DEPARTMENT OF HEALTH

Suicide Prevention: Legislative Report

Minnesota Statutes 145.56
July 2016 - June 2018

Suicide Prevention: Legislative Report

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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, 2016 - June 30, 2018. In 2015, the Minnesota Legislature amended Minnesota Statutes, section 145.56. The statute calls for the Minnesota Department of Health (MDH) in partnership with other state agencies and community partners to revise, coordinate and implement the Minnesota Suicide Prevention Plan (https://www.health.state.mn.us/communities/suicide/documents/SuicidePreventionStatePlan2015.pdf) funding for 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.

The MDH suicide prevention grantees have produced strong results during the 2016 – 2018 biennium. More than 16,000 individuals were trained on evidence-based, evidence-informed and best practice-based suicide prevention curricula. More than 400 individuals from professional organizations were provided with technical assistance for suicide prevention. Technical assistance included support to schools or communities after a death by suicide to provide postvention support and safe messaging support to media reporters. Young people from Lower Sioux community worked with Dakota Wicohan (a MDH suicide prevention grantee) to develop and share native-specific hopeful messages to nearly 5,100 people in tribal communities to build resiliency.

Death by suicide is complex and often due to many contributing and interrelated factors. While death by suicide occurs at the individual level, each person lives in context of family, neighborhood, community and society. Since 1999, suicides have increased 53 percent in Minnesota to 783 deaths in 2017. Minnesota is following the national trend.

Just as the causes of and contributing factors for suicide are complex, so are the opportunities for prevention multifaceted and multidisciplinary. Population-level prevention approaches can include everything from access to alcohol (and policies that promote or restrict access, cost and distribution) to how firearms are stored in homes (lethal means restriction). Improved access to crisis services (including texting, call lines and mobile crisis), mental health counseling, outpatient treatment, medication and promotion of physical activity are successful prevention practices. Building healthy relationships reduces isolation and contributes to healthy emotional growth.

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

In first quarter of 2019, MDH will finalize a five-year suicide prevention implementation plan, followed by an evaluation plan. The implementation plan will identify and define priority strategies, partners, target populations and action steps through the duration of the State Plan, which ends in 2020. The end date of the State Plan will be extended to 2023 to align with a new suicide prevention Request for Proposal (RFP) ending in fiscal year 2023. The evaluation plan will identify key community and program level indicators that will be tracked annually through 2023.

Minnesota State Plan

Minnesota's suicide prevention efforts are based on the evidence that all suicides are preventable, mental illness is treatable, and recovery is possible. In 2015, the MDH and the Minnesota State Suicide Prevention Task Force released the *Minnesota Suicide Prevention Plan: Goals and Objectives for Action 2015 - 2020* with the ultimate goal to reduce suicide in Minnesota by 10% in five years, 20% in ten years and ultimately working toward zero deaths. MDH is extending the State Plan to 2023 to align with the state funding of a new suicide prevention RFP. Funding will start July 1, 2019 – June 30, 2023.

The goals of the State Plan include:

- **Goal 1:** Support healthy and empowered individuals, families and communities to increase protection from suicide risk.
- **Goal 2:** Coordinate the implementation of effective programs by clinical and community preventive service providers to promote wellness, build resilience and prevent suicidal behaviors.
- **Goal 3:** Promote suicide prevention as a core component of health care services.
- **Goal 4:** Increase the timeliness and usefulness of data systems relevant to suicide prevention and improve the ability to collect, analyze and use this information for action.
- **Goal 5:** Sustain suicide prevention efforts.

