DEPARTMENT OF HEALTH

Suicide Prevention Legislative Report

JULY 1, 2022-JUNE 30, 2024

2022-2024 Report to the Legislature

Minnesota Department of Health
Program or Unit Name
PO Box 64882
St. Paul, MN 55164
651-201-5723
health.suicideprev.MDH@state.mn.us
www.health.state.mn.us

As requested by Minnesota Statute 3.197: This report cost approximately $4,442.00 to prepare, including staff time, printing and mailing expenses.

Contents

Executive summary

The number and rate of suicide deaths in Minnesota has consistently increased since 1999; preliminary data from 2023 indicate this trend may be slowing, although health disparities persist. In 2022, 860 Minnesotans died from suicide, the highest total ever. Preliminary data indicates 815 people died in 2023. Minnesota Department of Health's comprehensive public health approach to suicide prevention works to improve infrastructure, increase collaboration, and build capacity for local communities to work in upstream prevention, early intervention, crisis intervention, and postvention (support after a death by suicide). The goal: to prevent Minnesotans from having suicidal experiences and improve the lives of all those who are struggling, so they know they are not alone, help is available, and healing is possible.

The following summary highlights deliverables and impact that have been achieved since the 2022 Legislative report. Minnesota Statutes, section 145.56 calls for the Minnesota Department of Health (MDH) in partnership with other state agencies and community partners to review, coordinate, and implement the Minnesota Suicide Prevention Plan (https://www.health.state.mn.us/communities/suicide/documents/suicideprevstateplan.pdf), fund community-based suicide prevention, and support workplace and professional networks; to collect and report data on suicide prevention; and to evaluate prevention programs and policies.

Released Minnesota State Suicide Prevention Plan, providing framework for action to prevent suicides: The 2023-2027 Minnesota State Suicide Prevention Plan was developed in collaboration with the Minnesota Suicide Prevention Taskforce (Taskforce) and the MDH Suicide Prevention Unit. In developing this plan, MDH and the Taskforce developed a data-driven planning process by engaging with Minnesotans across the state. The community engagement process revealed six overarching themes to help drive the creation of the goals, objectives, and strategies within the State Plan. Findings from both the community engagement feedback and the mortality and morbidity data were used to identify and prioritize the efforts for the State Plan. This information was then reviewed in conjunction with the best available evidence to prevent suicidal experiences. The state plan is being used to guide MDH suicide prevention efforts by Minnesota State agency suicide prevention, community grantee, and Minnesota Suicide Prevention Taskforce work. The efforts include:

- Improve infrastructure and suicide prevention activities across the state.
- Leverage existing policies, programs, and practices occurring within communities.
- Support and promote the 988 Suicide & Crisis Lifeline (988 Minnesota Lifeline).
- Provide suicide prevention trainings in communities and the Zero Suicide initiative to improve the suicide and self-harm care within health care and behavioral health clinics and organizations.
- Develop strategies to meet the needs of individuals, families, communities, and populations most at risk.

Established telecommunications fee to support the 988 Suicide & Crisis Lifeline in Minnesota: The 988 Minnesota Lifeline provides immediate emotional and mental health support to Minnesota residents via trained specialists at local 988 Minnesota Lifeline centers. The 988 telecommunications fee, set by the Minnesota Legislature to begin September 1, 2024, is paid monthly by each subscriber of a wireline, wireless, prepaid wireless, or IP-enabled voice service. The fee provides funds for the creation, operation, and maintenance of Minnesota's statewide 988 suicide prevention and crisis system, including staff and technology to maintain operational standards and best practices, data collection and reporting, communications and public awareness promotion, and administration, oversight, evaluation, and quality improvement. In 2023, 109,457 contacts were answered by the 988 Minnesota Lifeline.

Delivered funding, training, and resources to increase and improve suicide prevention knowledge, capacity, and efforts across the state: Over the past two years:

- 17,959 people were trained in a mental health or suicide prevention training, including community members and professionals.
- 153,000 people received information about the 988 Suicide & Crisis Lifeline, local resources, and other messages normalizing discussions of mental health.
- 90 trained facilitators across the state were part of the Suicide Prevention Trainers Network to provide mental health and suicide prevention trainings.
- Technical assistance was provided via more than 1,000 engagements to advise on suicide prevention best practices. Technical assistance was provided to approximately 300 unique organizations and community groups, including schools, local public health, multi-sector coalitions, and other community-based organizations.
- 13 communities were funded to implement comprehensive suicide prevention.
- Two grantees were funded to support regional suicide prevention efforts across the state.

More information about Minnesota's suicide prevention efforts can be found at MDH Mental Health and Suicide Prevention (https://www.health.state.mn.us/communities/suicide/index.html).

Suicide prevention legislative report

This legislative report provides an update on the implementation of the Minnesota Suicide Prevention State Plan (https://www.health.state.mn.us/communities/suicide/mnresponse/stateplan.html) and use of State dollars during the biennium of July 1, 2022 - June 30, 2024. Minnesota Statutes, section 145.56 calls for the Minnesota Department of Health (MDH) in partnership with other state agencies and community partners to review, coordinate, and implement the Minnesota Suicide Prevention Plan, fund community-based suicide prevention, and support workplace and professional networks; to collect and report data on suicide prevention; and to evaluate prevention programs and policies. Since the prior legislative report, an updated 2024-2027 Minnesota Suicide Prevention State Plan has been collaboratively developed; implementation is actively underway.

