



2022 Suicide Prevention Plan Update

REPORT TO THE LEGISLATURE

July 2020-June 2022

2022 Suicide Prevention Plan Update: Report to the Legislature

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Printed on recycled paper.*

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Executive summary

This legislative report provides an update on the implementation of the Minnesota State Suicide Prevention Plan and use of State dollars during the biennium of July 1, 2020 - June 30, 2022. [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/SuicidePreventionStatePlan2015.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.

Minnesota suicide prevention efforts are based on evidence that most suicides are preventable, mental illness is treatable, and recovery is possible. Suicide is a serious public health problem that can leave lasting impact on individuals, families, and communities. Suicide is complex; there is no single cause of death by suicide. But most importantly, suicide is preventable. Additional information about Minnesota's suicide prevention efforts can be found at the MDH suicide prevention website [Suicide Prevention - Minnesota Department of Health](#) (<https://www.health.state.mn.us/communities/suicide/index.html>).

While death by suicide occurs at the individual level, each person lives in context of family, neighborhood, community, and society. In 2020, 758 Minnesotans lost their life to suicide. From 2011 to 2019, suicide, or intentional self-harm, was the eighth leading cause of death in Minnesota. Moreover, the number and rate of suicide deaths in Minnesota has been consistently increasing since 1999. The COVID-19 pandemic brought concerns of a spike in suicide, but those concerns were met with the news that suicide deaths decreased from 2019 to 2020. However, indications show that the suicide rate may be continuing its upward trend as the pandemic has progressed.

For suicide prevention to be most effective, it must be comprehensive, community-based, culturally specific, involve collaboration across sectors, and developmentally timed. It is imperative to include the voice of those with lived experience – suicide attempt survivors and suicide loss survivors.

The MDH Suicide Prevention Unit, in collaboration with partners across the state, works to prevent Minnesotans from feeling suicidal, from attempting suicide, and from dying by suicide and works to support those who have been impacted by suicide, including those who have lost loved ones to suicide. Minnesota currently funds eighteen community grantees and four in-state 988 Suicide and Crisis Lifeline Centers (988) across the state. Community grantees provide comprehensive suicide prevention in local communities, conduct Community Readiness Assessments, and offer resources and trainings to a variety of focus populations including but not limited to: American Indians, Veterans, rural, and urban Minnesotans. More than 11,000 Minnesotans participated in an evidence-based suicide prevention training these past two years. The 988 call centers answer Minnesota calls to the National 988 Suicide and Crisis Lifeline and provides localized service. In 2021, 33,887 Minnesotans calls were answered by our in-state 988 Suicide and Crisis Lifelines.

Lastly, implementing the Zero Suicide framework with health and behavioral health care organizations throughout the state is a priority. The Zero Suicide framework provides a commitment to suicide prevention in health and behavioral health care systems and is also a specific set of strategies and tools that allow for improved patient care as well as the assurance that staff feel competent and confident in caring for someone who presents with suicidal ideation/intent. To date there are 36 health and behavioral health care organizations working to implement the Zero Suicide framework across the state.

Minnesota State Plan

Minnesota's suicide prevention efforts are based on the evidence that suicide is preventable, mental illness is treatable, and recovery is possible. The five goals of the Minnesota State Suicide Prevention Plan include:

1. Supporting healthy and empowered individuals, families, and communities to increase protection from suicide risk.
2. Coordinating the implementation of effective programs by clinical and community preventive service providers to promote wellness, build resilience, and prevent suicidal behaviors.
3. Promoting suicide prevention as a core component of health care services.
4. Increasing the timeliness and usefulness of data systems relevant to suicide prevention, and improving the ability to collect, analyze, and use this information for action.
5. Sustaining suicide prevention efforts.

