Minnesota Department of Health

Program Name: Minnesota Suicide Prevention Grant
Grant Type: Garrett Lee Smith State
Grant Status: Active
Year Awarded: 2016
State: Minnesota

The population of focus is all youth and young adults age 10-24 throughout Minnesota; while prioritizing American Indian youth and tribal communities. Having our program provide supports for the entire state, while targeting communities of increased risk, allows for the grant-funded coordinators and liaisons to address emerging issues over the course of the five year funding and beyond.

Goal number one is to make suicide prevention a core component of behavioral/health care services that will decrease suicide by 10% in 5 years, 20% in 10 years working towards zero deaths. By fundamentally changing the organizations provide care and work with other providers will have lasting impact after the funding period ends.

Goal number two is to implement effective programs to increase communities’ capacity to identify youth at risk and connect them to the coordinated and competent behavioral/health care system to decrease the number of medically-treated suicide attempts. By working with local professionals and caregivers to build the necessary skills to identify youth and risk and know of local resources available to support the youth, we will be build a community of gatekeepers.

To assist those who are trained to identify persons at increased risk, we are going to also work very closely with youth-serving institutions to change their policies and procedures for providing training to their staff and also for connecting youth to services once identified. For example, we will be working with higher education institutions to use the Jed & Clinton Health Matters Program Framework for comprehensive, sustainable approach to preventing suicides in our college settings.

Goal number three is to support healthy and empowered individuals, families and communities to increase protection from suicide risk. We will be working closely with schools and youth serving organizations to prioritize building protective factors in our youth. The curriculums we selected for schools to implement encourage these protective factors:

- Family and community support (connectedness)
- Supportive ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes

Building the above supports and protective factors will have lasting impact for the youth involved our programming, well beyond just suicide prevention

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