You matter

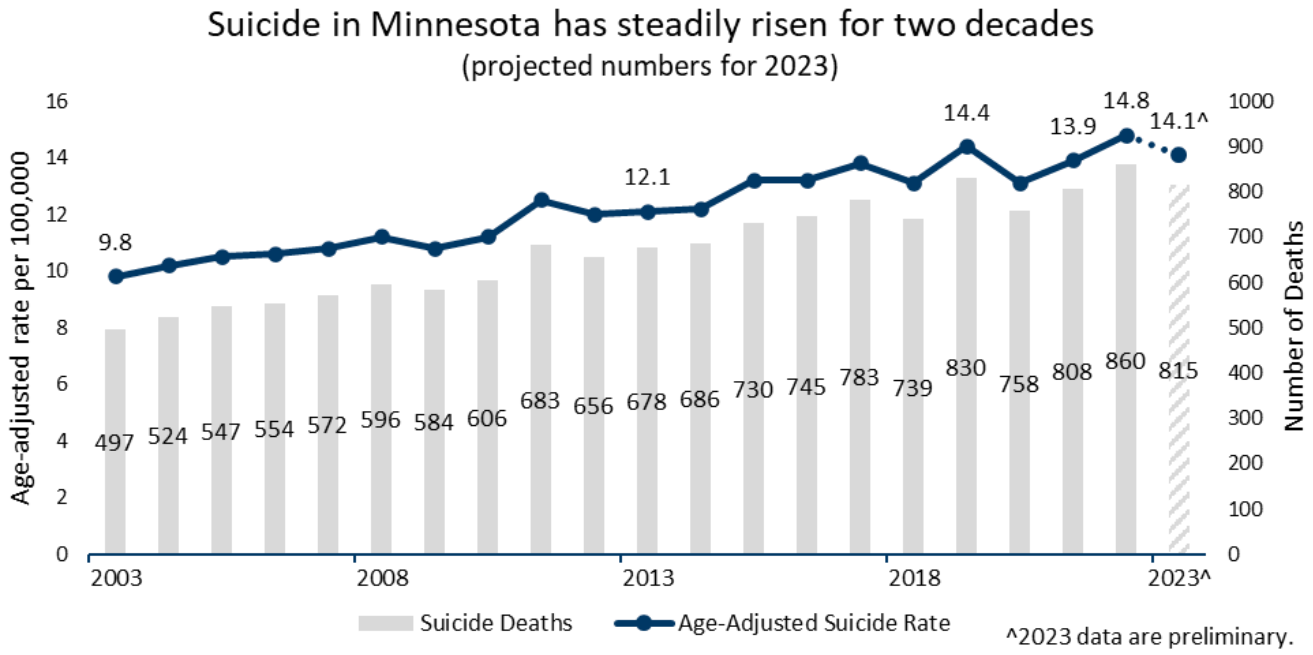
If you, or someone you know, is in a mental health crisis or at risk of suicide, call or text 988 or chat 988lifeline.org/chat. The 988 Suicide & Crisis Lifeline is free, confidential, and available 24/7.

No concern is too small. People call to talk about substance use, economic worries, relationships, mental and physical illness, and more. When connected with 988, a trained specialist will answer, listen, and provide support and resources, if needed.

By starting the conversation, finding support for those who need it, we can prevent suicides and save lives.

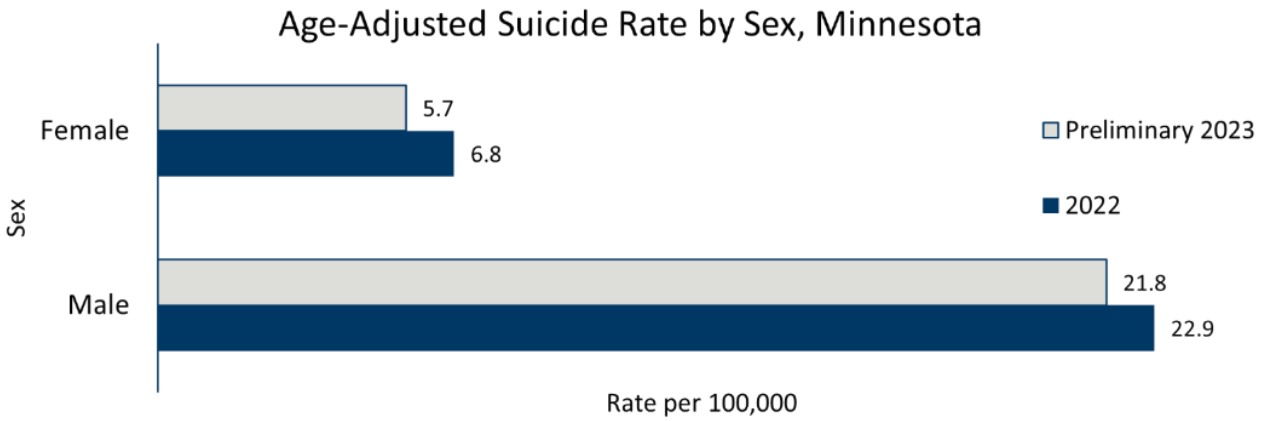
FY23/24 data snapshot: Deaths by suicide up in 2022, down in 2023

In 2022, 860 Minnesotans died from suicide, the highest total ever, and preliminary data indicates 815 died in 2023. This translates to an age-adjusted rate of 14.8 and 14.1 per 100,000, respectively. Preliminary figures for 2023 are based on projections made using Minnesota death certificates finalized as of May 1, 2024. Final numbers will include all deaths of Minnesota residents and may differ from the figures in this document.