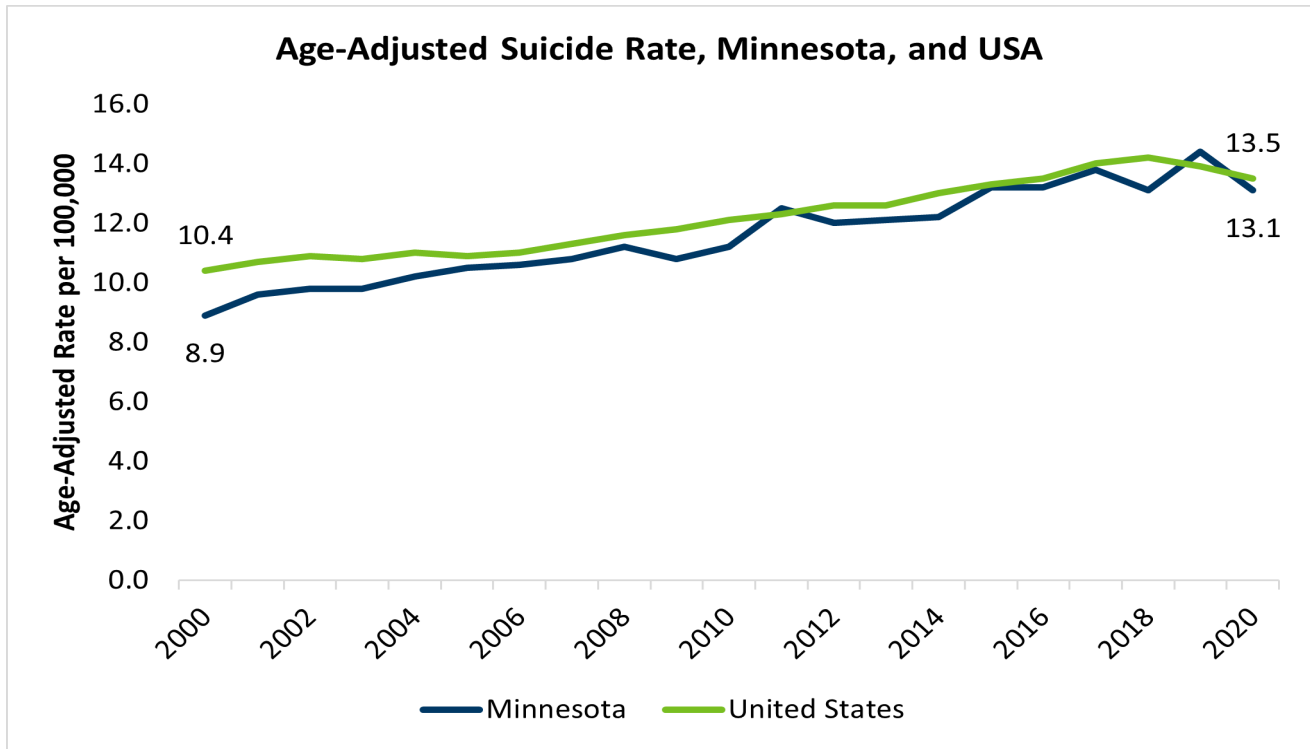
The current state plan goes through 2023, MDH has started the process of developing a new state plan. The new state plan will be a four-year plan to align with state funding available to communities.

In May of 2022, the Minnesota State Suicide Prevention Taskforce recommitted for two years (2022-2024) of service, retaining some of the same community partners from 2015 when the Minnesota State Suicide Prevention Plan originated, and recruiting additional members from other state agencies, non-profits, loss survivors and attempt survivors. The Minnesota State Suicide Prevention Taskforce has over 70 active members with a diverse representation from various sectors and disciplines across the state of Minnesota. Additional Minnesota State Suicide Prevention Taskforce members continue to be recruited as gaps are further identified.

Suicide-related data and statistics*

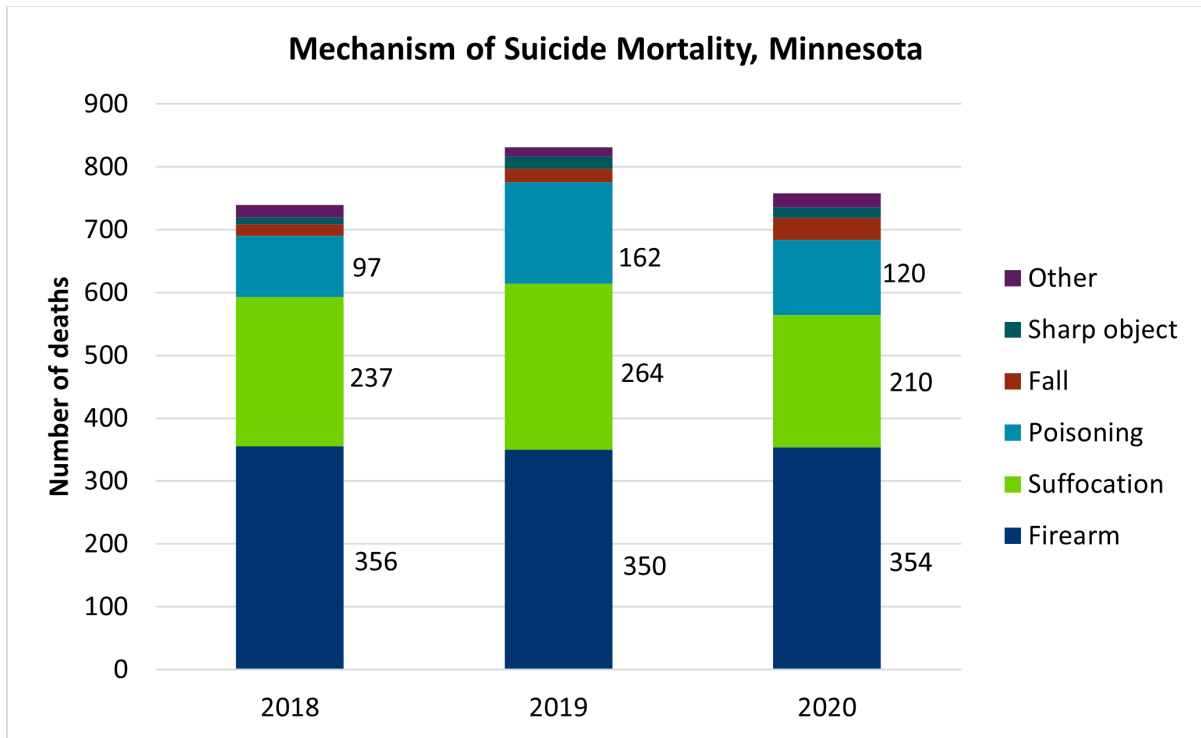
- In 2020, 758 Minnesotans died by suicide. This translates to an age-adjusted rate of 13.1 per 100,000.
- After a record-high suicide count and rate in 2019, the suicide rate in 2020 was lower. Longer-term trends show a consistent increase in suicide rate over the past 20 years in both Minnesota and the U.S.