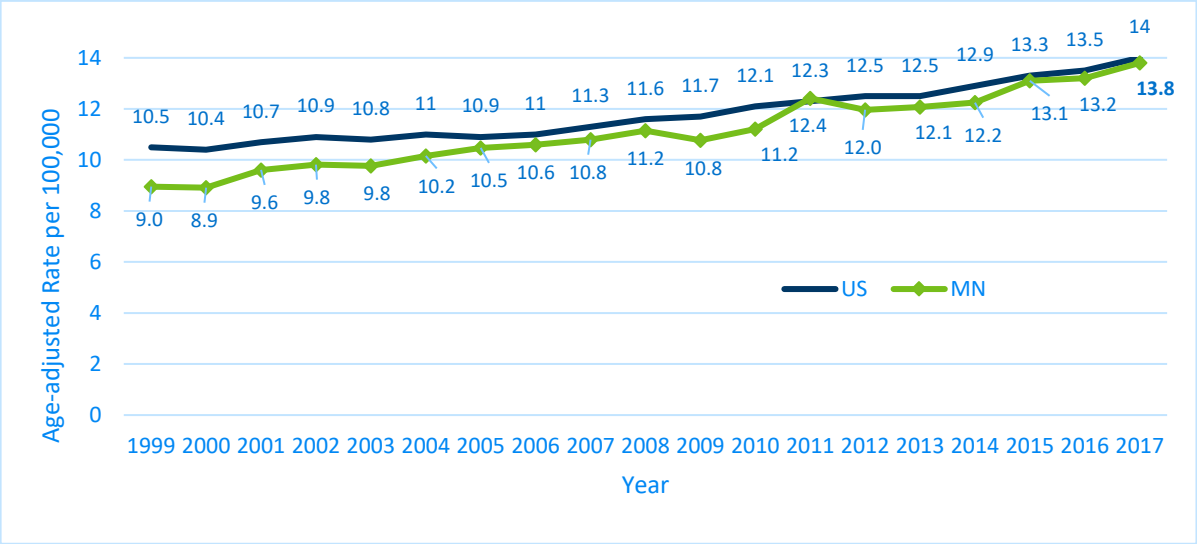
In 2018, the Minnesota State Suicide Prevention Task Force recommitted for two years (2018 - 2019), retaining some of the same community partners from 2015, and recruiting additional partners from other state agencies and loss survivors. The Minnesota State Suicide Prevention Task Force has 19 active members with representation across the state of Minnesota and a diversity of sectors and disciplines. (See Appendix A for a listing of State Suicide Prevention Task Force members.)

Suicide-related Data and Statistics

In 2017 (the most recent complete data year), 783 Minnesotans died by suicide – making it the eighth leading cause of death. The state's age-adjusted suicide rate rose from 9.0 per 100,000 (n=440) in 1999 to 13.8 per 100,000 (n=783) in 2017. The U.S. rate in 2017 was 14.0 per 100,000, slightly above Minnesota's suicide rate. The Minnesota suicide rate increased 53 percent since 1999. The male rate increased nine percent from 2016 to 2017, while the female rate dropped 10 percent. The 2017 male suicide rate was over four times higher than the female suicide rate.

The 2017 Minnesota male suicide rate was the same as the national rate (both 22.4 per 100,000). The Minnesota 2016 female rate was the same as the national rate, but in 2017, it dropped to 5.4 per 100,000 - well below the national rate of 6.1 per 100,000.