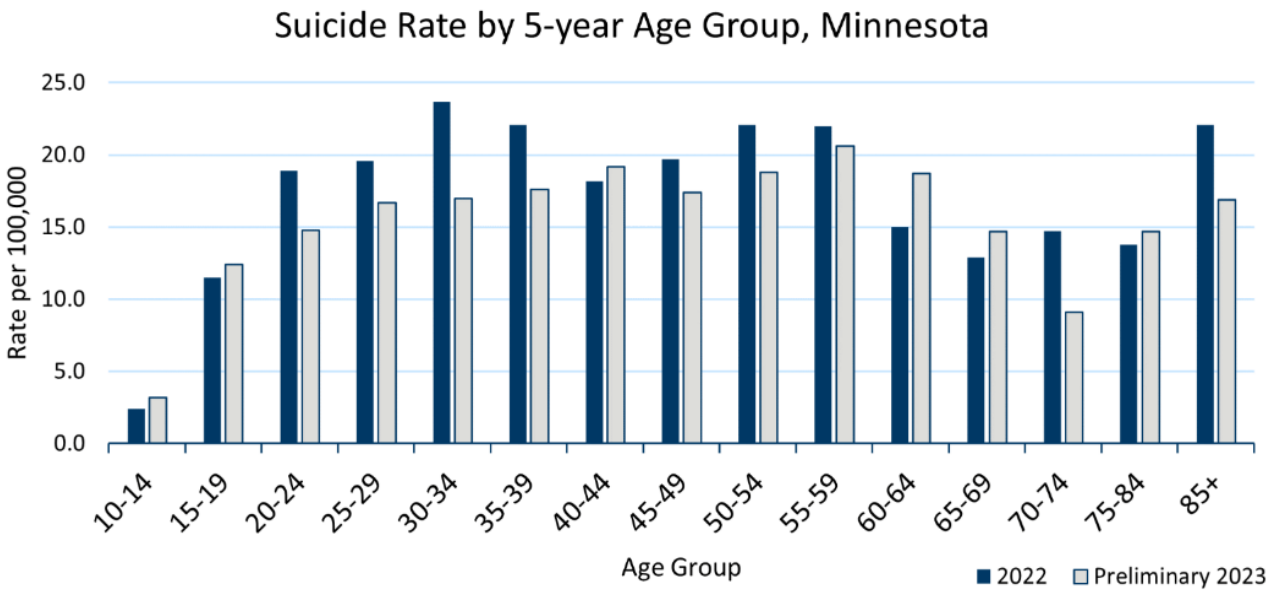


Suicide rates vary between groups

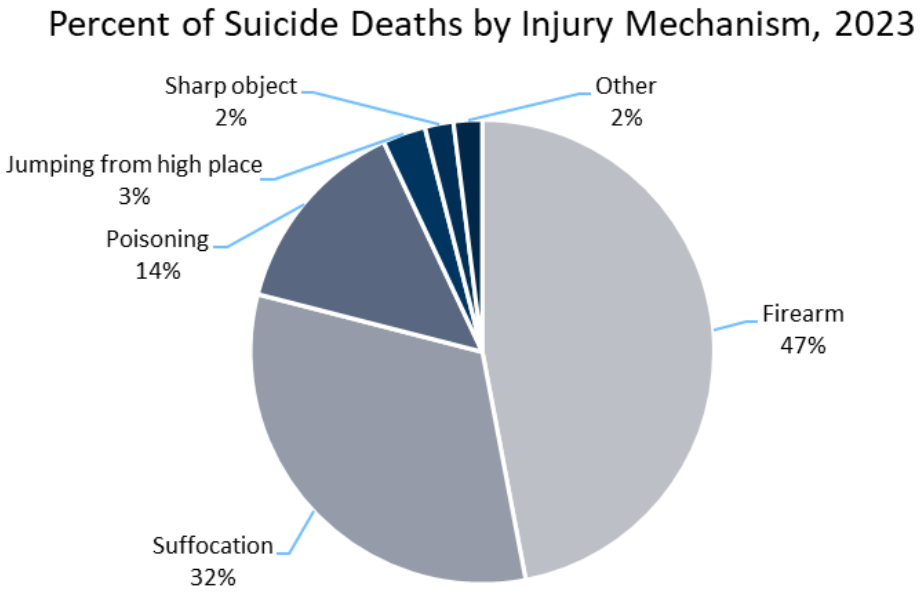
Continuing a persistent trend, males had a higher suicide rate than females in 2022 and 2023. Males consistently have suicide rates three to four times higher than females. Data from death certificates include male and female. Rates for other sexes or gender identities are not available.



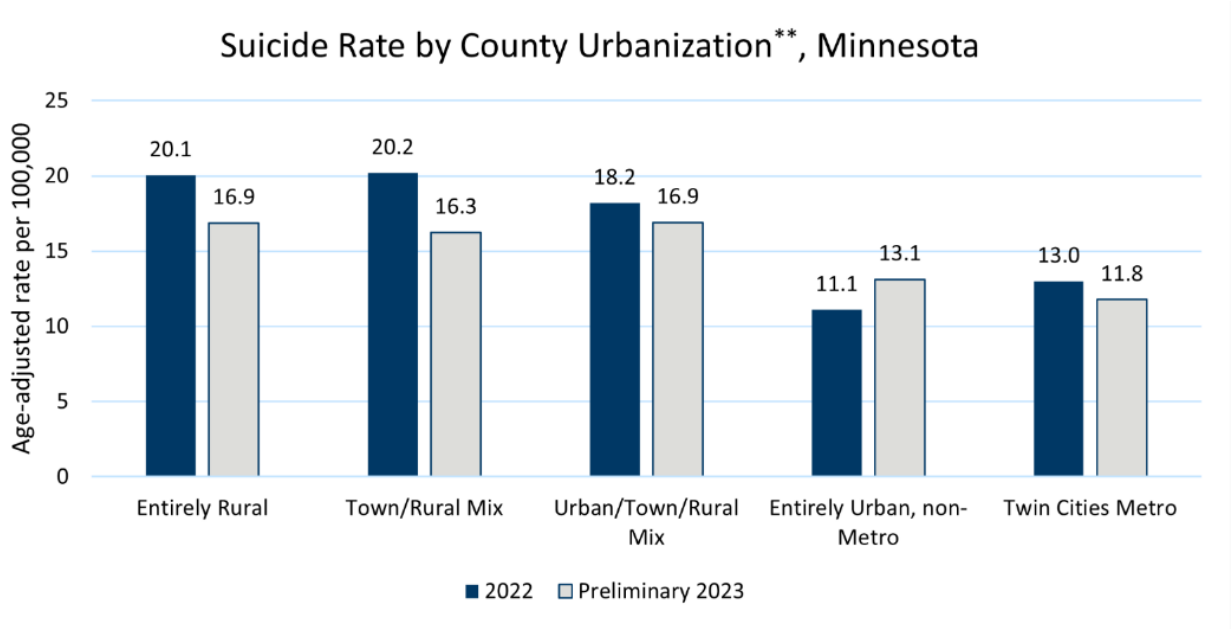
Suicide rates were highest in middle age in 2023, a slight shift from 2022. Rates were lowest in the early teen years and in adults aged 70-74 years. These overall patterns have been fairly consistent for many years.



