

# **2025-2027 Minnesota State Suicide Prevention Plan Strategic Update**

**WORKING ADDENDUM TO THE 2023-2027 MINNESOTA STATE  
SUICIDE PREVENTION PLAN**

## **2025-2027 Strategic Update**

Minnesota Department of Health  
Mental Health and Suicide Prevention Unit  
PO Box 64975  
St. Paul, MN 55164-0975  
651-201-5723  
[health.suicideprev.MDH@state.mn.us](mailto:health.suicideprev.MDH@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

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# Introduction

This document serves as an update to the 2023–2027 Minnesota State Suicide Prevention Plan and will guide efforts from 2025 through 2027. The state plan was designed as a living, working document to support coordinated, data-informed action that adapts to evolving needs, expanding capacity, and emerging evidence.

At the midpoint of the original plan, we have conducted a thoughtful and collaborative review to ensure the plan remains relevant, actionable, and aligned with current realities. This update reflects our ongoing commitment to continuous improvement, meaningful collaboration, and responsive implementation.

## Key updates for 2025–2027

- **Infrastructure enhancements:** Expansion of the existing infrastructure improvement plan to further strengthen coordination, sustainability, and system-level supports.
- **Expanded suicide prevention strategies:** Revised strategies that reflect expanded capacity, new priority areas, and the latest evidence in suicide prevention.
- **Streamlining and realignment:**
  - Removal of strategies that have been completed, are no longer feasible, or lack sufficient capacity for implementation.
  - Transition of communication strategies into a standalone communications plan.
  - Relocation of evaluation content into a comprehensive evaluation plan.
  - Integration of internal infrastructure elements now embedded in bylaws or formal staff roles.
  - Alignment with current grantee workplans to ensure consistency, coordination, and mutual reinforcement across state-supported initiatives.

This update was developed in partnership with state agency partners, the Mental Health and Suicide Prevention Unit, and Minnesota State Suicide Prevention Taskforce leadership—including co-chairs and committee chairs. It represents a shared and sustained commitment to advancing coordinated, equitable, and impactful suicide prevention efforts across our state.

## 2025-2027 Minnesota's infrastructure improvement plan

The goal of the infrastructure improvement plan is to improve, expand, and coordinate the suicide prevention infrastructure in Minnesota, enhancing the systems, structure and resources that support suicide prevention efforts statewide.

### Data-driven state plan

To ensure an effective, data-driven state plan that encompasses evaluation, reporting and data collection, the **Minnesota Department of Health (MDH)** will:

- Oversee the implementation of the [2023-2027 Minnesota State Suicide Prevention Evaluation Plan \(https://www.health.state.mn.us/communities/suicide/documents/2024suicpreeva.pdf\)](https://www.health.state.mn.us/communities/suicide/documents/2024suicpreeva.pdf) and utilize the findings to determine when mid-course corrections are necessary.
- Provide a biennial report to legislature and general population on the progress of the state plan.
- Monitor morbidity and mortality data to provide timely and regular updates to stakeholders including, but not limited to, the State Suicide Prevention Taskforce, the MDH mental health and suicide prevention team, Regional Suicide Prevention Coordinators, community grantees, Zero Suicide training groups, medical professionals, local public health, and community partners.

### Coordination and collaboration

Suicide prevention is both a public health and mental health concern that spans multiple sectors, disciplines, and systems. Effective prevention requires intentional coordination and collaboration between governmental and non-governmental partners. MDH is committed to strengthening connections across three levels: within MDH, across state agencies, and in partnership with communities.

Within MDH, the Mental Health and Suicide Prevention Unit will lead the coordination of efforts to align, strengthen and elevate mental health and suicide prevention across the agency. This leadership role is critical to ensure MDH is equipped to coordinate internally and work strategically with programs and partners. To do this, the following will be addressed:

- **Lead and align** mental health and suicide prevention efforts across MDH to ensure strategic coordination and impact.
- **Strengthen internal systems** by assessing current initiatives and identifying opportunities for integration and efficiency.
- **Build internal capacity** by equipping staff across divisions to embed mental health promotion in their work.
- **Convene and lead the MDH Mental Health Collaborative** to foster cross-divisional learning, coordination, and best practice sharing.

Across Minnesota State Agencies, MDH Mental Health and Suicide Prevention Unit will work to build and strengthen interagency collaboration with other state departments. Activities include:

- **Interagency agreement:** Through an interagency agreement, MDH and DHS are working collaboratively to coordinate suicide prevention resources, including alignment of 988 promotion and the regional suicide prevention coordinators. This partnership supports a unified approach to statewide suicide prevention and ensures efforts are streamlined.
- **Conduct a statewide agency landscape analysis:** Map mental health and suicide prevention efforts across state agencies to identify existing work, shared goals, and opportunities for increased alignment.
- **Convene interagency coordination meetings:** Establish a regular meeting structure with state agency partners, including grant managers and program leads working on shared risk and protective factors, to foster collaboration and support consistent, coordinated efforts in funded communities.