Chart 1. Minnesota and U.S. Suicide Rates, 1999-2017

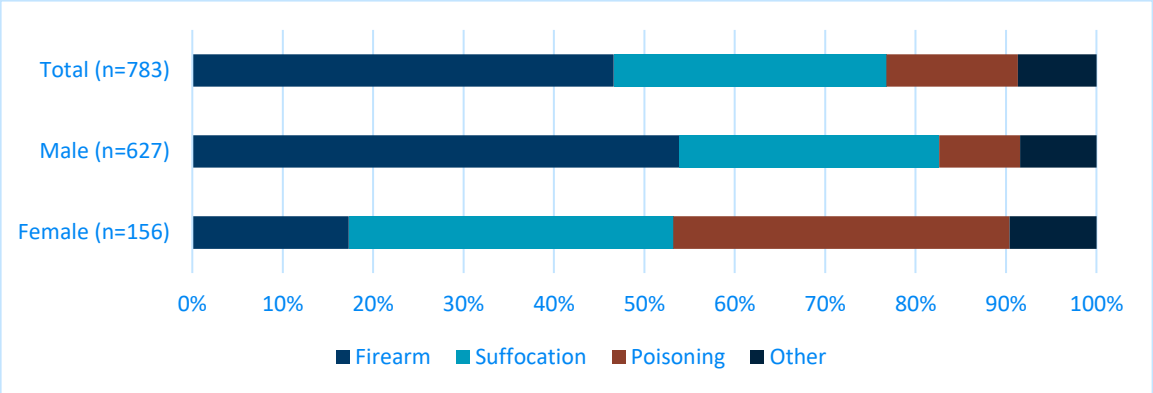


Suicides accounted for 78 percent of all firearm deaths in Minnesota (365 out of 465) in 2017 and varied by gender. Suicides accounted for 81 percent of male firearm deaths (338 out of 417) and 56 percent of female firearm deaths (27 out of 48).

The firearm suicide rates increased 11 percent from 2016 to 2017. The rate for White males increased from 11.3 per 100,000 to 12.7 per 100,000.

Firearm was the leading mechanism of suicide deaths. In 2017, nearly half of all suicides were by firearm (47 percent), followed by suffocation (30 percent). Firearm was the leading mechanism for male suicides (54 percent) and the third leading mechanism for females (17 percent). Poisoning and suffocation were the leading mechanism for female suicides (37 percent and 36 percent, respectively).

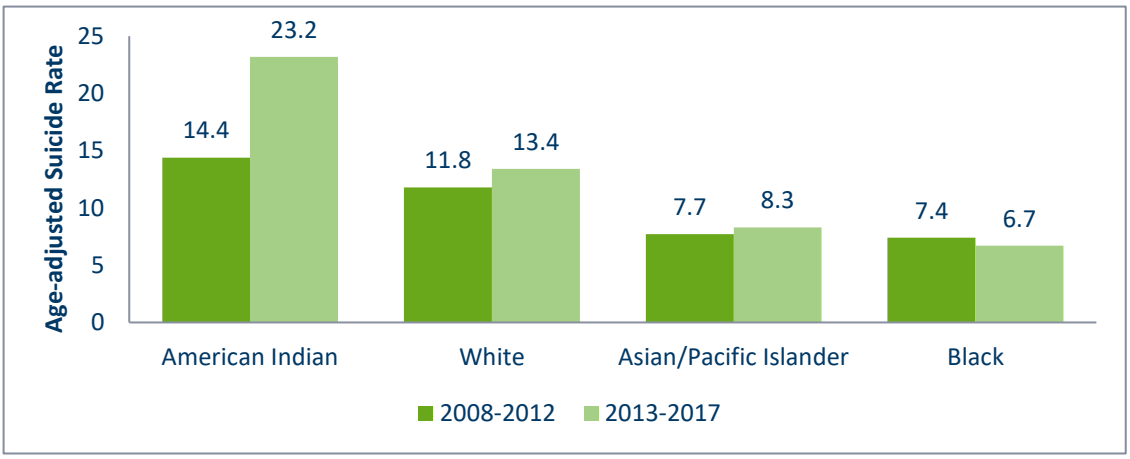
Chart 2. Suicide Mechanism Percentage by Gender, 2017



When we look at suicide age-adjusted rate trends over the last ten years, we see similar trends. Most notably, American Indian Minnesotans saw a significant increase in suicide rates compared to other races starting in 2013. Comparing 2008-2012 and 2013-2017 time periods:

- The American Indian community experienced a 61 percent increase in their rate, resulting in 41 more deaths (57 suicides in 2008-2012 and 98 suicides in 2013-2017). The Minnesota American Indian suicide rate for 2013 to 2017 was nearly two times greater than the national American Indian suicide rate of 12.5 per 100,000.
- Whites experienced a 14 percent increase in suicide rate and 425 more suicide deaths (2,874 suicides in 2008-2012 and 3,299 suicides in 2013-2017).
- Asian Pacific Islanders and Blacks had 16 and 15 additional deaths, respectively, in 2013-2017 compared to 2008-2012.