Figure 1: Age-Adjusted Suicide Rate, Minnesota, and USA



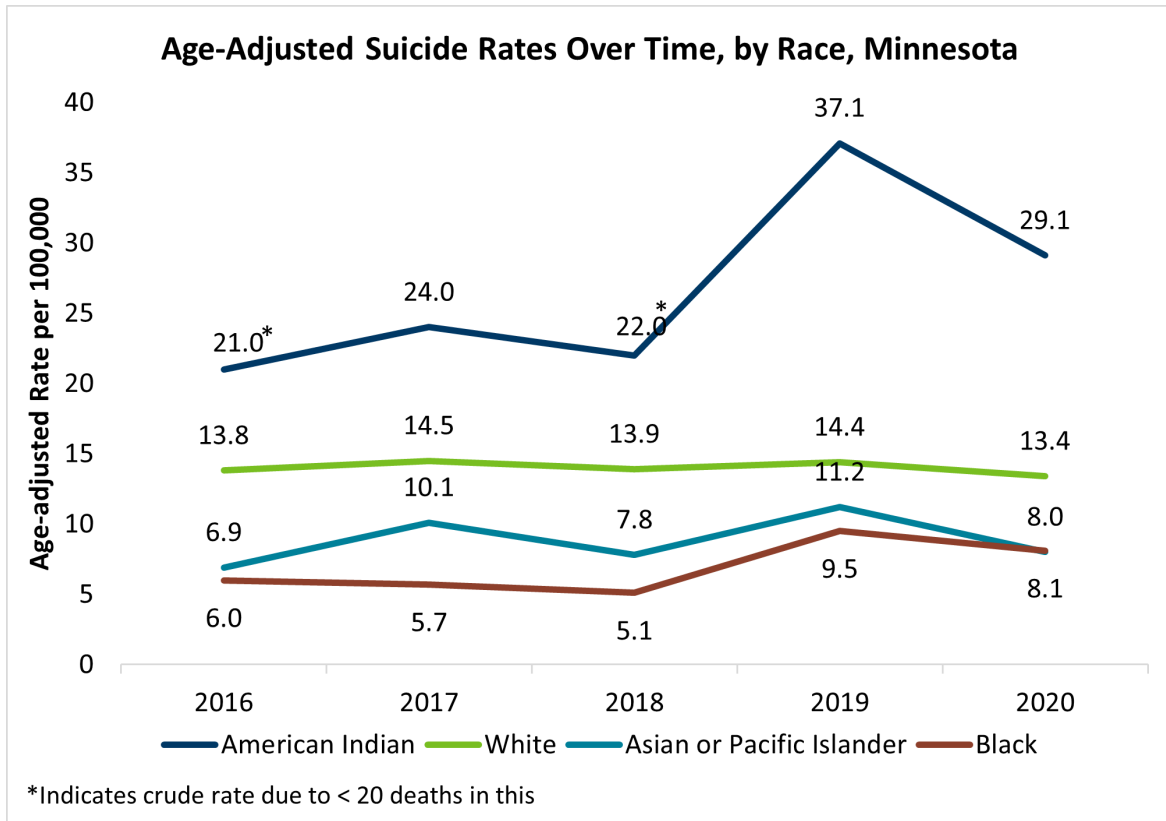
- Suicide among males has been and continues to be more common than suicide among females. In 2020, the suicide rate among males was 21.1 per 100,000 while it was 5.3 per 100,000 among females.

Figure 2: Mechanism of Suicide Mortality, Minnesota



- Firearm injuries accounted for 47% of suicide deaths in 2020, the largest share of any single injury type.
- Suicide deaths made up 69% of all firearm deaths in 2020.
- Mechanism of suicide death varies by sex, race, age, and geography.
 - Males are more likely to die by firearms.
 - American Indians are more likely to die by suffocation.
 - Younger Minnesotans have higher rates of suffocation suicide than their older counterparts.
 - Rural areas have higher rates of firearm suicide than urban areas.

Figure 3: Age-Adjusted Suicide Rates Over Time, by Race, Minnesota



- The suicide rate among American Indians is consistently higher each year than other racial or ethnic groups. In 2020, it was 29.1 per 100,000 compared to 12.8 per 100,000 for all other races.
- In 2020, there were more than 10,000 non-fatal self-harm injuries treated in hospitals in Minnesota. This means that for every suicide death, there were about 13 hospital-treated self-harm injuries.
- Each year, females represent approximately 65% of all non-fatal self-harm injuries treated in hospitals.
- Among hospital-treated self-harm injuries, 52% occur in patients between the age of 10 and 24 years.

*Note: 2020 is the most recent year for which complete data is available. All statistics are specific to Minnesota.