## Build capacity for effective suicide prevention

Building capacity is essential for creating lasting change in suicide prevention. It means equipping individuals, organizations, and communities with the knowledge, resources, and training necessary to implement and sustain culturally responsive strategies that address local needs and promote mental wellbeing.

To build the capacity for state plan implementation, MDH will:

- **Pursue financial resources:** Identify and apply for funding to implement the 2023–2027 Minnesota State Suicide Prevention Plan.
- **Support state agencies:** Provide technical assistance to help state agencies align their policies and practices with evidence-based suicide prevention strategies.

To build the capacity of MDH-funded suicide prevention grantees, MDH will:

- **Offer tailored support:** Deliver training and technical assistance to ensure that grantee activities align with best practices and state plan strategies.

To build the capacity of community partners, MDH will:

- **Invest in workforce development:** Strengthen the skills of individuals currently engaged in suicide prevention across all levels, including state agencies, taskforce members, grantees, and other community partners. This will be done through training in comprehensive public health approaches to suicide prevention.
- **Build a suicide prevention-informed workforce:** Explore opportunities to engage and prepare individuals who are interested in entering the mental health and suicide prevention field by promoting knowledge of upstream, population-level strategies and considering more formalized pathways for workforce development.

To build the capacity of trained MDH facilitators, MDH will:

- **Convene annual facilitator meetings to:**
  - **Provide refresher trainings** to reinforce key facilitation skills and content knowledge.
  - **Ensure facilitators are meeting expectations** for delivering high-quality training.

- **Assess facilitators' needs** and provide ongoing support and resources necessary for effective curriculum delivery.
- **Gather feedback** from facilitators on curriculum challenges and improvement areas.

To build capacity of communities across the state to develop and implement a comprehensive public health approach to prevent suicide, MDH will:

- Fund Regional Suicide Prevention Coordinator grantees to provide:
  - **Support and consultation:** Assist individuals, organizations, and communities in designing and implementing community-led suicide prevention efforts.
  - **Community coalition formation:** Help identify and engage local leaders and partners to form multi-sector coalitions.
  - **Data-driven planning:** Support communities in developing and implementing data-driven plans to promote mental health and prevent suicide.
  - **Resource dissemination:** Share state-approved resources and information on effective suicide prevention policies, practices, and programs (e.g., mental health, crisis intervention, and postvention).
  - **Facilitate regional meetings:** Facilitate building relationships, sharing statewide resources and best practices, and supporting communities in developing and sustaining local mental health and suicide prevention coalitions and strategies.
  - **Capacity building:** Provide technical assistance, training coordination, and ongoing guidance to strengthen local suicide prevention efforts.
- Fund comprehensive community suicide prevention grantees and support the Minnesota Community-Based Substance Misuse and Suicide Prevention Coalition grantees to:
  - **Build local coalitions:** Develop multi-sector coalitions tailored to community context.
  - **Create data-driven plans:** Develop culturally responsive, evidence-informed strategies to promote mental health and prevent suicidal experiences.
- Fund a comprehensive community suicide prevention grantee to:
  - **Coordinate statewide training access:** Connect communities with appropriate mental health and suicide prevention trainings and trainers.
  - **Maintain trainer network:** Regularly convene and update a statewide list of qualified mental health and suicide prevention trainers.
- Fund a comprehensive community suicide prevention grantee to utilize the Zero Suicide framework to:
  - **Implement a clinical suicide prevention program:** Establish a comprehensive suicide prevention program within a clinical setting.
  - **Coordinate community-based efforts:** Develop and implement a community-wide approach to suicide prevention.

- **Evaluate program impact:** Assess the effectiveness and outcomes of Zero Suicide implementation.

To improve youth suicide prevention infrastructure, MDH will fund organizations participating in the youth suicide learning collaborative to:

- **Align referral pathways:** Strengthen coordination between mental health services, mobile crisis teams, and the 988 Minnesota Lifeline (988 Lifeline).
- **Enhance cross-system collaboration:** Support connections between schools, healthcare providers, behavioral health systems, families, faith communities, and peer networks to identify and respond to youth at risk.
- **Promote follow-up care:** Support timely, appropriate care for youth who have experienced a suicidal crisis.
- **Build community readiness:** Offer outreach, training, and resource sharing to improve youth-serving systems' ability to recognize and respond to mental health challenges.