Chart 3. Minnesota Suicide Rate by Race, 2008-2012 versus 2013-2017



Community-based Grants

July 2016 - June 2018

Each year, the MN Legislature allocates $348,000 for suicide prevention coordination. This funds a full-time state suicide prevention coordinator to provide technical assistance and community-based suicide prevention grants. Current grantees are Crisisline & Referral Services, Dakota Wicohan, Evergreen Youth & Family Services, National Alliance for Mental Health-Minnesota (NAMI-MN), Suicide Awareness and Voices of Education (SAVE) and White Earth Mental Health. The grants are intended to increase local communities' capacity by coordinating and implementing culturally-appropriate suicide prevention activities to improve the health of its residents and decrease suicidal behavior and deaths across the lifespan, while prioritizing populations with known increased risk such as middle-aged White males and American Indians. Additionally, community grants are to develop and deliver suicide prevention and postvention trainings.

MDH grantees have performed very well and often exceeded their goals between July 1, 2016 - June 30, 2018. The following table describes the results during the biennium of key activities outlined in MN Statutes 145.56 and the current suicide prevention RFP. (Appendix B provides descriptions on specific suicide prevention trainings that MDH funds in Minnesota.)

Table 1: Community-Based Suicide and Technical Assistance Suicide Prevention Grant Results 2016 – 2018

Activities	Results
1. Provide technical assistance to communities	● Evergreen Youth & Family Services, SAVE and NAMI-MN provided technical assistance support to communities, schools that recently had deaths by suicide, work places, faith groups and coalitions. Some examples of technical assistance provided included postvention support to schools that had a recent death by suicide, developing suicide prevention policies and procedures at schools, and safe messaging reporting by the media and public awareness campaigns. ● Evergreen Youth & Family Services, NAMI-MN, SAVE provided technical assistance for at least **410 individuals** needing support to address suicide in their community or organization.
2. Convene suicide loss support groups	Evergreen Youth & Family Services supported **23 loss survivors** in a support group setting.
3. Promote American Indian youth resiliency	**10 youth** of the Lower Sioux community built resiliency and raised public awareness of cultural protective factors to prevent suicide to **5,115 individuals**.
4. a) Provide trainings on warning signs of suicide and how to connect someone at risk to mental health services and resources	**14,383** individuals were trained on ASIST, Kognito's for Educators Pre K- 12 At-Risk, safeTALK, Sources of Strength, QPR- all suicide prevention trainings. Crisisline & Referral Service, Evergreen Youth & Families, NAMI-MN, SAVE, White Earth Mental Health provided the trainings. (Detailed description of the suicide prevention efforts and acronym definitions are available in Appendix B.) Suicide prevention trainings were offered to students, school staff, emergency responders, work place, local public health, behavioral health specialists and primary care.
4. b) Provide trainings on lethal means restriction	**449** individuals trained on lethal means restriction by NAMI-MN.

Activities	Results
4. c) Provide trainings on safe messaging and reporting	SAVE trained **316 media reporters and journalism students** on safe suicide prevention reporting and messaging.
4. d) Provide trainings on connecting Postvention training and support	**435 individuals** trained in Connect Postvention and provided support by Crisisline & Referral Services, Evergreen Youth & Families, NAMI-MN and White Earth Mental Health.
4. e) Provide trainings on SurvivorVoices	NAMI-MN trained **13 loss survivors** in SurvivorVoices to share their loss survivor stories across the state of Minnesota in a safe manner.

Workplace and Professional Education

Minnesota Statutes, section 145.56 directs MDH to promote the use of employee assistance and workplace programs to support employees with depression and other psychiatric illnesses and substance abuse disorders, and refer them to services. During the biennium, SAVE and Crisisline & Referral Services contacted employers and work sites to promote employee assistance and work place programs. They both provided technical assistance and suicide prevention training to employers and work sites . The results of SAVE and Crisisline & Referral Services' are aggregated in the results Table 1 on page 7 -8. This strategy will be further enhanced with the work of MDH grantees and MDH.