Implementation progress and outcomes

Across strategies, the five goals of the Minnesota State Suicide Prevention Plan are being addressed through key levels of change. Through the National Suicide Prevention Lifeline, Minnesotans struggling with suicidal ideation and their loved ones receive support, crisis de-escalation, and connections to local resources and holistic services. Communities, schools, health systems, mental health providers, and local partners are equipped and supported to implement comprehensive suicide prevention efforts through various strategies including Zero Suicide, Community Based Grants, Kognito, Garrett Lee Smith Youth Suicide Prevention Grants, and the efforts of the Suicide Prevention Taskforce. Recognizing not all communities are the same, we acknowledge the need for a community-led approach and response to suicide prevention. Through equipping communities and organizations to implement comprehensive suicide prevention strategies, MDH aspires to reduce suicidal

ideation, attempts, and ultimately deaths from suicide across Minnesota, with particular emphasis in communities disproportionately impacted.

Through partnerships and trainings, we have built capacity of communities and external partners to assist with preventing suicide.

These collective efforts have resulted in the following outcomes:

- 212 new partnerships with youth serving organizations, schools, businesses, faith organizations, law enforcement, and other community-based agencies to take an active role in suicide prevention. Partners reported coalitions beginning or expanding their membership, improved communication, and the development or improvement of relationships across state departments, medical and behavioral health care centers, coalitions, nonprofits, and local public health agencies.
- 318 suicide prevention trainings provided, with 11,064 Minnesotans participating in the [evidence-based suicide prevention trainings \(https://www.health.state.mn.us/communities/suicide/communities/preventsuicidetrainings.html\)](https://www.health.state.mn.us/communities/suicide/communities/preventsuicidetrainings.html) for suicide prevention to include: QPR (Question Persuade Refer), safeTALK (Suicide Awareness for Everyone, TELL, ASK, LISTEN, KEEPSAFE), ASIST (Applied Suicide Intervention Skills Training), and CALM (Counseling on Access to Lethal Means), population-specific suicide prevention trainings geared towards farmers and veterans, as well as other topics such as postvention (what to do in the event there is a suicide), well-being and self-care, and safe messaging.
 - Of the participants that completed a post training evaluation, 92% of the training participants reported gaining skills or resources that they could apply to their personal life, family, or relationships.
 - Of the participants that completed a post training evaluation, 91% of the training participants reported gaining skills or resources they could apply to their work.

Building capacity through natural relationships alongside formal providers effects everyone and is a key tool for effective suicide prevention.

- Since May of 2020 when the Kognito training platform was launched, almost 24,000 educators and youth have activated their training accounts. Of those, approximately 12,000 educators and youth have already completed the Kognito training. Assuming 2022 activations follow previous years' 85% completion rate, over 20,000 educators and youth will complete the training this upcoming year.
- Collaborating partners reported improved consistency and competency in implementing best practices such as standardized screening for suicide across sectors and incorporation of ongoing staff training in suicide prevention and response skills.

Additional strategy-specific outcomes are described below.

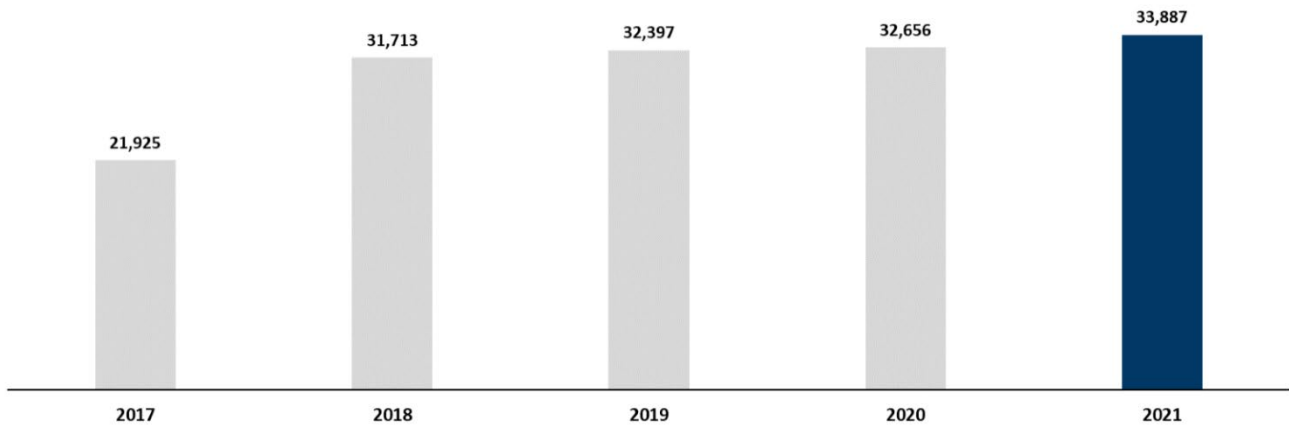
National Suicide Prevention Lifeline (Lifeline)

Minnesota has four in-state National Suicide Prevention Lifeline (Lifeline) call centers supported through state appropriated funding. The Lifeline centers provide localized support to people who are in a mental health or suicide crisis. From 2017-2022 Minnesota has seen a 54% increase in calls to the Lifeline. These current Lifeline centers are transitioning to what will be the new Suicide and Crisis Lifeline, 988. Beginning July 16, 2022, rather than dialing the current 10-digit Lifeline number, people will be able to call, text, or chat to 988. The current four Lifeline Centers are: Carver County, First Call for Help, First Link, and Greater Twin Cities United Way.