To support youth peer leadership, MDH will fund organizations to implement the 988 Lifeline – Someone to Talk to Youth Peer Leader program to:

- **Strengthen youth capacity:** Educate youth on how to create supportive peer environments and encourage help-seeking using the 988 Lifeline.
- **Empower youth leaders:** Train and support youth to lead peer-focused programming under the 988 Lifeline initiative.
- **Evaluate program impact:** Help youth measure success using provided evaluation tools and resources.

To build the capacity of communities, the Minnesota Suicide Prevention Taskforce will:

- **Support collaboration and best practice:** Implement strategies that strengthen local partnerships and empower communities to design and carry out comprehensive, community-led suicide prevention initiatives grounded in best practice.
- **Maintain quality:** Annually review and update all resources, toolkits, and recommendations developed by the Taskforce to ensure alignment with current best practices and to meet the evolving needs of communities.

## Addressing the needs of Minnesota communities

The Minnesota Suicide Prevention State Plan prioritizes addressing the needs of every community as each region, community, and tribal nation faces unique challenges, which require distinct solutions.

To ensure that every community's needs are met across all suicide prevention efforts, MDH will:

- **Monitor and address disparities in data:** Strengthen the collection of disaggregated data to better understand and address disparities in suicidal ideation, attempts, and completions. Use this data to focus interventions on communities with the highest need.
- **Enhance knowledge of community needs:** Continue to educate and improve understanding of the unique needs of communities.



- **Ensure responsiveness in grantmaking:** Work with the MDH health equity champion on grant applications to ensure that initiatives are designed to address the needs of communities disproportionately affected by suicidal experiences.

To build the capacity of local communities, the Minnesota Suicide Prevention Taskforce will:

- **Develop actionable recommendations:** Provide resources and guidance to assist communities in adapting suicide prevention strategies to be appropriate to their community's needs.
- **Embed committees within the taskforce:** Work with the Tribal, Black youth, and service members, Veterans and their families, LGBTQIA2S+ committees to prioritize these populations, which are most burdened by suicidal experiences.

To ensure that urban Indian and Tribal community's needs are met, MDH will:

- **Convene a monthly Tribal round table** to strengthen relationships, share program updates, and highlight community-led initiatives through networking, learning, and invited speakers.
- **Coordinate culturally specific and tailored trainings** in partnership with Tribal Nations and urban Indian organizations, designed to:
  - Build workforce skills.
  - Support community healing by hosting "Creating Safe Spaces to Heal" workshops.
- **Provide technical assistance** to individual Tribal Nations and urban Indian organizations as requested. Technical assistance will support areas such as:
  - Strategic planning tailored to tribal systems and priorities.
  - Culturally responsive prevention, early intervention, crisis intervention and postvention practices.

To build the capacity of MDH-funded suicide prevention grantees, MDH will:

- **Provide technical assistance** to Tribal regional coordinators to strengthen coordination, alignments, and communication between regional and statewide efforts.
- **Offer Tribal history and cultural training** to increase awareness, understanding, and capacity of allies working with Tribal Nations and Indigenous communities in suicide prevention, fostering trauma-informed and culturally responsive practices.
- To strengthen culturally relevant crisis response and ensure meaningful Tribal participation in the 988 system, MDH will:
  - **Collaborate with Tribal Nations and urban Indian organizations** to explore and support Tribal-specific 988 models, including:
    - Tribal-led responses partnered with existing 988 Minnesota Lifeline Centers.
    - Tribal services embedded within an existing 988 center.
    - Fully Tribal-developed and operated 988 response systems.
  - Conduct a Tribal partner landscape analysis to assess interest, readiness, and feasibility of Tribal-specific 988 service options.

- Facilitate collaboration and learning exchanges between 988 Minnesota Lifeline Centers and tribal behavioral health, mobile crisis, and emergency response teams through site visits, shared trainings, and cross-system learning opportunities.
- Collaborate with the 988 Communications Specialist to integrate language access, communication needs, and referral pathways to tribal-specific resources.
- Co-create culturally relevant materials in partnership with Tribal youth leaders to promote awareness, trust, and community engagement.
- Support the alignment of 988 policies and protocols with Tribal governance, values, and community needs, ensuring that practices honor Tribal sovereignty and local systems of care.
- Engage Tribal partners in evaluation and feedback processes in collaboration with the 988 Project Evaluator to ensure data collection and outcomes reflect cultural and contextual relevance.