Next steps

A number of key activities will be completed first quarter of 2019.

1) The State Suicide Prevention Task Force and Subcommittees are finalizing a five-year implementation plan to identify priority objectives and tasks through 2023. The implementation plan will identify leaders to implement tasks, identify target populations and define action steps. The implementation plan will be available on the MDH's website first quarter 2019. (A brief table of priorities of the State Plan is provided in Appendix C.)

2) In alignment with the five-year implementation plan, an evaluation plan is being developed. The plan includes key community and program indicators that will be analyzed annually. The evaluation plan will inform how the five-year plan will measure impact and will be available first quarter 2019.

3) Suicide prevention community grants are currently distributed to eight grantees totaling $248,000. The grant cycle ends June 30, 2019. A new Request for Proposal will be released in early 2019. Minnesota Statutes 145.56 directs MDH to provide grants for community-based suicide prevention activities, including suicide prevention training. The new RFP will fund up to 9 grants focusing state funding in four areas:
a) suicide prevention trainings; b) comprehensive community-based suicide prevention in a high risk community; c) community readiness assessments to determine and improve the readiness of mental health

and/or suicide in culturally-specific communities; and d) capacity building for suicide prevention among American Indian communities.

Appendix A:
Minnesota Suicide Prevention Task Force Members

Name	Organization
Glen Bloomstrom	LivingWorks
Kelly Brevig	Evergreen Youth & Family Services
Sergeant Jen Chaffee	Minnesota National Guard
Matt Eastwood	Canvas Health
Jode Freyholtz-London	Wellness in the Woods
Catherine Gangi	NAMI-Minnesota
Melissa Heinen	Minnesota Department of Health Suicide Prevention Program, Epidemiology
Dominique Jones	Minnesota Department of Human Services Crisis Services
Sheila Kauppi	Minnesota Department of Transportation
Dave Lee	Carlton County Human Services and Public Health
Meghann Levitt	Carlton Public Health & Human Services
Amy Lopez*	Minnesota Department of Health Suicide Prevention Program
Michael Peterson	Metropolitan State University
Kay Pitkin	Hennepin County Human Services and Public Health
Dan Reidenberg*	Suicide Awareness Voices of Education (SAVE)
Stacy Rivers	CentraCare St. Cloud Mental Health
Amy Ryan	Allina Health Clinical Quality Initiative
Mark Schulz	Minnesota Board on Aging
Craig Wethington	Minnesota Department of Education School Climate

Co-Chairs*

Minnesota State Suicide Prevention Plan
Subcommittee Members (as of December 2018)

SUBCOMMITTEE 1: Goal 1: Support healthy and empowered individuals, families and communities to increase protection from suicide risk.

Name	Organization
Melissa Dau	Minnesota Department of Health Youth Suicide Prevention Regional Coordinator (Southern Region)
Janet Denison	Northwest Mental Health Center
Father Tristan English	Loss Survivor, Christ Church Red Wing American Foundation for Suicide Prevention- Southwest Minnesota Chapter
Catherine Gangi	NAMI- MN Suicide Prevention Coordinator
Scott Geiselharts	Attempt Survivor, Firefighter, Peer Specialist
Meghann Levitt*	Carlton County Human Services & Public Health Department Northwest Regional Coordinator for Crisis Text Line
Amy Lopez*	State Suicide Prevention Coordinator Minnesota Department of Health
Anna Lynn	Minnesota Department of Health, Mental Health Promotion
Brittany Miskowiec	Stout University, Social Work Department
Stephanie Ochocki	Anoka-Hennepin School District Trauma Response and Prevention District PreK-12 School Social Worker
Jennifer Templeton	ASIST Trainer

*Co-Chairs

SUBCOMITTEE 2: Goal 2: Coordinate the implementation of effective programs by clinical and community preventive service providers to promote wellness, build resilience and prevent suicidal behaviors.