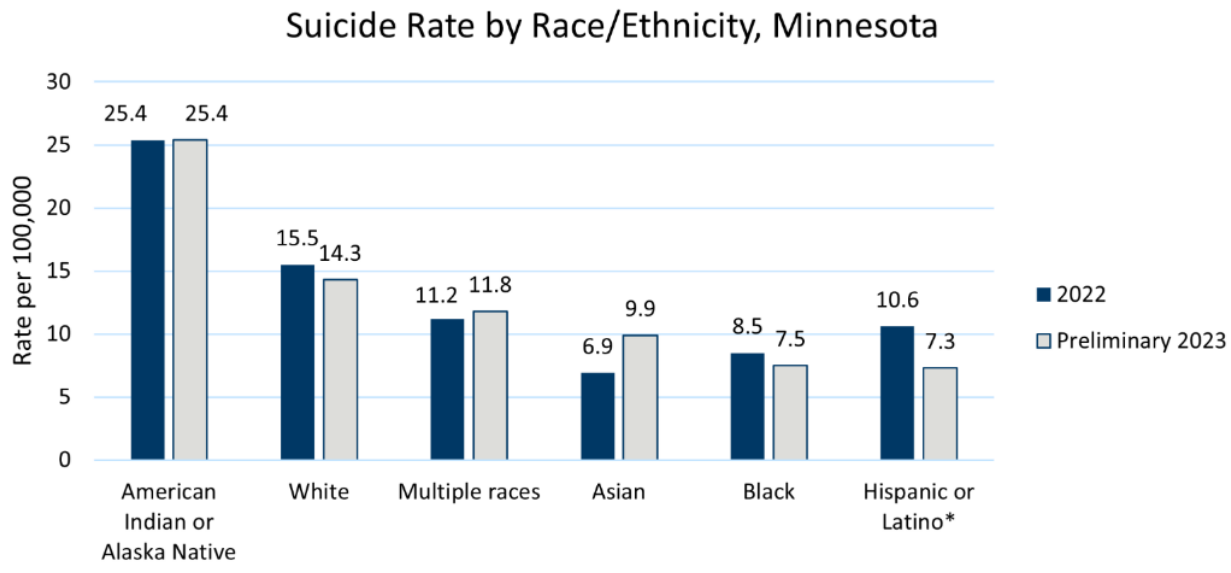
Regarding the mechanism of injury, the largest percentage of suicide deaths in 2023 involved a firearm (47%) (see figure below). An additional 32% involved suffocation and 14% involved poisoning. In total, these three mechanisms of injury accounted for 93% of suicide deaths. Historical data tells us that these percentages vary by sex, with males being most likely to die from self-inflicted firearm injuries and females being most likely to die from poisoning and suffocation.

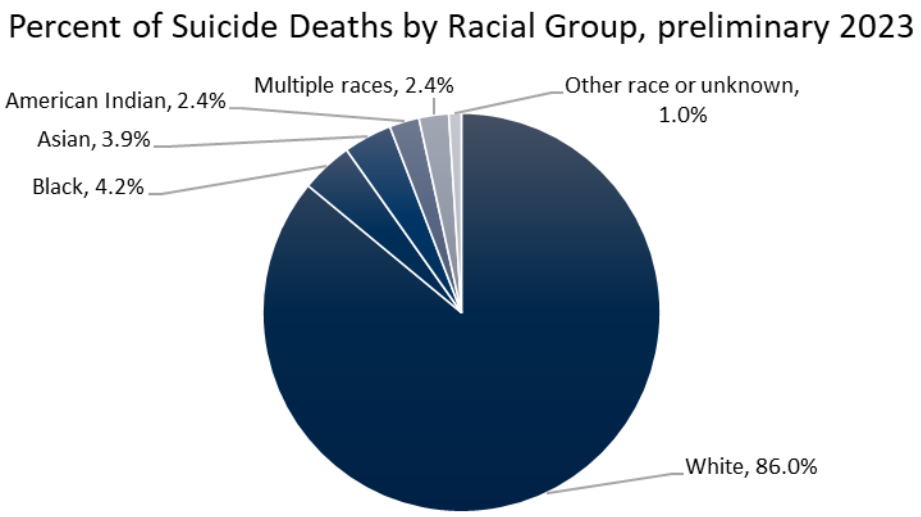


Like previous years, suicide rates in rural areas in 2023 tended to be higher than urban areas. Decreases from 2022 to 2023 were seen in multiple areas throughout the state.



In 2022 and 2023, American Indian or Alaska Natives had a higher suicide rate than other racial or ethnic groups in Minnesota. Conversely, white Minnesotans made up 86% of suicide deaths in 2023, highlighting differences in the racial/ethnic distribution of suicide compared to the underlying population. Data for 2023 are preliminary. Rates in groups of this size may fluctuate from year to year so it's important to consider multi-year trends.





