	0	0.0
Laid off/unemployed - looking for work	300	8.4
Laid off/unemployed - not looking for work	1,913	53.3
Other	212	5.9
Unknown	128	3.6

EDUCATION	NUMBER	PERCENT
Grade School	83	2.3
Some high school but no degree	871	24.3
High school graduate/GED	1,715	47.8
Associate degree/vocational certificate	161	4.5
Some college but no degree	556	15.5
College graduate	152	4.2
Graduate/professional degree	35	1.0
Unknown	16	0.4

Center for Alcohol and Drug Treatment - Duluth
(MN750330)
Summary for 1/1/2023 - 12/31/2023

Counts
N=3,589

PREGNANCY STATUS	NUMBER	PERCENT
Pregnant	34	0.9
Not pregnant	828	23.1
Not sure	17	0.5
Male	1	0.0

VETERAN STATUS	NUMBER	PERCENT
No	3,484	97.1
Yes, no combat	52	1.4
Yes, served in combat zone	46	1.3
Unknown	7	0.2

TREATMENT BARRIERS	NUMBER	PERCENT
Hearing impairment	92	2.6
Visual impairment	58	1.6
Physical handicap	74	2.1
Developmental disability	14	0.4
Mental illness	1,181	32.9
Speech pathology	28	0.8
Learning disability	58	1.6
Brain injury	187	5.2
English not primary language	0	0.0
Functional illiteracy	1	0.0

CRIMMINAL JUSTICE

UNDER COURT JURISDICTION	NUMBER	PERCENT
Yes	841	23.4
No	2,717	75.7
Unknown	31	0.9

DRIVER LICENSE REVOCATION STATUS	NUMBER	PERCENT
Currently under revocation	848	23.6
Revoked during past 12 months	85	2.4
Revoked at least once in lifetime	536	14.9
Never revoked	816	22.7
Not applicable	1,158	32.3
Unknown	146	4.1

Center for Alcohol and Drug Treatment - Duluth
(MN750330)
Summary for 1/1/2023 - 12/31/2023

Counts
N=3,589

PRIOR CD TREATMENT EXPERIENCE

LIFETIME DETOX ADMISSIONS	NUMBER	PERCENT
None	71	2.0
1	437	12.2
2	264	7.4
3	218	6.1
4	161	4.5
5 or more	2,438	67.9
Unknown/Client Refused	0	0.0

DETOX ADMISSIONS PAST 12 MONTHS	NUMBER	PERCENT
None	221	6.2
1	636	17.7
2	376	10.5
3	246	6.9
4	160	4.5
5 or more	1,950	54.3
Unknown/Client Refused	0	0.0

LIFETIME TREATMENT ADMISSIONS	NUMBER	PERCENT
None	749	20.9
1	478	13.3
2	486	13.5
3	249	6.9
4	228	6.4
5 or more	1,394	38.8
Unknown/Client Refused	5	0.1

SELF-HELP GROUP PARTICIPATION	NUMBER	PERCENT
No attendance	3,229	90.0
1-3 times past month (less than once per week)	188	5.2
4-7 times past month (once per week)	88	2.5
8-15 times past month (2 or 3 times per week)	51	1.4
16-30 times past month (over 3 times per week)	17	0.5
Some attendance, but frequency unknown	13	0.4
Unknown	2	0.1

Center for Alcohol and Drug Treatment - Duluth
(MN750330)
Summary for 1/1/2023 - 12/31/2023

Counts
N=3,589

SUBSTANCE ABUSE INFORMATION

PRESENCE OF WITHDRAWAL SYMPTOMS	NUMBER	PERCENT
Yes	3,204	89.3
No	383	10.7

PRIMARY SUSBSTANCE ABUSE PROBLEM	NUMBER	PERCENT
Alcohol	1,681	46.8
Marijuana/Hashish	7	0.2
Cocaine/Crack	8	0.2
Heroin/Other Opiates	820	22.8
Methamphetamine/Other Amphetamines	1,062	29.6
Sedatives/Tranquilizers	3	0.1
Hallucinogens/Psychedelics	4	0.1
Other Substances	4	0.1

AVERAGE DAYS USED - PRIMARY SUBSTANCE OF ABUSE	AVERAGE DAYS
Alcohol	21.00
Marijuana/Hashish	13.00
Cocaine/Crack	16.00
Heroin/Other Opiates	19.00
Methamphetamine/Other Amphetamines	16.00
Sedatives/Tranquilizers	12.00
Hallucinogens/Psychedelics	23.00
Other Substances	22.00