Name	Organization
Glen Bloomstrom	LivingWorks
Kelly Brevig	Evergreen Youth & Family Services
Deb Cavitt	Minnesota Association for Children's Mental Health
Kelly Chandler	Itasca County Public Health Aitkin-Itasca-Koochiching Community Health Services
Stephanie Downey*	Minnesota Department of Health Youth Suicide Prevention Regional Coordinator (North Region)
Ayla Koob	Red Lake Indian Schools Wellness and Suicide Prevention
Steven Hansberry	Loss Survivor, State Advisory Council on Mental Health, Kanabec County Human Services Advisory Board
Mary Marana*	Crisisline and Referral Services
Verna Mikkelson	White Earth Tribal Mental Health

*Co-Chairs

SUBCOMMITTEE 3: Goal 3: Promote suicide prevention as a core component of health care services.

Name	Organization
Deborah Anderson	Minnesota Poison Control System
Tanya Carter	Minnesota Department of Health Behavioral Health Liaison
Chris Caulkins	Century College Emergency Medical Department
Dana Farley	Minnesota Department of Health Alcohol & Drug Prevention Policy Director
Terri Gerhart	Northern Pines Mental Health Center
Amy Lopez*	Minnesota Department of Health State Suicide Prevention Coordinator
Paul Nistler	Sanford Health Mental Health Division
Mary Paulson	Minnesota Department of Human Services PRTF Clinical and Policy Mental Health Division
Jenny Schoenecker	Minnesota Hospital Association

*Co-Chair

SUBCOMMITTEE 4: Goal 4: Increase the timeliness and usefulness of data systems relevant to suicide prevention and improve the ability to collect, analyze and use this information for action.

Name	Organization
Melissa Adolfson	EpiMachine
Iris Borowski	University of Minnesota Pediatrics
Catherine Diamond	Minnesota Department of Health Evaluator
Mikki Desque	Minnesota Department of Human Services
Sharrilyn Evered	Minnesota Department of Health
Kari Gloppen	Minnesota Department of Health Alcohol Epidemiologist
Melissa Heinen*	Minnesota Department of Health Senior Suicide Epidemiologist
Pamela Jo Johnson	Minnesota Department of Health
Bonnie Klimes-Dougan	University of Minnesota, Psychology
Amy Leite-Bennett	Hennepin County
Amy Lopez	Minnesota Department of Health State Suicide Prevention Coordinator
Olga Mastrodemos	Minnesota Department of Health Research Analyst

Name	Organization
Jacob Melson	Hennepin County Public Health and Human Services
Laura Schauben*	Wilder Foundation

*Co-Chairs

Appendix B:
Suicide Prevention Trainings Funded by MDH

Curriculum	Description
Applied Suicide Intervention Skills Training (ASIST) (https://www.livingworks.net/programs/asist/)	Two-day interactive workshop in suicide aid. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support immediate safety. Anyone 16 years and older can be trained in ASIST.
Connect Postvention Program (http://www.theconnectprogram.org/)	A two-day comprehensive training includes suicide prevention and intervention, postvention (promoting healing and reducing risk after a suicide) and SurvivorVoices (loss survivors sharing their story safely). The training is offered for a variety of audiences include American Indian, education, emergency responders, military, social services and youth.
Kognito, At-Risk for High School Educators (https://kognito.com/products/at-risk-for-high-school-educators)	A 60-minute web-based interactive training for school educators and staff on mental health and suicide prevention.
Means Restriction Education (https://www.hsph.harvard.edu/means-matter/)	Means reduction education, reduces a suicidal person's access to lethal means and is a part of a comprehensive approach to suicide prevention. The training was developed by Harvard Injury Control Research Center, part of Harvard School of Public Health.
Question, Persuade, Refer (QPR) (https://qprinstitute.com/)	Like CPR, QPR is a 60-minute emergency response training to someone in crisis. The curriculum is offered in-person or online for gatekeepers, or anyone interested to learn about the signs of suicide, common risk factors, and seeking help. QPR trainings may be offered in the work place, in schools, community, faith community, health care and behavioral health.
Safe messaging for suicide prevention media stories (http://suicidepreventionmessaging.org/)	The Action Alliance for Suicide Prevention developed evidence-based practices and a framework for how to talk about suicide in the community. SAVE offers a training to reporters and journalism students on how to report a story about a recent death by suicide in a safe