MDH recognizes that all demographic categories described above are not discrete and combinations of demographics make for unique experiences among individuals. For example, the experiences of Native females may differ from the experiences of females overall as well as the experiences of Native people overall. Likewise, people who make up these and other groups are not all the same. There is a lot of diversity within any community or any demographic group.

In addition, differences between demographic groups likely exist that we cannot measure. These may be due to disparate access to systems (e.g. hospitals or medical examiners), mechanisms of data creation, collection, and aggregation and more. For example, the "Multiple Races" category aggregates and hides many experiences. If each person in that category were counted in the other groups of which they are a part, the rates for those groups would increase. For example, a person of both Black and Asian heritage could be counted in the Black category and the Asian category, resulting in higher counts and a more accurate reflection of the burden of suicide in those groups. The groups would no longer be mutually exclusive, however, and could not be compared. Here, the "Multiple Races" category is used for the purpose of calculating rates because census data is currently only available for the race/ethnicity categories shown in the chart above. In addition, the various groups that make up the multiple races category have populations in Minnesota with too few people to provide reliable single-year estimates of suicide rates.

Population sizes notwithstanding, the mission of MDH is "Protecting, maintaining, and improving the health of all Minnesotans." Achieving this requires valuing all Minnesotans equally amid continual effort to mitigate societal factors that contribute to poor health and propagate those that promote health. Suicide deaths, attempts, ideation, and depression are linked with social factors known to affect health, racism, policies that negatively affect lesbian, gay, bisexual, transgender and queer (LGBTQ) people and disabled people, lack of access to health care, and other experiences of discrimination based on age, sex, gender, sexual orientation, race/ethnicity, socioeconomic status, geography/urbanization, and veteran status, among others.

*Race and ethnicity were measured separately. Hispanic people may also be included in one of the racial groups.

**Urbanization based on Minnesota State Demographic Center: https://mn.gov/admin/assets/greater-mn-refined-and-revisited-msdc-jan2017_tcm36-273216.pdf

2023-2027 Minnesota State Suicide Prevention Plan

Development of 2023-2027 suicide prevention plan

The 2023-2027 Minnesota State Suicide Prevention Plan, (State Plan), outlines objectives and strategies to guide the collaborative, interagency effort to improve, expand, and coordinate the suicide prevention infrastructure in Minnesota, prevent Minnesotans from having suicidal experiences, and improve the lives of all those who are struggling. The strategies are implemented by the MDH Suicide Prevention Unit, the Minnesota Suicide Prevention Taskforce (the Taskforce), community grantees funded by MDH, and other Minnesota state agencies, such as Minnesota Department of Education, the Department of Veteran Affairs, and the Department of Public Safety. The development of the 2023-2027 State Plan was a collaboration between the Taskforce and the MDH Suicide Prevention Unit. The Taskforce consists of multi-sector stakeholders from both public and private sectors that live or work in the State of Minnesota, including people representing State Agencies as well as other agencies, organizations, and institutions across the state. The suicide prevention efforts are based on the belief that suicides can be prevented, healing is possible, and help is available.

Suicide is complex and requires a comprehensive public health approach that involves all facets of society. A public health approach starts with convening, connecting, and communicating with partners from multiple sectors, all working together to prevent suicidal experiences. MDH and the Taskforce engaged with Minnesotans across the state in a data-driven planning process. The community engagement process revealed six overarching themes to help drive the creation of the goals, objectives, and strategies within the State Plan:

1. Prevention efforts must reflect peoples' lived experiences, specific to culture.
2. Prevention efforts must improve the competency of informal and formal responders to provide supports within natural relationships because there are insufficient mental health services.
3. Fears of involuntary hospitalization, law enforcement involvement, and other punitive consequences are a key barrier to asking for help and using services.
4. Investment in emotional and mental health literacy and support for youth from preschool through young adulthood must be a priority.
5. Substance use and suicide are interconnected; prevention interventions must likewise be integrated.
6. Effective policies for suicide prevention, including policies that promote the conditions that support health, need to be identified and promoted.

Improve, expand, and coordinate the suicide prevention infrastructure

The State Plan illustrates the current infrastructure for suicide prevention within Minnesota. To help expand and coordinate the suicide prevention infrastructure in Minnesota an infrastructure improvement plan is included within this plan.

The State Plan documents the goals, objectives, and strategies that will guide suicide prevention strategies for the next four years with the overarching goal to decrease suicidal experiences among Minnesotans. Six key goals have been identified:

- Goal 1: Increase individuals, organizations, and communities' capacity to develop and implement a comprehensive public health approach to prevent suicide.

- Goal 2: Promote factors that offer protection for suicidal experiences across the individual, relationship, community, and societal levels.
- Goal 3: Identify and support individuals who are experiencing mental health challenges or who are having suicidal experiences.
- Goal 4: Strengthen access and delivery of care for mental health and suicide.
- Goal 5: Connect, heal, and restore hope to those impacted by suicide.
- Goal 6: Improve the timeliness and usefulness of data.

The full Minnesota State Suicide Prevention Plan (https://www.health.state.mn.us/communities/suicide/documents/suicideprevstateplan.pdf) and the corresponding Suicide Prevention State Plan evaluation plan (https://www.health.state.mn.us/communities/suicide/documents/2024suicpreeva.pdf) were completed.

Learning from community partners and adapting efforts across the continuum to be culturally responsive

Tribal engagement

The MDH Tribal suicide prevention coordinator, in partnership with Minnesota Department of Human Services (DHS), conducted Tribal listening sessions to build understanding of Tribal suicide prevention work, identify needs from the Tribal-State relationship, and identify opportunities for collaboration. They convened Tribal partners to participate in monthly roundtable conversations regarding suicide prevention within Tribal communities.

Through this process, Tribal partners provided important context about culture as prevention and how MDH can better partner with the ongoing work of Tribes.