Center for Alcohol and Drug Treatment - Duluth
(MN750330)
Summary for 1/1/2023 - 12/31/2023

Counts
N=3,589

DISCHARGE INFORMATION

STATUS AT DISCHARGE	NUMBER	PERCENT
With staff approval	2,404	67.0
Medical transfer	72	2.0
Release into police custody	8	0.2
Patient left	1,018	28.4
Other	87	2.4

LENGTH OF STAY	NUMBER	PERCENT
1 day or less	1,381	38.5
2 days	774	21.6
3 days	430	12.0
4 or more days	1,002	27.9
Average length of stay	3.3 days	

DETOX SERVICES PROVIDED	NUMBER	PERCENT
Withdrawal medications provided	3,202	89.2
Specialized medical services on-site	0	0.0

CONFINEMENT/RESTRAINTS	NUMBER	PERCENT
Seclusion room	8	0.2
Physical holds	1	0.0
Restraint Equipment	1	0.0
Medications for restraint	0	0.0
Police assistance	2	0.1

REFERRALS AT DISCHARGE	NUMBER	PERCENT
Assistance with self-help group	94	2.6
CD treatment	153	4.3
CD treatment with room and board	618	17.2
CD board and lodging	55	1.5
Non-CD group residential facility	44	1.2
Mental health care/individual counseling	135	3.8
SocialServices	13	0.4
Other	1,615	45.0

Center for Alcohol and Drug Treatment - Duluth
(MN750330)
Summary for 1/1/2023 - 12/31/2023

Counts
N=3,589

SCREENING/ASSESSMENT INFORMATION

DSM SUBSTANCE USE DISORDER SCREENING	NUMBER	PERCENT
Meets substance abuse screening criteria	2,472	68.9
Does not meet criteria	6	0.2
No screening performed	1,111	31.0

CD ASSESSMENT ARRANGEMENTS	NUMBER	PERCENT
Provided on-site	464	12.9
Arranged with county/tribe	1	0.0
Arranged with private health insurance	1	0.0
Arranged with CD treatment provider	28	0.8
No assessment or arrangements provided	1,987	55.4
Does not meet DSM screening criteria. No screening.	1,103	30.7

Center for Alcohol and Drug Treatment - Duluth
(MN750330)
Summary for 1/1/2023 - 12/31/2023

Counts
N=3,589

COUNTY ADMITTED FROM	NUMBER	PERCENT
Aitkin	5	0.1
Anoka	3	0.1
Beltrami	19	0.5
Benton	1	0.0
Carlton	73	2.0
Cass	14	0.4
Chisago	1	0.0
Clay	1	0.0
Cook	9	0.3
Crow Wing	17	0.5
Dakota	1	0.0
Douglas	8	0.2
Hennepin	19	0.5
Itasca	12	0.3
Kanabec	1	0.0
Koochiching	2	0.1
Lake	24	0.7
McLeod	1	0.0
Mahonmen	1	0.0
Marshall	1	0.0
Mille Lacs	28	0.8
Morrison	2	0.1
Murray	1	0.0
Otter Tail	1	0.0
Pine	24	0.7
Pipestone	1	0.0
Polk	2	0.1
Ramsey	7	0.2
Red Lake	2	0.1
Redwood	1	0.0
Saint Louis	3,296	91.8
Sherburne	5	0.1
Stearns	3	0.1
Todd	2	0.1
Washington	1	0.0

Center for Alcohol and Drug Treatment - Duluth
(MN750330)
Summary for 1/1/2023 - 12/31/2023

Counts
N=3,589

COUNTY OF RESIDENCE	NUMBER	PERCENT
Aitkin	6	0.2
Anoka	3	0.1
Beltrami	27	0.8
Benton	2	0.1
Brown	1	0.0
Carlton	86	2.4
Cass	19	0.5
Chisago	1	0.0
Clay	1	0.0
Cook	11	0.3
Crow Wing	21	0.6
Dakota	3	0.1
Douglas	5	0.1
Grant	1	0.0
Hennepin	43	1.2
Isanti	2	0.1
Itasca	14	0.4
Kanabec	1	0.0
Koochiching	2	0.1
Lake	34	0.9
McLeod	1	0.0
Mahonmen	2	0.1
Marshall	1	0.0
Mille Lacs	36	1.0
Morrison	2	0.1
Otter Tail	1	0.0
Pennington	1	0.0
Pine	34	0.9
Pipestone	1	0.0
Polk	2	0.1
Ramsey	8	0.2
Red Lake	2	0.1
Redwood	1	0.0
Rice	1	0.0
Saint Louis	3,189	88.9
Scott	4	0.1
Sherburne	5	0.1
Stearns	5	0.1
Todd	2	0.1
Washington	2	0.1
Wright	1	0.0
Non-Minnesota Resident	5	0.1