Figure 4: Yearly call volumes to the National Suicide Prevention Lifeline has increased over the years.

Yearly call volumes to the National Suicide Prevention Lifeline has increased over the years.

Data Source: National Suicide Prevention Lifeline



Since October 2021, call content has been routinely collected to better describe caller requests. For most calls, Lifeline centers can provide callers within the moment support and information about additional resources without escalation to higher forms of immediate intervention or care. Between October 2021 to July 2022 44% of calls were emotional support calls, where the crisis counselor provided support to callers experiencing emotional distress. In an additional 11% of calls, the primary purpose was to provide non-crisis referral information (housing, transportation) and to connect people with resources in their community. In 23% of calls, callers were seeking crisis emergency counseling or help during a suicidal crisis or suicidal ideation. An additional 22% of calls were deemed non-transactional in that they were prank calls, sexually motivated, or otherwise did not involve supporting someone in emotional distress.

Since October of 2021 through July 2022, callers received 7,205 referrals to ongoing mental health supports, warmlines and other population-specific hotlines such as Veteran’s line and LGBTQ+ hotlines, substance use support, and other needs that are drivers of suicide risk such as housing, employment, and legal services. While individually identifiable information is not collected, 2,387 callers reported first time use of the Lifeline.

Zero Suicide

The Zero Suicide framework provides a framework for systemic, clinical prevention in health and behavioral health care systems, and provides specific sets of best practices and tools that transforms system-wide suicide prevention and care to save lives. The Minnesota Department of Health is currently work with three cohorts of dedicated Zero Suicide Partners. Cohort 1 represents the tribal nations across the state of Minnesota and works directly with our Tribal Suicide Prevention Coordinator to provide the Zero Suicide framework in a culturally responsive approach. Cohort 2 is composed of our larger health care systems across the state, which includes CentraCare, Essentia Health, Allina, HealthPartners, Hennepin Healthcare, and Sanford Health. Cohort 3 has 15

behavioral health organizations from across the state working on various levels of implement of the Zero Suicide framework and suicide prevention initiatives.

- Approximately 125 providers and staff from 36 behavioral and medical health centers participated in a Zero Suicide learning cohort.
- Zero Suicide Cohorts providers attended over 1,600 training touchpoints to learn from each other and experts in the field.
- Of medical and behavioral health centers who completed pre and post surveys documenting organizational changes, the following organizational improvements were documented:
 - Leadership commitment to reduce suicide and provide safer suicide care.
 - Implementation of consistent screening and safety planning for at-risk patients.
 - Implementation of quality improvement activities related to suicide prevention.
 - Engagement with hard-to-reach people such as those who do not show up for appointments
 - Suicide attempt and loss survivors' engagement in the organization's design, implementation, and improvement of suicide prevention efforts.
 -

“Consistency of screening... now it’s more consistent, there is better directions, better methods, and ways to help patients who screen positive.” -Zero Suicide Organizational Partner

“We created a policy to add screening questions to every interaction. (...) And we’ve improved our follow ups: now we call, we check on them, how’s the plan going? Do they need more follow up?”- Zero Suicide Organizational Partner

Community-based grants

Legislative funding supports 19 community grantees in Minnesota: Ain Dah Yung, Evergreen Youth and Family Services Inc, Lao Assistance Center, Minnesota National Action on Mental Illness (NAMI), Somali Resettlement Center, St Louis County Public Health, Dakota Wicohan, Aitkin County, Family and Children’s Center, Itasca County, Meeker Sibley Community Health Services, Clay County, Northern Pines Mental Health Center, Northwest Indian Development Center, Polk Norman Mahnomen Public Health Board, Productive Alternatives, Suicide Awareness Voices of Education (SAVE), St Louis County, White Earth Reservation, and Wright County.

MDH grantees strive to increase communities’ capacity to prevention suicide by:

- Providing technical assistance to communities.
- Convening suicide prevention coalitions.
- Promoting Native American Youth resiliency.
- Assessing the readiness of a community.
- Developing comprehensive approaches to suicide prevention using data and existing coalitions.
- Providing suicide prevention gatekeeper trainings on:
 - Warning signs for suicide and how to connect someone to mental health services and resources.
 - Lethal means counseling (Counseling on Access to Lethal Means or CALM).
 - Safe messaging on suicide.
 - Postvention – how to respond to suicide deaths to promote healing and decrease contagion.
- Developing comprehensive community plans for suicide prevention.

Together these grantees have provided 192 suicide prevention, intervention, and postvention trainings, reaching over 3,600 people.