## 2025-2027 Minnesota state plan to prevent suicidal experiences

The goals, objectives and strategies within this portion of the plan are to prevent Minnesotans from having suicidal experiences and improve the lives of all those who are struggling, so that they know that they are not alone, help is available, and healing is possible.

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

Objective 1.1. Expand individuals, organizations, and communities' understanding of their role in promoting wellness and preventing suicidal experiences.

#### Strategies for MDH-Mental Health and Suicide Prevention Unit

- Update sector-specific resources (i.e. education, healthcare, workplaces) with practical actions that can be taken to promote wellness and prevent suicidal experiences.

#### Strategies for Minnesota Suicide Prevention Taskforce

- Provide feedback on sector-specific resources developed by the Minnesota Department of Health.

#### Strategies for community grantees

- Regional Suicide Prevention Coordinator grantees
  - **Support and consultation:** Assist individuals, organizations, and communities in designing and implementing community-led suicide prevention efforts.
  - **Capacity building:** Provide technical assistance, training coordination, and ongoing guidance to strengthen local suicide prevention efforts.

- Comprehensive Community Suicide Prevention grantees and Minnesota Community-Based Substance Misuse and Suicide Prevention Coalition grantees will actively engage individuals and organizations within their defined community to increase the understanding of multi-sector partners of their role within prevention efforts.

Objective 1.2. Increase collaboration with cross sector partners to include those working on promoting wellness and mental health, and reduce suicide, substance use, and adverse childhood experiences.

### Strategies for MDH-Mental Health and Suicide Prevention Unit

- Convene a learning community 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.

### Strategies for community grantees

- Suicide Prevention Regional Coordinator grantees will:
  - **Facilitate regional meetings** with the purpose of building relationships, sharing statewide resources and best practices, and supporting communities in developing and sustaining local mental health and suicide prevention coalitions and strategies.
  - **Capacity building:** Provide technical assistance, training coordination, and ongoing guidance to strengthen local suicide prevention efforts.
- Comprehensive Community Suicide Prevention grantees and Minnesota Community-Based Substance Misuse and Suicide Prevention Coalition grantees will actively engage individuals and organizations working on shared risk and protective factors locally to coordinate suicide prevention efforts within their defined community.

Objective 1.3. Build capacity to develop a multi-sector, data-driven plan to respond to cultural and community needs to promote mental health and reduce suicidal experiences.

### Strategies for MDH Mental Health and Suicide Prevention Unit

- Develop recommendations and gather resources for communities to build, implement, and sustain a multi-sector, data-driven approach to promote mental health and prevent suicidal experiences.
- Update guidance documents to support communities to implement best practices to promote mental health and prevent suicidal experiences.

### Strategies for Minnesota Suicide Prevention Taskforce

- Provide feedback on guidance documents developed by the Minnesota Department of Health.

### Strategies for community grantees

- Regional Suicide Prevention Coordinator grantees will:

- **Support and consultation:** Assist individuals, organizations, and communities in designing and implementing community-led suicide prevention efforts.
- **Community coalition formation:** Help identify and engage local leaders and partners to form multi-sector coalitions.
- **Data-driven planning:** Support communities in developing and implementing data-driven plans to promote mental health and prevent suicide.
- **Capacity building:** Provide technical assistance, training coordination, and ongoing guidance to strengthen local suicide prevention efforts.
- Comprehensive Community Suicide Prevention grantees and Minnesota Community-Based Substance Misuse and Suicide Prevention Coalition grantees will develop a multi-sector community coalition to develop a data-driven plan to address cultural and community needs to promote mental health and prevent suicidal experiences.

Objective 1.4. Develop communication messaging, resources, and toolkits to raise awareness, and promote wellness, early intervention, crisis intervention, and postvention.

### Strategies for MDH Mental Health and Suicide Prevention Unit

- Develop a communications plan to disseminate information and resources to individuals, organizations, and communities through a variety of different means of communications (newsletter, social media, handouts, webinars, trainings, etc.), in collaboration with and on behalf of the Minnesota Suicide Prevention Taskforce.
- Provide recommendations on suicide prevention communication best practices through direct technical assistance or guidance documents (e.g., safe messaging).
- Ensure the MDH Suicide Prevention website is updated with current and relevant suicide prevention information and resources including recommendations developed by the Minnesota Suicide Prevention Taskforce.

### Strategies for community grantees

- Regional Suicide Prevention Coordinator grantees will share state-approved resources and information on effective suicide prevention policies, practices, and programs (e.g., mental health, crisis intervention, and postvention).

Objective 1.5. Monitor and provide information on effective policies, practices, and programs.

### Strategies for Minnesota Suicide Prevention Taskforce

- Collaborate with the Mental Health Legislative Network to provide a legislative update bi-annually. Offer letters of support, should priorities be relevant to the goals and objectives of the state plan.

