



Suicide Prevention FY24, July 1, 2023-June 30, 2024 Brief

**HIGHLIGHTS OF PROGRESS ON THE SUICIDE PREVENTION
STATE PLAN**

Overview

In 2023, Minnesota implemented a four-year suicide prevention state plan (State Plan). The State Plan guides the Minnesota Department of Health (MDH), Minnesota State Agencies, the Suicide Prevention State Taskforce, and MDH grantees. The intent is that these efforts will directly influence the ability to build the capacity of individuals, organizations, and communities to implement a comprehensive public health approach to address mental health and reduce suicidal experiences.

The Suicide Prevention State Plan identifies six goals to prevent suicidal experiences of individuals:

- **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 [Suicide Prevention State Plan evaluation plan](https://www.health.state.mn.us/communities/suicide/documents/2024suicpreeva.pdf) (<https://www.health.state.mn.us/communities/suicide/documents/2024suicpreeva.pdf>) was completed. The [2023 preliminary data brief](https://www.health.state.mn.us/communities/suicide/documents/2023suicidedatabrief.pdf) (<https://www.health.state.mn.us/communities/suicide/documents/2023suicidedatabrief.pdf>) was disseminated.

The following noteworthy progress was made from July 1, 2023-June 30, 2024.

The MDH Suicide Prevention Unit solicited proposals for community-based suicide prevention grants in Minnesota and awarded them. The grantees are expected to have the following outcomes as a result of the grant:

- Expand individuals, organizations and communities understanding of their role in promoting wellness and preventing suicidal experiences.
- Build capacity of multi-sector partnerships so that they can develop culturally appropriate strategies to respond to the needs and culture of the community.
- Increase collaboration with partners working on shared risk and protective factors.
- Implement strategies across the spectrum of suicide prevention, to include promoting protective factors, expand informal supports, strengthen formal supports and to connect, heal and restore hope to those that are impacted by suicide.

These grant funds support suicide prevention regional coordination, comprehensive suicide prevention community grantees, and the 988 Suicide and Crisis Lifeline.

Suicide prevention regional coordination grantees

- Two Suicide Prevention Regional Coordination grantees supported a [suicide prevention regional coordinators system](https://www.health.state.mn.us/communities/suicide/mnresponse/regionalcoord.html) (<https://www.health.state.mn.us/communities/suicide/mnresponse/regionalcoord.html>) that serves all 87 counties and tribal lands in Minnesota. Suicide Prevention Regional Coordinators operate under these two grants providing a system of support across Minnesota to help build capacity of individuals, organizations, and communities to implement effective comprehensive suicide prevention work. Comprehensive suicide prevention community grantees
- Twelve [community grantees](https://www.health.state.mn.us/communities/suicide/mnresponse/stategrantees.html) (<https://www.health.state.mn.us/communities/suicide/mnresponse/stategrantees.html>) were provided funding for comprehensive suicide prevention community grantees. All grantees are working on a year-long strategic planning process to identify risk and protective factors for priority populations and strategies, and to influence those factors in their communities. Grantees are working to establish local community coalitions to direct the strategies of the grant, including partnering with a behavioral health organization that will implement the Zero Suicide framework within their health or behavioral health care system.
 - Community grantee National Alliance on Mental Illness - Minnesota (NAMI - MN) developed and launched a [Minnesota Suicide Prevention Trainer Network website](https://www.preventsuicidemn.org/) (<https://www.preventsuicidemn.org/>) to promote suicide prevention training offered across the State. This website is designed for individuals to request trainings and connect trainers with each other for support and networking.
- Grantees facilitated conversations with community partners on using a shared risk and protective factor approach to preventing substance misuse, suicide, and adverse childhood experiences, while promoting overall mental health and wellbeing.

Zero suicide and pathway to care

- MDH Suicide Prevention Unit established a new cohort of eight Zero Suicide community partners, behavioral health, and healthcare partners with a focus on determinants of health in screening practices and culturally adaptive assessments.
- With the support of the MDH Suicide Prevention Unit, seven communities completed a two-year cohort to create a community referral pathway to care for youth aged 10-24. The 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.
- Five Minnesota K-12 schools are piloting a comprehensive student mental health software platform (BHWorks) as a part of the Garrett Lee Smith Youth Suicide Prevention grant. Schools use the platform to assist in the identification of youth mental health and suicide risk concerns and connect youth to appropriate services.