In addition to providing training, grantees coordinate with the community to create and implement referral pathways to meaningfully connect people to ongoing services. Trainings are integrated into systems such as law enforcement and schools to build into ongoing expectation that all staff in a sector will be trained on suicide screening and response. This resulted in increased community collaboration between cross-sector responders and providers and a more consistent community response such as local law enforcement routinely utilizing and distributing Columbia screening pocket cards and making referrals to mental health advocates. When working with school systems, community grantees implement strategic trainings with both teachers and youth and provide follow-up consultation for school staff to adopt suicide prevention policies. This resulted in schools making updates to their mental health policies in the school handbook. Through the creation of and engagement with multi-sector coalitions, grantees are raising awareness of the need for suicide prevention with the result of suicide prevention being adopted and integrated into other complementary community health promotion efforts.

“Other groups (...) come with us to do the training to (show), this is what we have. And then also at the end of all our QPR trainings and our outreach, we have mobile crisis. So, we do a little presentation on mobile crisis as a resource, how to use it, how it works, what to expect. (...) It worked out well, that partnership.” -Community-Based Grantee

“Kids are given an opportunity to confidentiality disclose if they’re struggling with suicidal ideation and it’s not uncommon to have one or two kids per class get hooked up with a practitioner, so the program, I think, saves lives.” – Community- Based Grantee

“We participate in a lot of coalitions and just the openness that even though maybe mental health is not on their, you know, it’s not part of what they do, but it is going to become part of what they do and just the openness of professionals in the communities to really look at things as a whole person and not just ohh, it’s their substance use or oh, it’s just their mental health. Like Nope. We need to really broaden that scope. And so that’s been one thing that’s felt really promising.”- Community- Based Grantee

Community-based grantees provide culturally specific trainings as well as cross-generational, healing-centered community engagement. Tribal grantees are using funding to expand access to ceremony, integrating cultural wellness and healing practices into suicide prevention and training efforts, as well as moving upstream to address social determinants of health including housing and employment.

“Access to elders, ceremony and just those teachings that otherwise we should have and then also have the right to.” -Community-based Grantee

“We’ve formulated a postvention response within each of the communities on the reservation. (...) We’ve been able to provide things for the family, for immediate afterwards, traditional medicines. (Supplies) for the firekeepers.”- Community-based Grantee

“We’re doing a lot of employment navigation, housing, substance use, peer support and all of those things we know are part of the social determinants of health and mitigating any potential crisis.” - Community-based Grantee

“Because of the pandemic we've pivoted to be able to provide individual ceremonies for folks who are seeking those. We had an elder in-residence program where individuals were able to access support and counseling on different topics.” - Community-based Grantee

Next Steps

1. The next State Suicide Prevention Plan will be released in early 2023 and will go through 2027.
2. An implementation and an evaluation plan will be developed to include evaluation of the State Suicide Prevention Plan.
3. Stakeholder feedback will be collected on-going over the next four years to continue to help inform suicide prevention efforts in Minnesota.
4. Community meetings will be coordinated in spring of 2023 to highlight the new State Suicide Prevention Plan and how a community might choose to use it.
5. New request for proposals for community-based suicide prevention will be released in early 2023, for FY24-FY27.

Conclusion

Suicide affects people from every race, age, nationality, sexual orientation, gender identity, and ability in Minnesota. The preventable nature of suicide makes Minnesota's suicide rates unacceptable. However, the preventable nature of suicide also means that through our plan and actions, we can provide the hope and help needed to turn these tragedies into recoveries. If you or someone you know is thinking about suicide, please call, text, or chat 988 [Lifeline Chat and Text: Lifeline \(https://988lifeline.org/chat/\)](https://988lifeline.org/chat/).

Appendix A: Minnesota Suicide Prevention Taskforce Members

Co-Chairs

- Dan Reidenberg, Suicide Awareness Voices of Education (SAVE)
- Meghann Levitt, Carlton County Public Health, Northern Minnesota Crisis Text Line Grantee/Regional Coordinator

Taskforce Coordinator

- Kelly Felton, Minnesota Department of Health State Suicide Prevention Coordinator

Community Partners

- Al Levin, Mental Health Consumer, and public-school assistant principal (St Paul Public Schools)
- Amy Gower, University of Minnesota, Department of Pediatrics
- Andrea Perry, Minneapolis VA, Suicide Prevention Community Engagement and Partnership Coordinator
- Audra Cowin, OutFront Minnesota, LGBTQAI+ Activist, Civil Rights
- Brittany Miskowiec, representing Law Enforcement, First Responders and Veterans
- Caidyn Johnson, Youth, Minnesota State FFA Association
- Clara Kessel, EMS prehospital emergency medicine and community paramedicine
- Dave Lee, Minnesota Association of County Social Service Administrators
- David Goehl-Manolis, NAMI Minnesota
- Deborah Cavitt, Minnesota Association of Children's Mental Health
- Dominique Buffett, person with lived experience
- George Gogleye Jr., Minnesota Chippewa Tribe-Tribal Communities
- Glen Bloomstrom, Livingworks
- Jessi Atherton, Veterans, Trauma Informed, Clinician
- Kayla Jacobson, Youth
- Kathy Lombardi Kimani, Minnesota School Social Workers Association
- Lexi Niccum, Student at St Thomas
- Lilly Melander, Policy; Biotechnology; local elected official, Local Government
- Linsey McMurrin, Peacemaker Resources
- Lisa Bershok, CentraCare
- Lora Setter, League of Minnesota Cities Insurance Trust
- Lynn Varco, Minnesota Alliance for Ethical Healthcare
- Mandy Slag, Minnesota Poison Control
- Megan McEvoy, Minnesota National Guard
- Monica McConkey, Rural/Agriculture Mental Health Provider
- Prescott Ngaling, Queer black folk
- Samantha Brown Hoyt, Law Enforcement
- Ms. Sarah Washington, Parent advocate
- Scott Geiselhart, Seeing in Color Again
- Scott Roeder, Suicide Loss Survivor
- Shannah Mulvihill, Mental Health Minnesota