When asked to describe their prevention efforts, many participants emphasized the ways their communities or organizations were putting into practice the concept of culture as prevention. Community programming such as weekly lacrosse, belt making, cradleboard making, porcupine roach making, drumming, ribbon skirt/shirt, tobacco tying, moccasin making, hand drum making, and hosting ceremonies were all described as key prevention activities. Cultural activities and ceremonies that affirm a sense of identity, belonging, purpose, and humor are medicines that support healing, connection, reconnection, and suicide prevention.

Likewise, food and connection to land is important prevention medicine. Participants specifically described their prevention efforts as increasing the communities' connections with food and land. Younger generations are increasingly interested in deepening their spiritual relationships to food and land. Teaching about plants or energy work provides an avenue for community members to promote their own and collective wellbeing and avoids the bottleneck of exclusively seeking care through a medical clinic, where there is limited staff capacity. Participants consistently reported challenges with limited mental health resources in the area, resulting in families being discouraged due to long waitlists and the paperwork processes. Educational opportunities help youth understand their role in the community to include land stewardship and health promotion, and increase youths' connection to their families and communities, which in turn protects them from making other unhealthy decisions. Participants reported that youth are eager for more opportunities to learn and take on leadership roles in the community in this area.

MDH can support Tribes by building on opportunities to expand cultural healing as a prevention strategy. Participants recommended MDH and DHS take the following actions to promote culture as prevention:

- Offer on-demand trainings for MDH and DHS staff on cultural humility to increase understanding of the crucial role of cultural efforts as prevention.
- Advocate for cultural inclusion in systems such as hospitals, clinics, schools, and other non-Tribal partner organizations that are currently working on suicide prevention and interact with Tribal community members.
- Adapt current interventions to be responsive to cultural needs.
- Amplify positive stories, sharing strengths and resiliency.

Providing flexible funding that supports work that is already happening, decreases barriers to accessing care, and supports community-driven work is a priority. In practice, this looks like:

- Prevention funding that can be used for cultural events and hosting cultural leaders.
- Funding for culturally relevant therapy options: Trauma-Informed Care, Eye Movement Desensitization and Reprocessing (EMDR), energy-work, equine-therapy.
- Supporting Tribes in taking care of support staff experiencing secondary trauma and lived experience.
- Supporting Tribes in writing for what they need, not to fit grant goals, and creating opportunities for Tribes to be at the table during design.
- Allocating funding specific for the Nations, so Tribes do not have to compete against each other. Funding should be responsive to the variability among the Tribes. All communities are different and should have autonomy and flexibility in finances to be preventive.
- Providing funding for supporting land work in therapy and incorporating green space and other practices that support connection to land before communities are in crisis.

Engaging youth and young adult leaders

To deepen engagement with young adults, MDH facilitated a pilot project with five young adults aged 18-24 as part of the Garrett Lee Smith Youth Suicide Prevention Federal grant to increase youth and young adult voice. Young adults from across the state worked as paid contractors in partnership with MDH Suicide Prevention Unit staff to design, co-facilitate, and analyze findings from youth focus groups and surveys to better understand youth perceptions of available mental health resources and guide future youth-focused suicide prevention efforts. During this pilot year, the young adult contractors implemented a survey of young adults (ages 18-24) and facilitated four focus groups with Black, Native, and new immigrant youth (ages 12-18).

Through that process, the young adult contractors identified the following key themes:

- Awareness and educational campaigns for youth about 988 are still needed to raise awareness and address concerns about reaching out.
- Youth and young adults primarily talk to their peers about mental health.
- Young adults primarily get mental health information from social media.

Youth recommended the following, as evidenced through findings from the four focus groups:

- Support young adults staying within their community to provide peer-to-peer support. Young adults want to help younger generations.
- Work with faith leaders to normalize depression and help older family members talk to youth about mental health. Faith leaders are trusted messengers for parents and can improve parent or guardian skills in talking with young people about mental health.

- School resources play a strong role in supporting youth mental health. Hire school-based mental health providers and/or offer after-school programs to facilitate peer support.
- Native, Black and immigrant youth want representation, to feel valued, and to be asked for their opinions and listened to. Youth want to see people who look like them and understand their life experiences setting the positive examples and providing help.

Promoting Black youth mental health

In July 2023, the Substance Abuse and Mental Health Services Administration (SAMHSA) invited Minnesota to attend a Policy Academy on Black Youth Suicide Prevention. The goal of the academy was to deepen each invited state's understanding of prevention, intervention, and postvention strategies for Black youth suicide. It also aimed to guide states through a strategic planning process, with the ultimate goal of developing an action plan, complete with a timeline, to implement strategies for reducing Black youth suicide in their respective states.

Minnesota's team included representatives from MDH, the Minnesota Department of Education, a 988 Minnesota Lifeline center, community partners from Restoration for All, which works with the East African immigrant community, and the Brooklyn Bridge Alliance for Youth's Reimagine Black Youth Mental Health project, dedicated to improving Black youth mental health. Collectively, this team left the academy with the following next steps:

- Define the Black youth population (e.g., looking at populations "within" the population, such as immigrant youth).
- Develop our "why" specific to Minnesota regarding why this work should be prioritized.
- Gather data, both from the MN Department of Health, national data, and data held by organizations (e.g., online mental health screening data at Mental Health Minnesota, data collected through the Reimagine work, etc.).
- Identify partners and do asset mapping to gain a better understanding of who is doing work in this space and who we should collaborate with to advance this work moving forward.
- Build a community of practice to help identify promising practices/programs, elevate existing work, and provide a roadmap for others interested in joining this work in the future.
- Create an advisory council made up of youth to help inform our work and initiatives as we move forward.