### **Strategies for community grantees**

- Regional Suicide Prevention Coordinator grantees will host an annual Mental Health and Suicide Prevention conference to build the capacity of individuals, organizations, and communities to implement effective policies, practices, and programs across the six goals of the state plan.

## **Goal 2. Promote factors that offer protection for suicidal experiences across individual, relationship, community, and societal levels.**

Objective 2.1. Elevate evidence based protective factors that can be addressed.

### **Strategies for MDH-Mental Health and Suicide Prevention Unit**

- Develop resources for communities to understand the importance of implementing strategies to increase protective factors.

Objective 2.2. Elevate efforts to promote safe storage and reduce access to lethal means among individuals who are identified at risk of suicide.

### **Strategies for Minnesota State Agencies**

- Minnesota Department of Veteran Affairs will distribute firearm locks to individuals and organizations across the State of Minnesota.
- The Minnesota Department of Transportation will:
  - Consult with MDH during bridge design and construction to ensure incorporation of best practices for suicide prevention.
  - Will incorporate these practices into their official protocol manual to standardize best practices across all bridges.

### **Strategies for MDH-Mental Health and Suicide Prevention Unit**

- Provide facilitator training for Counseling on Access to Lethal Means (CALM).
- Host CALM Conversation facilitator training.

### **Strategies for Minnesota Suicide Prevention Taskforce**

- Convene meetings with those working on safe firearm storage within the State of Minnesota, to map existing efforts, strengthen coordination, and conduct strategic planning to determine statewide priorities.

Objective 2.3. Acknowledge that Social Determinants of Health influence individual and communities' mental health and risk to suicide.

### **Strategies for Minnesota Suicide Prevention Taskforce**

- Develop resources to share the connection between Social Determinants of Health and suicide prevention, to include health care access and quality, education access and quality, social and community context, economic stability, neighborhood and built environment.

### **Goal 3. Identify and support individuals who are experiencing mental health challenges or who are having suicidal experiences.**

Objective 3.1. Increase the knowledge of how to identify, support and help those who are experiencing mental health challenges or who are having suicidal experiences.

### **Strategies for Minnesota State Agencies**

- Minnesota Department of Education (MDE) will provide training and technical assistance to school districts to implement a comprehensive mental health system.

### **Strategies for MDH Mental Health and Suicide Prevention Unit**

- Provide facilitator training for:
  - Changing the Narrative of Mental Health and Suicide
  - Youth Changing the Narrative
  - The Role of a Natural Helpers: Building Listening Skills and Providing Support
  - Mental Health Continuum
  - Eight Dimensions of Wellness
  - Using Risk Assessments
  - Safety Planning

### **Strategies for Minnesota Suicide Prevention Taskforce**

- Develop resources and recommendations for communities to address the following:
  - Increase mental health literacy.
  - Decrease stigma and shame around mental health and suicide.
  - Increase help-seeking behaviors for people to reach out for support.
  - Identify individuals experiencing mental health concerns or suicidal experiences.
- Increase meaningful informal supports for individuals struggling by:
  - Develop recommendations and resources to support parents.
  - Develop educational material and resources for licensing boards to encourage suicide prevention to be included in continuing education and/or licensure requirements.

## Strategies for community grantees

- Comprehensive Community grantees that coordinates professional development across the State will:
  - Coordinate trainings on how to identify and support populations and industries that are most burdened by suicidal experiences.
  - Convene a learning community of suicide prevention trainers in Minnesota for networking, learning, coordination, and collaboration.
  - Collate a list of active trainers for loss and attempt survivors to share their personal story safely.
- 988 Minnesota Lifeline Youth Peer Leader grantees will:
  - Build youth capacity to create a supportive peer community with knowledge of the 988 Minnesota Lifeline as a resource for support to encourage help-seeking behaviors.
  - Empower and train youth as leaders to facilitate the 988 Minnesota Lifeline – Someone to Talk to Youth Peer Leader program.
- The “Treat Yourself First” grantee (Minnesota Medical Association) will:
  - Develop statewide campaign to promote "Treat Yourself First" coalition toolkit, which was created to reduce burnout and promote mental wellbeing among health workers.
  - Reduce stigma and normalize help-seeking through positive messaging.
  - Share resources and tools to recognize and respond to signs of stress and fatigue.
  - Partner with professional associations and health systems to expand campaign reach and impact.

Objective 3.2. Promote sustainable, collective models of community-initiated care.

## Strategies for MDH Mental Health and Suicide Prevention Unit

- Provide technical assistance to:
  - Organizations that are implementing community-initiated care models.