Suicide Data (2018-2021)

Region 3 counties: Carlton, Cook, Itasca, Lake, Koochiching, and St. Louis

By Age Group

Year	Ten-Year Age Groups	Deaths
2018	15-24 years	12
	25-34 years	12
	35-44 years	15
	45-54 years	10
	55-64 years	11
	Total	**74**
2019	15-24 years	13
	35-44 years	13
	Total	**59**
2020	15-24 years	12
	55-64 years	11
	65-74 years	11
	Total	**65**
2021	25-34 years	18
	35-44 years	13
	55-64 years	16
	75-84 years	10
	Total	**84**
Total		**282**

By Gender and Injury Mechanism

Year	Gender	Injury Mechanism & All Other Leading Causes	Deaths	Population
2018	**Female**	**Total**	**16***	**153,009**
2018	**Male**	**Firearm**	35	156,181
2018	**Male**	**Suffocation**	16	156,181
2018	**Male**	**Total**	**58**	**156,181**
2018	**Total**		**74**	**309,190**
2019	**Female**	**Total**	**20**	**152,829**
2019	**Male**	**Firearm**	18	155,575
2019	**Male**	**Suffocation**	11	155,575
2019	**Male**	**Total**	**39**	**155,575**
2019	**Total**		**59**	**308,404**
2020	**Male**	**Firearm**	41	155,056
2020	**Male**	**Suffocation**	13	155,056
2020	**Male**	**Total**	**58**	**155,056**
2020	**Total**		**65**	**307,690**
2021	**Female**	**Total**	**16**	**152,492**
2021	**Male**	**Firearm**	48	156,713
2021	**Male**	**Suffocation**	11	156,713
2021	**Male**	**Total**	**68**	**156,713**
2021	**Total**		**84**	**309,205**
Total			**282**	**1,234,489**

*any data with value of 10 or less is suppressed

Summary of gender and percent by firearm, as primary mechanism

Year	Female	Male	Total	Male death by firearm	Percent of male suicide deaths by firearm
2018	16	58	74	35	60%
2019	20	39	59	18	46%
2020	7	58	65	41	71%
2021	16	68	84	48	71%

Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2021 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 2018-2021, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10-expanded.html on Mar 18, 2024 6:04:19 PM

Suicide deaths by gender; drug or alcohol induced

Year	Gender	Drug/Alcohol Induced	Deaths	Crude Rate Per 100,000
2018	Female	Drug-induced causes	23	15.0
		Alcohol-induced causes	22	14.4
		Total	**45**	**29.4**
	Male	Drug-induced causes	29	18.6
		Alcohol-induced causes	59	37.8
		Total	**88**	**56.3**
	Total		**133**	**43.0**
2019	Female	Drug-induced causes	21	13.7
		Alcohol-induced causes	28	18.3
		Total	**49**	**32.1**
	Male	Drug-induced causes	48	30.9
		Alcohol-induced causes	55	35.4
		Total	**103**	**66.2**
	Total		**152**	**49.3**

Year	Gender	Drug/Alcohol Induced	Deaths	Crude Rate Per 100,000
2020	Female	Drug-induced causes	29	19.0
		Alcohol-induced causes	29	19.0
		Total	**58**	**38.0**
	Male	Drug-induced causes	53	34.2
		Alcohol-induced causes	73	47.1
		Total	**126**	**81.3**
	Total		**184**	**59.8**
2021	Female	Drug-induced causes	39	25.6
		Alcohol-induced causes	35	23.0
		Total	**74**	**48.5**
	Male	Drug-induced causes	81	51.7
		Alcohol-induced causes	76	48.5
		Total	**157**	**100.2**
	Total		**231**	**74.7**
Total			**700**	**56.7**

Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2021 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 2018-2021, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10-expanded.html on Mar 18, 2024 6:18:45 PM

Number of Self-Harm Injuries by Cause, Year, Visit type: *ED & Hospitalized,* and County: *Carlton, Cook, Itasca and 3 more*

	2016	2017	2018	2019	2020
Drug poisoning	478	554	468	484	449
Cut/stabbing	254	274	306	273	256
Other/unspecified	150	144	121	123	83
Poisoning, non-drug	29	18	31	28	13
Struck by/against	11	29	44	26	15
Suffocation	9	2	11	4	3
Firearm	8	3	7	11	13
Burn/fire	6	10	8	13	14
Fall	5	4	4		3
Motor vehicle traffic crash	4	1	5	1	
Drowning	1		1	1	
Non-traffic crash					2
Environmental			1		

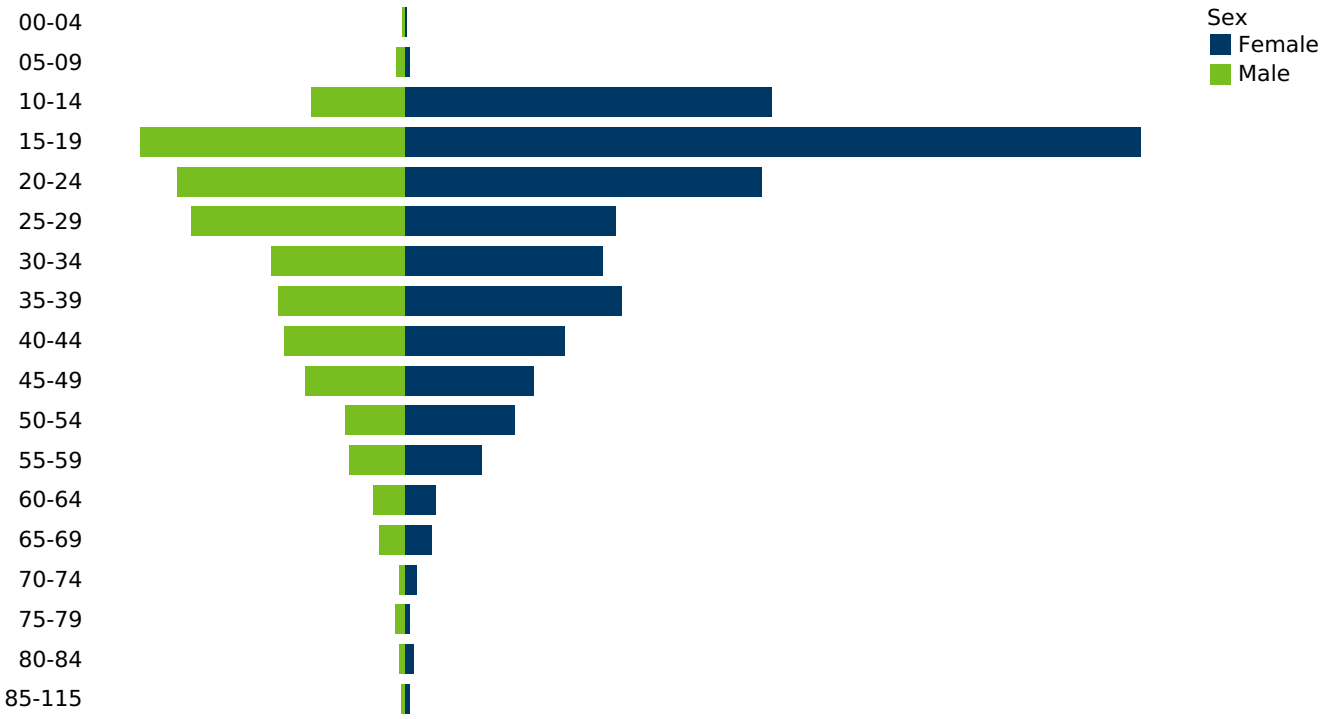
Age-adjusted Rates per 100,000 of Hospital Visits for Self-Harm Injury by County, Year, and Visit type: *All*