Since attending the Policy Academy on Black Youth Suicide Prevention, the team has continued to meet monthly, making steady progress on the action steps identified above. Invitations were extended to additional stakeholders from the organizations that attended the academy, as well as to the MDH Office of African American Health, further broadening the collaboration.

In February 2025, the team formally aligned its efforts with the Taskforce by forming a dedicated committee. This committee is responsible for tailoring and prioritizing strategies to address the unique mental health and suicide prevention needs of Black youth. Their goal is to develop a comprehensive plan, including actionable strategies, over the two years, ensuring that the work aligns with the broader state efforts and is responsive to the specific needs of Black youth in Minnesota.

Implementation progress and outcomes

The six goals of the Minnesota State Suicide Prevention Plan are being addressed through key levels of change across the spectrum of prevention (The Spectrum of Prevention: Developing a Comprehensive Approach to Injury Prevention https://www.preventioninstitute.org/sites/default/files/uploads/The%20Spectrum%20of%20Prevention-%20Developing%20a%20Comprehensive%20Approach%20to%20Injury%20Prevention.pdf). MDH staff, grantees, and partners build the skills and confidence of Minnesotans to recognize signs of suicide risk and mental health struggles, and to compassionately intervene with their loved ones and people in their community. Significant efforts have been made in the past two years to educate the public and raise awareness about 988 and normalize discussions about mental health. Through the establishment of the Suicide Prevention Training Network, we are expanding the training capacity across the state. Suicide Prevention Regional Coordinators and comprehensive suicide prevention grantees are building and equipping local networks to increase suicide prevention community coordination, while efforts such as the Zero Suicide and Pathway to Care cohorts encourage the adoption of organizational best practices for suicide prevention in hospital and behavioral health systems, schools, and communities. MDH staff and 988 Minnesota Lifeline Centers are working to implement a multi-agency system of care and support. Each of these efforts are described in more detail below.

Strengthening individual knowledge and skills

MDH staff, Suicide Prevention Regional Coordinators, NAMI MN, and other grantees provided 896 trainings, engaging almost 18,000 Minnesotans to build knowledge of available resources and suicide prevention early intervention skills. These training were conducted in partnership with 114 new community partners (e.g. schools, nonprofits, etc.).

Evidence-based trainings for suicide prevention

MDH staff and community partners work with communities to teach people how to identify youth at risk and connect them to appropriate care. Question, Persuade, Refer (QPR), Suicide Alertness for Everyone (safeTALK), Counseling on Access to Lethal Means (CALM), Connect Postvention, and Applied Suicide Intervention Skills Training (ASIST) are available for community groups and are delivered by certified trainers.

- 8,173 people participated in QPR suicide prevention training about the three steps anyone can learn to help save a life from suicide.
- 1,108 people participated in safeTALK, a half-day training to learn how to identify people with suicidal thoughts and connect them to resources for help and support.
- 589 mental health practitioners and health providers participated in CALM, a course on how to work with people at risk for suicide and their families to reduce access to methods that can be used for suicide such as firearms and medications.
- An additional 1,084 people participated in other evidence-based training, including ASIST, Mental Health First Aid, Youth Mental Health First Aid, and Connect Postvention.

Taskforce-created trainings to encourage informal helpers and address stigma

- 3,545 people participated in Changing the Narrative, a training created by MDH and the Suicide Prevention Taskforce to normalize discussions about mental health.
- 3,460 people participated in other MDH-created training, such as Eight Dimensions of Wellness and the Role of Natural Helpers.

- 91% of training participants[1] who completed a post-survey agreed or strongly agreed with the statement: Through this workshop I gained skills or resources I can apply to my personal life, my family, or relationships.
- 91% of training participants who completed a post-survey agreed or strongly agreed with the statement: Through this workshop I gained skills or resources I can apply to my work.
- 95% agreed or strongly agreed that the goals of the session were met.

The Minnesota Suicide Prevention Taskforce developed the Normalizing Conversations About Mental Health and Suicide Toolkit (https://www.health.state.mn.us/communities/suicide/documents/convsuictkit.pdf) to provide Minnesotans with recommendations for action, tools, and resources that can be used by organizations, communities, and individuals to normalize conversations about mental health, prevent Minnesotans from having suicidal experiences, and improve the lives of people who are struggling.

Promoting community education

Suicide Prevention Regional Coordinators, comprehensive suicide prevention grantees, and MDH staff completed 378 suicide prevention public awareness activities, including radio and social media campaigns, attendance at community events, and distribution of physical resources.

- In FY24, these efforts reached over 153,000 people, sharing information about the 988 Minnesota Lifeline, local resources, and normalizing discussions of mental health.
- 3,878 people participated in informational sessions to learn about 988, Regional Coordinators, and other local resources.
- In addition, the first statewide digital public awareness 988 Minnesota Lifeline campaign was conducted, obtaining over 21+ million total impressions and reaching 44% of Minnesota's population, including Tribal, Hispanic/Latine, Black/African American, and rural/farm communities at higher risk of suicide.

Educating the community

Minnesota Suicide Prevention Trainer Network (MNSPTN)

The National Alliance on Mental Illness - Minnesota (NAMI MN), a comprehensive grantee, developed and launched the Minnesota Suicide Prevention Trainer Network (MNSPTN) in 2023 to create a more collaborative approach to suicide prevention across the state and provide a place where individuals, community partners, suicide prevention organizations as well as local, county, and state departments can come together to bring education, training, and resources to all Minnesotans. The new site also helps certified mental health and suicide prevention program trainers find support, build skills, and connect with other trainers. The website, Minnesota Suicide Prevention Trainer Network (https://www.preventsuicidemn.org/), was launched in 2024 to promote suicide prevention trainings offered across the state.

- 90 certified trainers across Minnesota participated in the network during the reporting period.
- Trainers represent 36 out of the 87 counties in Minnesota but can extend statewide in their travel coverage.