- Sonja Mertz, Minnesota Alliance on Problem Gambling
- Stephanie Hamlin, Canvas Health Suicide Prevention Program
- Stephanie Nelson, Minnesota Governor’s Council on Developmental Disabilities
- Suzanne Witterholt, Allina Mental Health and Addiction, Emergency Services, Psychiatry
- Tolulope Ola, Restoration for All Inc.
- Will Sampson-Bernstrom, Canvas Health

State Agencies

- Amanda Calmbacher, Minnesota Department of Human Services
- Brienne LaHaye, Minnesota Department of Education
- Christina Anderley, Minnesota Department of Human Services
- John Eshun, Minnesota Department of Health
- Kat Preuss, Minnesota Department of Human Services
- Kitra Nelson, Minnesota Department of Human Services
- Kristi Charles, Minnesota Department of Veteran Affairs
- Kristin Teipel, Minnesota Department of Health
- Krysta Stanenas, Minnesota Department of Veteran Affairs
- Mark Kinde, Minnesota Department of Health
- Nissa Tupper, Minnesota Department of Transportation
- Emily Lindeman, Minnesota Department of Health
- Jenilee Telander, Minnesota Department of Health
- Katie Fritz-Fogel, Minnesota Department of Health
- Luther C. Talks, Minnesota Department of Health
- Melissa Dau, Minnesota Department of Health
- Stefan Gingerich, Minnesota Department of Health
- Stephanie Anderson, Minnesota Department of Health
- Stephanie Downy, Minnesota Department of Health
- Tanya Carter, Minnesota Department of Health

Appendix B: Minnesota Suicide Prevention Taskforce Sub-Committee Members

Communications Committee

Purpose: Guiding all communications across the continuum of Suicide Prevention, to include mental health promotion, early intervention, crisis intervention and postvention.

Meeting Frequency: 4th Monday of each month, 2 – 3:30 p.m.

Committee Chair(s): Wil Sampson-Bernstrom, Canvas Health

Committee Members

- Al Levin, Mental Health Consumer (Personal Experience)/Public School Assistant Principal (SPPS)
- Amanda Calmbacher, DHS- Mobile Crisis
- Anne Sonne, MDVA
- Caidyn Johnson, Recent high school graduate and new college student, Minnesota State FFA Association
- Dan Reidenberg, SAVE

- Dave Lee, MN Association of County Social Service Administrators
- David Goehl- Manolis, NAMI Minnesota
- Deb Cavitt, MN Association for Children’s Mental Health
- Dominique Buffett- Person who suffers with mental health issues and survivor of attempting suicide
- Emily Yang, MDH
- Jenilee Telander, MDH
- John Grimley
- Kat Preuss, DHS – Native American Representative
- Kristi Charles, MDVA
- Lynn Varco, MN Alliance for Ethical Healthcare
- Mandy Slag, Poison Control Center
- Meghann Levitt, Carlton County Public Health
- Sara Washington, Parent Advocate
- Scott Geiselhart, Seeing in Color Again
- Shanna Mulvihill, Mental Health Minnesota
- Stephanie Anderson, MDH
- Stephanie Nelson, MN Governor's Council on Developmental Disabilities
- Tanya Carter, MDH
- Tolulope Ola, Restoration for All Inc

Mental Health and Well-being Committee

Purpose: Guiding the implementation of the mental health promotion and universal suicide prevention strategies.

Meeting Frequency: Meets the fourth Thursday from 1:00-2:30 p.m. during odd months.

Committee Chair(s): Vacant

Committee Members

- Ali Randall, DHS - Northern MN Crisis Text Line & Suicide Prevention Coordination, Carlton County Public Health Educator
- Amy Gower, University of Minnesota, Department of Pediatrics
- Andrea Perry, Minneapolis VA SP Community Engagement and Partnership Coordinator
- Anna Lynn, MDH – Mental Health Promotion
- Audra Cowin, OutFront Minnesota | LGBTQAI+ Activism, Civil Rights
- Brenna Olson, Polk County Public Health
- Brienne LaHaye, MDE
- Caidyn Johnson, Recent high school graduate and new college student, Minnesota State FFA Association
- Deborah Cavitt, MN Association for Children’s Mental Health
- Dominique Buffett- Person who suffers with mental health issues and survivor of attempting suicide
- George Goggleye Jr., Minnesota Chippewa Tribe-Tribal Communities
- Jessi Atherton, Veterans, Trauma Informed, Mental Health Clinician
- John Eshun, MDH – Mental Health Promotion
- Julie Neitzel Carr, MDH- Adolescence
- Kat Preuss, DHS- Native American Representative
- Kristi Charles, MDVA Suicide Prevention
- Kristin Teipel, MDH – Child and Maternal Health
- Krysta Stanenas, MDVA Suicide Prevention
- Linsey McMurrin, Peacemaker Resources
- Logan Sand, Lutheran Social Service SELF Program
- Lora Setter, League of Minnesota Cities Insurance Trust
- Lynn Varco, Minnesota Alliance for Ethical Healthcare
- Megan McEvoy, Minnesota National Guard
- Melissa Dau, MDH
- Nissa Tupper, MnDOT
- Philip Johnson, US and Minnesota Men's Sheds
- Prescott Ngaling, Queer black folk doing masculinity, mental wellness, and community safety work
- Sarah Washington, Parent/Student Advocate
- Shannah Mulvihill, Mental Health Minnesota
- Tolulope Ola, Restoration for All Inc. represents Culturally and Linguistically Diverse (CALD) Communities