## Strategies for Minnesota Suicide Prevention Taskforce

- Research and develop recommendations and provide resources for a variety of stakeholders (faith-based, workplace, civic/volunteer, youth serving organizations, schools/colleges, peer-to-peer, etc.) on how to incorporate sustainable models of community-initiated care.
- Develop recommendations and provide resources specifically for youth-to-youth peer interactions.

## Goal 4. Strengthen access and delivery of care for mental health and suicide.

Objective 4.1. Strengthen the 988 Minnesota Lifeline.

### Strategies for Minnesota State Agencies

- Minnesota Department of Human Services and Minnesota Department of Health will collaborate to coordinate 988 Minnesota Lifeline Centers, mobile crisis, and other relevant crisis services.
  - 988 Minnesota Lifeline Centers/Mobile Crisis collaboration
  - 988 Minnesota Lifeline/Mobile Crisis data collection and sharing
  - 988 Minnesota Lifeline/DHS SUD Policy partnership
- Minnesota Department of Public Safety and Minnesota Department of Health will streamline collaboration between public safety answering points (PSAPs) and 988 Minnesota Lifeline Centers.
  - 988 Minnesota Lifeline Center/911 PSAP Workgroup (ongoing monthly meetings)
  - Development of trainings and guidance for 988/911 PPSAP interaction and coordination.
- Minnesota Department of Health, Minnesota Department of Human Services and Minnesota Department of Public Safety will work towards interoperability between PSAPs, 988 Minnesota Lifeline Centers and mobile crisis teams.
  - Identify impact of policy/legislation on coordination and interaction between 988, Mobile Crisis, and PSAPs.

### Strategies for MDH Mental Health and Suicide Prevention Unit

- Comprehensive data collection and analysis of 988 Minnesota Lifeline data to drive program improvements, ensure compliance with national standards, and enhance service delivery.
- Develop and implement enhanced data collection systems to improve efficiency and quality of 988 Minnesota Lifeline data.
- Collect and analyze key performance indicators, including answer rates, speed to answer, and disconnected rates, to ensure compliance with national standards.
- Analyze trends in volume and help-seekers' needs to identify opportunities for service enhancements and program improvements.
- Prepare and submit quarterly reports to Substance Abuse Mental Health Service Administrator (SAMHSA) in accordance with grant requirements.
- Identify and troubleshoot data variances between 988 Minnesota Lifeline Centers' data systems and the national 988 Lifeline Administrator's data systems to ensure data accuracy and consistency.
- Generate annual public facing briefs summarizing the impact of the 988 Minnesota Lifeline.
- Expand in-state coverage of 988 Minnesota Lifeline service to include calls, chats, and texts.



- Consistent answer rate of 90% or higher for calls.
- Consistent answer rate of 90% or higher for chat and text.
- Facilitate meetings with 988 Minnesota Lifeline Centers to ensure center policies and practices are aligned and meet the standards of the SAMHSA and the 988 Lifeline Administrator.
  - Follow-up services
  - Required training list
  - Safeguarding technology security of center-level network
  - Enhanced data collection
- Provide technical assistance and support to 988 Minnesota Lifeline centers in evaluating their program.
  - Assist in developing evaluation tools to meet accreditation requirements.
  - Collaborate with 988 Minnesota Lifeline Centers to analyze center-specific volume patterns and optimize shift scheduling for improved service delivery.
  - Provide guidance on best practices for data-driven decision-making to improve service quality.
- Adopt and implement recommendations, guidance, or best practices from SAMHSA and the 988 Lifeline Administrator.
  - Identify needs or gaps in staffing training, particularly for populations at highest risk of suicide.
  - Ensure 988 Minnesota Lifeline Centers maintain compliance with national standards for 988 operations.
- Identify strategies and recommendations for collaboration with Tribal Nations and communities and ensure all 988 Minnesota Lifeline Centers are aware of Tribal resources.
  - Tribal resource landscape analysis.
  - Develop Tribal History and Cultural Safety training for 988 Minnesota Lifeline Centers.
- Lead the facilitation meetings between 988 Minnesota Lifeline Centers, PSAPs, and statewide public safety organizations related to Lifeline/PSAP training and education.
  - 988/911 workgroup (monthly).

### **Strategies for community grantees**

- 988 Minnesota Lifeline Center grantees
  - Maintain and sustain 988 Minnesota Lifeline operations across Minnesota to meet service demand.
  - Improve and enhance delivery of 988 Minnesota Lifeline services and support.

Objective 4.2. Align local referral resources for mental health, mobile crisis, and the 988 Minnesota Lifeline.