988 Suicide and Crisis Lifeline

- MDH Suicide Prevention Unit worked with the state's five 988 Minnesota Lifeline centers to collect, track, and analyze 988 Minnesota Lifeline data.
- MDH Suicide Prevention Unit contracted with a marketing agency to develop and conduct a 988 statewide digital public awareness campaign. The campaign obtained 21 million impressions and reached 44% of Minnesota's population, including high-need rural/farm, Tribal, Latino, and African American communities.
- MDH Suicide Prevention Unit established and facilitated a 988-911 workgroup to streamline interactions between 911 Public Safety Answering Points (PSAPs) and 988 Lifeline Centers, develop shared understanding and trust, and create an integrated crisis continuum in Minnesota. Accomplishments include developing a 988-information sheet as a resource for Department of Public Safety staff and a 988-911 definition of terms as a resource for our workgroup. In development: 988 training for PSAPs and a 911/988 infographic to build awareness about when to contact each resource.
- MDH Suicide Prevention Unit established and facilitated a workgroup with Minnesota Department of Human Services, 988 Lifeline Centers and Mobile Crisis to build relationships and trust, streamline interactions, and develop statewide guidance and shared understanding between these integral crisis continuum services.
- Minnesota 988 Lifeline Centers answered 67,655 contacts (calls, texts, and chats) in FY23-24. In the first six months of 2024, 25,910 calls, 9,195 texts, and 3,552 chats were answered. In 2024, the average monthly in-state answer rate is 88% for calls, and 90% for texts and chats.

Cultural responsiveness

- The Suicide Prevention Resource Center offered a community of practice for States to learn more about determinants of health and our role in suicide prevention. MDH Suicide Prevention Unit and community partners participated in community of practice. The Minnesota Suicide Prevention Taskforce developed an ad hoc committee to determine how to address Objective 2.3. of the State Plan, which is to acknowledge that determinants of health influence individual and communities' mental health and risk to suicide.
- MDH Suicide Prevention Unit staff conducted Tribal listening sessions to build an understanding of Tribal suicide prevention work, identify needs from the Tribal-State relationship, and opportunities for collaboration.
- MDH Suicide Prevention Unit convened Tribal partners to participate in monthly roundtable conversations regarding suicide prevention within Tribal communities.
- Community partners and the MDH Suicide Prevention Unit attended the Black Youth Mental Health Policy Academy to help inform the work of suicide prevention in the Black African American immigrant communities.
- MDH Suicide Prevention Unit worked with the East African Immigrant community to tailor Changing the Narrative for the East African Immigrant community.
- MDH Suicide Prevention Unit facilitated a pilot project with five young adults aged 18-24 as a part of the Garrett Lee Smith Youth Suicide Prevention Federal grant to increase youth

and young adult voice. Participants were paid contractors working with staff from the MDH Suicide Prevention Unit to design, co-facilitate, and analyze findings from youth focus groups and surveys to better understand youth perceptions of available mental health resources.

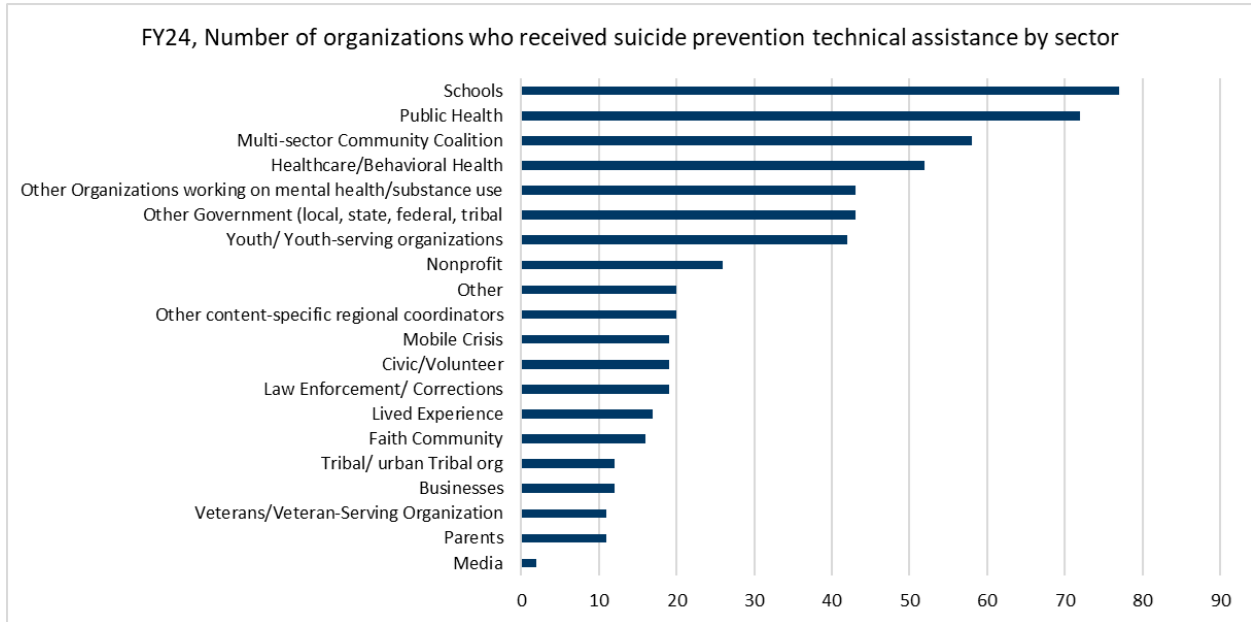
Minnesota Suicide Prevention Taskforce: Resources, toolkits, and guidance documents