Intervention Committee

Purpose: Guiding the implementation of the suicide intervention strategies.

Meeting Frequency: Meets the third Wednesday of each month from 9:00-10:30 a.m. on odd months.

Committee Chair(s): Mary Paulson, DHS – Behavioral Health Division

Committee Members

- Brina Ellison, Mobile Crisis/Suicide Prevention Outreach and Education
- Clara Kessel, EMS prehospital emergency medicine and Community Paramedicine
- Dave Lee, Minnesota Association of County Social Service Administrators
- George Goggeye Jr., Minnesota Chippewa Tribe-Tribal Communities
- Jenilee Telander, MDH
- Kristi Charles, MDVA – Suicide Prevention Team
- Krysta Stanelas, MDVA – Suicide Prevention Team
- Mary Marana, Prevention
- Mary McClernon, DHS – Direct Care and Treatment/Mental Health and Substance Abuse Treatment Services Division
- Samantha Brown Hoyt, Law Enforcement
- Scott Geiselhart, Seeing in Color Again
- Shannah Mulvihill, Mental Health Minnesota
- Suzanne Witterholt, Allina Mental Health, and Addiction; Emergency Services; Psychiatry
- Tanya Carter, Minnesota Department of Health
- Tolulope Ola, Restoration for All Inc. represents Culturally and Linguistically Diverse (CALD) Communities
- Verna Mikkelson, Native American perspective & person with prevention experience at tribal and federal levels.

Postvention Committee

Purpose: Guiding the implementation of the suicide postvention strategies.

Meeting Frequency: Meet the first Wednesday of each month from 9:30-11:00 on odd months.

Committee Chair(s): Brittany Miskowiec, Law Enforcement, First Responders, and Veterans and Glen Bloomstrom, LivingWorks

Committee Members

- Clara Kessel, EMS prehospital emergency medicine and Community Paramedicine
- Deb Semmelroth, Selah: Center for grief & loss
- David Goehl-Manolis, NAMI Minnesota
- Dominique Buffett, Person who suffers with mental health issues and survivor of attempting suicide
- Glen Bloomstrom, LivingWorks
- Monica McConkey, Rural/Agricultural Mental Health Provider
- Rochelle Hawthorn, Mental Health Professional, Firefighter/Paramedic/Community Paramedic/SWAT Medic
- Scott Geiselhart, Seeing in Color Again

- Scott Roeder, Suicide Loss Survivor
- Stephanie Downey, MDH
- Stephanie Hamlin, Canvas Health Suicide Prevention Program
- Tanya Carter, MDH
- Verna Mikkelsen, Native American perspective & person with prevention experience at the tribal and federal levels.

Data Action Committee

Purpose: Guiding the implementation of the data-related goals and objectives of the State Plan.

Meeting Frequency: Meets the fourth Tuesday of each month from 10:00-11:30 a.m. on odd months.

Committee Chair(s): Melissa Adolfson, Wilder Research and Stefan Gingerich, MDH

Committee Members

- Amy Leite Bennett, Hennepin County Public Health
- Ann March, MDH
- Anna Lynn, MDH – Mental Health Promotion
- Bao Nhia Xiong, Link for Equity
- Bob Kuziej- MDH
- Bonnie Klimes-Dougan, University of Minnesota
- Chris Caulkins
- Iris Borowsky, University of Minnesota – Division of General Pediatrics and Adolescent Health
- Kari Gloppen, MDH, alcohol epi/prevention, ACEs prevention
- Katie Fritz Fogel, MDH- Evaluation
- Krysta Stanenas, MDVA – Suicide Prevention Team
- Luther C. Talks, MDH – Tribal Suicide Prevention
- Marizen Ramirez, University of Minnesota School of Public Health
- Megan McEvoy, Minnesota National Guard
- Molly Meyer, Maternal and Child Health including Adolescent Health, Data Feminism/Health Equity, Data Analysis, lived experience
- Sheila Nesbitt, North Memorial Health Hospital - Healthcare
- Sonja Mertz, Minnesota Alliance on Problem Gambling
- Tanya Carter, MDH
- Tolulope Ola, Restoration for All Inc. represents Culturally and Linguistically Diverse (CALD) Communities
- Tracy Radtke, Minnesota Hospital Association