### Strategies for Minnesota State Agencies

- Minnesota Department of Human Services and Minnesota Department of Health will collaborate to coordinate 988 Minnesota Lifeline Centers, mobile crisis, and other relevant crisis services.
  - 988 Minnesota Lifeline Centers/Mobile Crisis
  - 988 Minnesota Lifeline/SUD Policy Partnership

### Strategies for MDH Mental Health and Suicide Prevention Unit

- Convene and facilitate meetings between MDH, 988 Minnesota Lifeline centers, statewide organizations and/or community partners to improve alignment of resources across the state.
  - Alignment of access to 211 data.
  - Inclusion of Tribal-related resources in 211.
- Offer a Pathway to Care cohort for communities to align local resources so individuals get the care that is appropriate for their need.
- Develop a Pathway to Care toolkit for communities to align local resources so individuals get the care that is appropriate for their need.

### Strategies for community grantees

- 988 Minnesota Lifeline Center grantees
  - Strengthen coordination and interaction across the crisis care continuum in Minnesota.

Objective 4.3. Work collaboratively with formal and informal support systems to implement best practices, to improve suicide risk identification, and to ensure safe care transitions for those at risk.

### Strategies for MDH Mental Health and Suicide Prevention Unit

- Offer monthly learning collaboratives for those working in health care and behavioral health systems.
- Provide technical assistance to health care and behavioral health systems for the implementation of organizational policies and procedures.
- Work with health care and behavioral health care partners to identify their training and technical assistance needs.
- Provide monthly suicide prevention training opportunities for administrators, providers, and support staff.
- Pilot the implementation of bhworks within selected schools and their school-linked behavioral health system to help screen, assess and treat K-12 students at risk for suicide.

### **Strategies for Minnesota Suicide Prevention Taskforce**

- Develop recommendations for primary care to include protective factors within their assessments, with the goal to go beyond assessing just for risk.
- Explore additional ways to explain the spectrum of suicidal ideation for partners to use within trainings and other suicide prevention work.

Objective 4.4. Promote timely follow-up care for individuals experiencing a mental health or suicidal crisis.

### **Strategies for MDH Mental Health and Suicide Prevention Unit**

- Work collaboratively with mobile crisis providers to ensure stabilization efforts with attempt survivors after a referral is made.
- Identify tools for providing safer suicide care to subpopulations at risk.
- Promote evidence-based tools for screening adolescents and young children.
- Offer clinical and non-clinical training opportunities for Zero Suicide cohort participants.
- Provide support tools for parents, guardians, family members and caregivers during discharge.
- Collaborate with Medical Health Associations, Medical and Nursing Boards to provide cohesive practices around suicide prevention.
- In collaboration with the Zero Suicide cohorts, develop recommendations on best practice for following up for care after a suicide attempt.

## **Goal 5. Connect, heal, and restore hope to those impacted by suicide.**

Objective 5.1. Promote best practices for organizations and communities to support individuals bereaved by suicide.

### **Strategies for State Agencies**

- Minnesota Department of Education will provide training and technical assistance to school districts to implement the PREPaRE model.

### **Strategies for MDH Mental Health and Suicide Prevention Unit**

- Provide facilitator training for:
  - Postvention 101
  - Importance of Safe Language
  - Understanding Complex Grief
  - How to Support a Suicide Loss Survivor

- Develop Minnesota-specific postvention training and technical assistance process that will be offered across the state.
- Provide postvention process for communities and/or organizations to develop policies.
- Provide technical assistance to Suicide Prevention Regional Coordinators regarding a death by suicide.

### **Strategies for Minnesota Suicide Prevention Taskforce**

- Provide feedback on postvention training and guidance resources developed by MDH.
- Advise and provide feedback to MDH on the “How to Support a Suicide Loss Survivor” presentation.
- Present best practices at conferences or through webinars (i.e. LOSS Teams, safe messaging, PV101, protocol development).
- Share best practices to loss survivor groups, nonprofits, foundations, advocates, etc.

### **Strategies for community grantees**

- Comprehensive Community grantee that coordinates coalition development across the state will deliver or promote trainings for loss and attempt survivors to share their personal story safely.

Objective 5.2. Provide resources to support those that have lost someone to suicide.

### **Strategies for State Agencies**

- Minnesota Department of Education provides funding and technical assistance to Crisis Management Teams.

### **Strategies for Minnesota Suicide Prevention Taskforce**

- Disseminate and present on the MDH Suicide Loss Bereavement Packet Toolkit at conferences for those that often support loss survivors immediately following a death (i.e. funeral homes, faith communities).
- Support Suicide Awareness Voices of Education as they pilot LOSS Teams across the state of Minnesota.
- Uplift suicide loss survivor bereavement facilitator training through American Foundation of Suicide Prevention- MN Chapter.