	2016	2017	2018	2019	2020
MINNESOTA STATE R..	723	883	921	913	838
Aitkin	819	1,058	1,188	1,052	917
Anoka	804	1,008	961	979	897
Becker	651	708	883	999	813
Beltrami	706	812	915	994	1,011
Benton	427	631	708	767	670
Big Stone	657	994	948	702	518
Blue Earth	793	846	714	959	814
Brown	872	1,150	1,193	1,008	820
Carlton	968	1,277	1,260	1,334	1,164
Carver	532	646	742	697	582
Cass	637	882	896	863	963
Chippewa	382	588	649	610	545
Chisago	836	991	1,037	1,037	1,016
Clay	28	43	52	50	45
Clearwater	822	943	845	825	613
Cook	390	1,016	467	395	569
Cottonwood	677	823	1,143	1,113	1,180
Crow Wing	771	905	1,014	992	940
Dakota	668	801	845	831	732
Dodge	927	971	883	1,250	1,076
Douglas	574	999	1,063	1,002	946
Faribault	944	1,427	1,328	990	1,270
Fillmore	759	866	791	688	722
Freeborn	1,180	1,630	1,346	1,071	981
Goodhue	945	1,005	1,077	1,105	876
Grant	866	1,078	802	770	829
Hennepin	697	818	898	870	811
Houston	293	302	280	256	167
Hubbard	436	662	709	565	484
Isanti	859	1,049	1,227	1,049	1,038
Itasca	755	854	922	972	933
Jackson	452	658	399	558	650
Kanabec	1,410	1,638	1,713	1,789	1,372
Kandiyohi	401	530	621	603	663
Kittson	461	524	461	597	494
Koochiching	1,049	830	935	905	1,224
Lac qui Parle	654	403	480	715	925
Lake	699	928	788	935	864
Lake of the Woods	720	746	780	629	445
Le Sueur	601	798	602	712	745
Lincoln	484	598	801	477	384
Lyon	458	659	1,045	803	839
Mahnomen	1,052	1,661	1,806	2,063	1,473
Marshall	284	203	438	377	520
Martin	931	1,067	1,064	1,287	1,318
McLeod	832	1,246	1,168	1,063	957
Meeker	491	668	701	645	690
Mille Lacs	1,427	1,685	1,653	1,629	1,513
Morrison	753	814	772	809	840
Mower	1,027	1,220	1,333	1,359	1,212
Murray	449	499	551	630	821
Nicollet	681	821	645	847	699
Nobles	489	423	323	421	336
Norman	416	347	566	481	291
Olmsted	942	1,183	1,222	1,229	1,204
Otter Tail	480	676	810	861	774
Pennington	645	714	934	729	772

Age-adjusted Rates per 100,000 of Hospital Visits for Self-Harm Injury by County, Year, and Visit type: *All*

	2016	2017	2018	2019	2020
Pine	914	1,320	1,314	1,389	1,176
Pipestone	292	601	649	940	673
Polk	345	380	406	409	480
Pope	617	1,012	1,181	874	698
Ramsey	885	1,048	1,067	978	875
Red Lake	498	286	261	297	504
Redwood	626	877	911	1,051	809
Renville	764	943	1,060	1,037	972
Rice	716	907	1,090	910	818
Rock	270	336	566	643	503
Roseau	533	497	615	758	675
Scott	633	686	761	774	744
Sherburne	765	1,040	1,118	1,037	928
Sibley	604	546	591	774	685
St. Louis	1,077	1,497	1,577	1,482	1,369
Stearns	594	816	839	999	853
Steele	1,372	1,561	1,460	1,456	1,336
Stevens	690	606	645	706	865
Swift	918	735	748	834	1,075
Todd	667	716	749	764	617
Traverse	505	1,173	836	1,619	1,098
Wabasha	892	1,100	1,228	974	774
Wadena	780	864	1,284	1,023	894
Waseca	996	1,438	1,187	1,232	1,065
Washington	620	721	722	691	621
Watonwan	665	1,075	1,096	1,224	735
Wilkin	453	439	601	368	467
Winona	556	782	812	597	650
Wright	699	862	790	743	683
Yellow Medicine	587	878	1,067	944	896

Age Group Distribution by Sex, Visit type: *ED & Hospitalized* , County: *Carlton, Cook, Itasca and 3 more,* and Year: *All*



Patient Outcome Numbers from Self-Harm Hospital Visits by Visit type: *ED & Hospitalized* and County: *Carlton, Cook, Itasca and 3 more*

	2016	2017	2018	2019	2020
Lived	947	1,037	1,003	959	843
Died	8	2	4	5	8