[1] 427 training participants completed a post survey during the reporting period.

Fostering coalitions and networks

Suicide prevention regional coordination

Transitioning from the DHS to MDH in 2023, the Suicide Prevention Regional Coordinators (https://www.health.state.mn.us/communities/suicide/mnresponse/regionalcoord.html) provide statewide support to help communities build capacity and implement comprehensive suicide prevention efforts. They ensure that resources, training, and technical assistance are accessible to communities, helping them develop and execute local suicide prevention plans. Suicide Prevention Regional Coordinators also coordinate state-level efforts and provide the tools and guidance necessary for communities to succeed within the broader statewide suicide prevention framework.

Carlton County and Canvas Health have been awarded Suicide Prevention Regional Coordination grants through MDH and in collaboration with DHS, to support regional comprehensive suicide prevention efforts that serve all 87 counties and Tribal lands in Minnesota. Fifteen Suicide Prevention Regional Coordinators operate under these two grants.

- Suicide Prevention Regional Coordinators and MDH staff provided over 1,000 touchpoints of technical assistance to approximately 300 unique organizations and community groups, including schools, local public health, multi-sector coalitions, and other community-based organizations.

Most common technical assistance requests were for support implementing a comprehensive public health approach, and identifying and responding to someone at risk, followed by promoting protective factors, and improving access and delivery of mental health care.

Comprehensive suicide prevention community grantees

The purpose of the comprehensive suicide prevention grants is to build community coalitions to develop and implement a data-driven plan to promote mental health and prevent suicidal experiences. All grantees are working on a year-long strategic planning process to identify risk and protective factors for priority populations and strategies to influence those factors in their communities and establish a local community coalition to direct the strategies of the grant, including a behavioral health partner engaged in the work of implementing the Zero Suicide framework within their health or behavioral health care system. Twelve grantees were awarded comprehensive suicide prevention grants in FY23/FY24, including:

- Ain Dah Yung Center – Saint Paul
- Des Moines Valley Health and Human Services
- Hennepin County Public Health
- Korean Adoptees Ministry Center – Minneapolis
- Meeker County Health and Human Services
- Morrison-Todd-Wadena Community Health Board
- Olmsted County Public Health Services
- Otter Tail County Public Health
- NAMI Minnesota – Saint Paul
- Restoration for All – Saint Paul
- Sanford Health – Bemidji
- Wright County Public Health

Changing organizational policies

988 Suicide & Crisis Lifeline

On July 16, 2022, the National Suicide Prevention Lifeline transitioned to the 988 Suicide & Crisis Lifeline, a new three-digit code to reach mental health support. This change made it easier and more accessible for people to connect to a trained specialist in the moment they need it. Through state appropriations and federal funding,

MDH supports the operations of 988 Minnesota Lifeline Centers that are designated to answer incoming calls, chats, and texts that originate from a Minnesota area code. More information about the 988 Minnesota Lifeline can be found at our website: 988 Lifeline System Services (https://www.health.state.mn.us/communities/suicide/988/systems.html). A separate legislative report for the 988 Minnesota Lifeline will provide insights including data on answer rates, disconnected contacts, and referrals to 911 emergency response.

Zero Suicide and pathway to care cohorts

A new cohort of eight Zero Suicide community partners, behavioral health, and health care partners was established with a focus on determinants of health in screening practices and culturally adaptive assessments. During the reporting period, a pre-assessment was completed to document areas for organizational growth in the areas of workforce development and organizational policies and practices on screening for suicide risk, safety planning, access to lethal means, and continuous care.

Seven communities participated in a two-year cohort to create community referral pathways to care for youth and young adults aged 10-24. Communities worked to build capacity to identify youth at risk for suicide and connect them to supports and resources, and create community teams, community resource maps, a community referral pathway to care, and a plan for ongoing training. All seven communities created or updated a community resource map; four communities additionally outlined their community response to youth who are at low, medium, or high-risk for suicide for a coordinated, consistent response.

Next steps

- **Invest in youth peer-to-peer efforts**:
  - Finalize a youth-focused Changing the Narrative to allow youth and adults a framework for holding conversations around mental health and suicide with youth.
  - Finalize and promote a youth focused-988 Minnesota Lifeline awareness effort led by youth. The sunset of Kognito leaves a big gap in schools meeting the requirement for suicide prevention training. School partners regularly ask for clear recommendations on how to best meet this training requirement moving forward and funds to facilitate youth-peer groups that promote wellbeing and suicide prevention. This effort can help to fill this gap.
- **Continue growth for the 988 Minnesota Lifeline**:
  - Expand 988 Minnesota Lifeline messaging and public awareness efforts across the state.
  - Build collaboration with Public Safety Answering Points (PSAPS), crisis services, and Tribal communities.
  - Improve data practices.
  - Strengthen 988 Minnesota Lifeline operations to continuously improve the quality of services.
- **Create Tribal History and Cultural Safety training** for suicide prevention grantees.
- **Continue comprehensive suicide prevention efforts** and cross-system coordination in alignment with the state suicide prevention plan.
- **Collect stakeholder feedback** to help inform suicide prevention efforts.

Conclusion

Suicide affects people from every race, age, nationality, sexual orientation, gender identity, and ability in Minnesota. Through MDH's Minnesota State Suicide Prevention Plan and actions, we can provide the hope and help needed to continue to move suicide prevention efforts forward in Minnesota.

If you or someone you know, is in need of mental health or emotional support or at risk of suicide, call or text 988 or chat 988lifeline.org/chat. The 988 Minnesota Lifeline is free and confidential and available 24/7. No concern is too small. People connect with 988 to talk about: substance use, economic worries, relationships, mental and physical illness, and more. When connected with 988, a trained specialist will answer, listen, and provide support and resources, if needed. By starting the conversation, finding support for those who need it, we can prevent suicides and save lives.