- Postvention Committee: Developed and shared a [Suicide Loss Bereavement Packet](https://www.health.state.mn.us/communities/suicide/documents/suiberpakintro.pdf) (<https://www.health.state.mn.us/communities/suicide/documents/suiberpakintro.pdf>) to provide support and resources to community organizations and groups such as funeral home directors, faith leaders, county public health, law enforcement, military staff and organizations, suicide prevention coalitions, primary health care, behavioral health care to customize bereavement packets to support suicide loss survivors.
- Mental Health and Wellbeing Committee: Developed and shared a [Normalizing Conversations Toolkit](https://www.health.state.mn.us/communities/suicide/documents/convsuicctkit.pdf) (<https://www.health.state.mn.us/communities/suicide/documents/convsuicctkit.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.
- Intervention Committee: Developed resources to explain the mental health continuum, which was added to the Changing the Narrative on Mental Health and Suicide curriculum. The committee also partnered with the Systems of Support Ad Hoc Committee to develop guidance on supports to consider across the mental health continuum, including substance use services.
- Data Action Team: Published the first of a series called [Insights to Action](https://www.health.state.mn.us/communities/suicide/data/suicidedata.html) (<https://www.health.state.mn.us/communities/suicide/data/suicidedata.html>). The data stories are designed to highlight suicide prevention data, related resources, and opportunities for action.

Technical assistance

- Suicide Prevention Regional Coordinators and MDH Suicide Prevention Unit provided over 1,000 touchpoints of technical assistance to approximately 300 organizations and community groups, including schools, local public health, multi-sector coalitions, and 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.
- Suicide Prevention Regional Coordinators, comprehensive grantees, and MDH Suicide Prevention Unit provided postvention support to 66 communities grieving a suicide loss. Postvention support included helping communities who wanted to proactively create

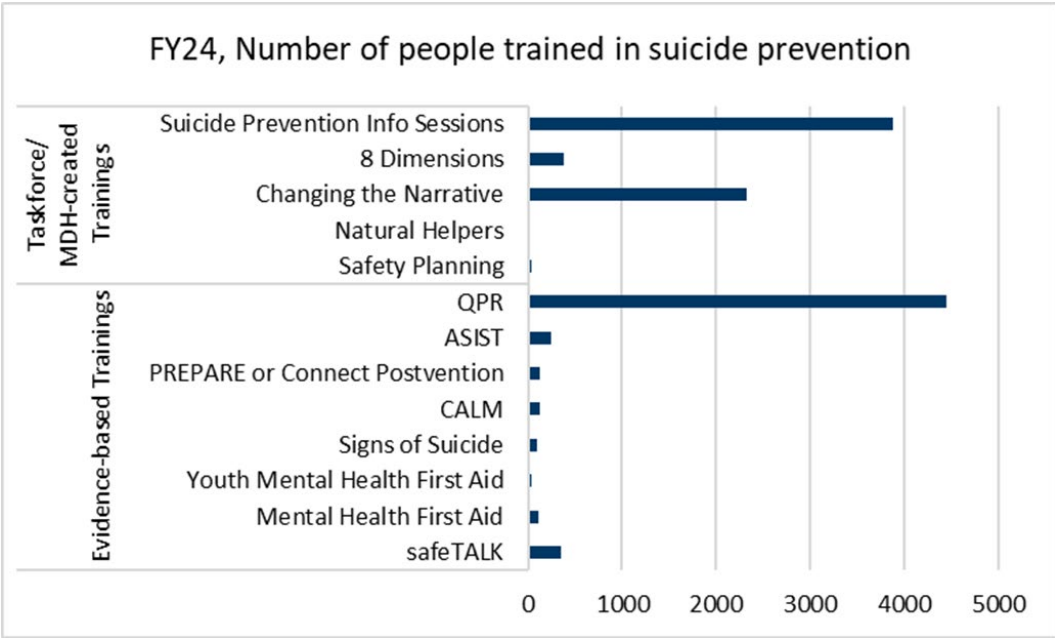
postvention plans, as well as providing resources to loss survivors who were seeking more leadership opportunities.