Objective 5.3. Provide resources to support attempt survivors and families of attempt survivors.

### **Strategies for Minnesota Suicide Prevention Taskforce**

- Complete an assessment of resources available for attempt survivors.
- Complete an assessment of resources available for families of attempt survivors.

- Compile resources and best practices for both attempt survivors and their families to be shared on the MDH Suicide Prevention Unit website.

## Goal 6. Improve the timeliness and usefulness of data.

Objective 6.1. Improve the timeliness of reporting statistics on suicide-related data.

### Strategies for MDH Mental Health and Suicide Prevention Unit

- Create standard reports for:
  - Syndromic surveillance data
  - Hospital discharge data
  - Minnesota Student Survey data
  - 988 Minnesota Lifeline data
- Pilot a system to alert local public health agencies of potential increases in suicidality within their geographic area.

Objective 6.2. Improve the usefulness and quality of suicide-related data.

### Strategies for Minnesota State Agencies

- To better share the story of the impact of suicide on a community, the MDH, the Minnesota Department of Human Services, and the Minnesota Department of Public Safety will work collaboratively to share suicide data, mobile crisis data, and 988 Minnesota Lifeline data.

### Strategies for MDH Mental Health and Suicide Prevention Unit

- Make mental health and suicide prevention data easier to find, understand, and use by improving public data dashboards.
- Explore ways to include data on sexual orientation, disability status and disaggregated race/ethnicity nuances.
- Work with medical examiners to develop consistency across the state when determining a death by suicide.
- Create data briefs for populations most burdened by suicidal experiences to raise awareness, including populations who have disparities, but low numbers to support a need for investment.
- Work collaboratively with Tribal partners, to share existing data and identify issues requiring system or process improvement, support, or additional investment, as needed.
- Explore opportunities to combine multiple sources of information into region-specific summaries of suicide, suicidal ideation, service-seeking behavior and interrelated protective and risk factors alongside relevant region-specific intervention summaries and outcomes.

## Strategies for Minnesota Suicide Prevention Taskforce

- Provide feedback to MDH to ensure data products address community needs and are culturally responsive, including:
  - Data briefs focused on populations disproportionately affected by suicidal experiences to raise awareness.
  - Region-specific summaries that combine multiple data sources for comprehensive understanding.
- Offer webinars to showcase MDH's data dashboards, emphasizing how to use the data.
- Following the release of the Minnesota Student Survey, develop and host a webinar presenting the key findings for mental health and suicide.
- Partner with state agencies and communities to promote the Minnesota Student Survey and encourage school participation, emphasizing the survey's value in guiding statewide and local mental health efforts.
  - Develop and distribute resources to help communities understand and communicate the importance of Minnesota Student Survey data in shaping mental health, and suicide prevention, intervention, and postvention strategies.
- Review and evaluate existing data sources across the continuum of mental health, and suicide prevention, intervention, and postvention, with a focus on the representativeness, quality, and completeness of the data.
  - Use the findings to inform strategies at both the state and community levels, with an emphasis on addressing data gaps and improving the transparency of priority population identification.
  - Use findings to shape the next state plan, ensuring that data-driven decisions are reflected in future strategies and initiatives, with particular attention to equitable suicide prevention efforts.

Objective 6.3. Improve individuals, organizations, and communities' capacity to use suicide-related data to identify high-risk groups, set priority prevention activities, and monitor the effects of suicide prevention programs.

## Strategies for MDH Mental Health and Suicide Prevention Unit

- Provide technical assistance to communities utilizing data to develop effective suicide prevention efforts.

## Strategies for Minnesota Suicide Prevention Taskforce

- Provide feedback to MDH on the data collection guidance documents, ensuring they clearly outline what data to collect, including both qualitative and quantitative information, and how to analyze it, interpret it, and use it effectively.

- Pilot “Data in Action Conversations,” which will be collaborative meetings where coalition grantees share local mental health and suicide-related data, discuss challenges, celebrate successes and receive feedback and thought partnership. These conversations will foster data-driven decision-making and help communities translate data insights into actionable prevention strategies.
- Establish a “Data-Informed Strategies Workgroup” to support communities in selecting and tailoring strategies based on local needs and data-driven insights.
- Create a quarterly publication, Insights to Action, to promote data-driven decisions making for mental health and suicide prevention strategies. Each issue will highlight a key data point, identified in collaboration with Taskforce committees, explaining relevance to communities, and showcasing examples, tools, or strategies demonstrating how data is being used to drive action at the local level.