Curriculum	Description
	manner that will not put someone already at risk of suicide and greater risk.
SafeTALK (https://www.livingworks.net/programs/safetalk/)	A half-day alertness training that prepares anyone 15 years or older to become a suicide-alert helper. SafeTALK-trained helpers can recognize suicidal thoughts and take action by connecting them with life saving interventions. The TALK steps include: Tell, Ask, Listen and Keep Safe.
Sources of Strength (https://sourcesofstrength.org/)	A youth suicide prevention curriculum teaches peer leaders to encourage youth to increase help seeking behaviors, and promotes social connectedness between peers and caring adults. Evergreen Youth & Families is implementing Sources of Strengths in schools in Minnesota.
SurvivorVoices (http://www.namihelps.org/teaching-survivors-how-to-tell-their-stories.html)	Offered by NAMI-MN, a two-day training that prepares a loss survivor to share their loss story in a safe manner.

Appendix C:
Three-Year Implementation Plan Priorities

- Goal 1: Support healthy and empowered individuals, families and communities to increase protection from suicide risk.
    - Objective 1.2: Increase knowledge of the warning signs for suicide and how to connect individuals in crisis with assistance
        - Task 2: Compile, organize, and make available (MinnesotaHelp.info) a master list of all crisis and support services available nationally, statewide, and locally.
    - Objective 1.4: Reduce the stigma, prejudice and discrimination associated with suicidal behaviors and mental substance abuse disorders
        - Task 1: Communicate messages of resilience, hope, and recovery to patients, clients, and their families with mental and substance abuse disorders
        - Task 4: Promote safe messaging and media guidelines related to suicide events and prevention.
- Goal 2: Coordinate the implementation of effective programs by clinical and community preventive service providers to promote wellness, build resilience and prevent suicidal behaviors.
    - Objective 2.1: Strengthen the coordination, implementation and evaluation of comprehensive state, tribal and local suicide prevention programming.
        - Task 3: Increase coordination of suicide prevention efforts at the state, community and tribal level.
    - Objective 2.3: Partner with firearm dealers and gun owners to incorporate suicide awareness as a basic tenet of firearm safety and responsible gun ownership.
        - Task 1: Educate and promote lethal means restriction in time of heightened risk.
- Goal 3: Promote suicide prevention as a core component of health care services.
    - Objective 3.1: Promote timely access to assessment, intervention and effective care for individuals with a heightened risk for suicide.
        - Task 3: Develop protocols and improve collaboration among various systems and service providers.
    - Objective 3.2: Promote continuity of care and the safety and well-being of all patients treated for suicide risk in health care settings such as emergency department or hospital inpatient units.
        - Task 2: Develop and implement protocols, trainings and toolkit/ resources to ensure immediate and continuous follow-up after discharge from an emergency department to an inpatient unit.
    - Objective 3.3: Develop collaborations between emergency departments and other health care providers to provide alternatives to emergency department care and hospitalization when appropriate and to promote rapid follow up after discharge.
        - Task 1: Expand use of mobile crisis teams to assess, intervene, and provide stabilization services.
- Goal 4: Increase the timeliness and usefulness of data systems relevant to suicide prevention and improve the ability to collect, analyze and use this information for action.
    - Objective: Refer to 2016 Suicide Data Biennium Legislative Report (https://www.health.state.mn.us/communities/suicide/documents/SuicideLegislativeDataReport.pdf) to see priorities for Goal 4

- Task: Refer to 2016 Suicide Data Biennium Legislative Report (https://www.health.state.mn.us/communities/suicide/documents/SuicideLegislativeDataReport.pdf) (Appendix A)