Training

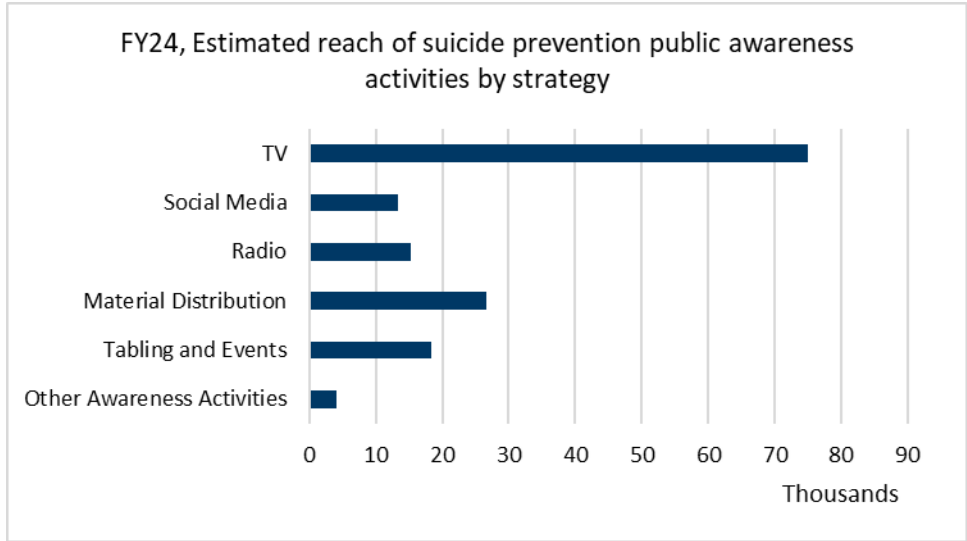
- MDH Suicide Prevention Unit, Suicide Prevention Regional Coordinators, NAMI-MN, and other grantees provided 423 trainings, engaging more than 12,000 Minnesotans to build knowledge of available resources and suicide prevention early intervention skills. These training were conducted in partnership with 82 new community partners (e.g. schools, nonprofits, etc.)
- 37% of training participants (4,447 people) participated in Question, Persuade, Refer (QPR) suicide prevention training about the three steps anyone can learn to help save a life from suicide.
- 9% of training participants (1,086 people) participated in another evidence-based [suicide prevention training](https://www.health.state.mn.us/communities/suicide/communities/preventsuicidetrainings.html) (<https://www.health.state.mn.us/communities/suicide/communities/preventsuicidetrainings.html>) including ASIST, safeTALK, CALM, or Connect Postvention.
- 32% of training participants (3,878 people) participated in informational sessions to learn about 988, Suicide Prevention Regional Coordinators, and other local resources.
- 19% of training participants (2,324 people) participated in Changing the Narrative, a curriculum created by MDH Suicide Prevention Unit and the Suicide Prevention Taskforce to normalize discussions about mental health.
- 16 individuals were trained as facilitators for Changing the Narrative on Mental Health and Suicide Prevention.

- 3% of training participants (429 people) participated in other MDH-created training such as Eight Dimensions of Wellness and the Role of Natural Helpers.
- 3,570 individual school staff, including teachers, administrators, mental health staff, and support staff, completed a Kognito School Mental Health training in FY23-24. 241 school districts, charter districts and private schools participated. 1,819 students from 16 schools completed a Kognito Friend2Friend course.
- 122 people participated in a Postvention PREPARE or CONNECT Postvention training.



Outreach and awareness

- Suicide Prevention Regional Coordinators, comprehensive suicide prevention grantees, and MDH Suicide Prevention Unit staff completed 378 suicide prevention public awareness activities, including radio and social media campaigns, attendance at community events, and distribution of physical resources.
- MDH Suicide Prevention Unit reached over 153,000 people, sharing information about the 988 Suicide and Crisis Lifeline, local resources and normalizing discussions of mental health.



If you or a loved one are having thoughts of suicide, please connect with the 988 Suicide & Crisis Lifeline by calling or texting 988 or use the online chat feature at 988lifeline.org/chat.

Minnesota Department of Health
 Suicide Prevention Unit
 85 East 7th Place
 PO Box 64882
 Saint Paul, MN 55164
health.suicide.prev@state.mn.us
www.health.state.mn.us/communities/suicide

2/26/25

To obtain this information in a different format, call: 651-201-5400.