



Hennepin County

Youth Suicide Prevention strategic plan

2026-2031

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Letter from the Assistant County Administration and Director

Dear youth, families, community partners, and colleagues,

Across Hennepin County, young people are growing up in communities rich with resilience, culture, and connection. Every day, youth advocacy makes a measurable difference. These supports, including trusted adult relationships, culturally grounded mentorship, school based mental health programs, identity affirming spaces, library and community programs, and healing-centered crisis response teams, are not new. They are already working, and the data makes that clear.

Hennepin County youth experienced meaningful decreases in suicidal ideation and self-injury between 2022 and 2025, according to data from the Minnesota Student Survey. These promising trends reflect the power of resources that are already embedded in community and that young people trust.

This Youth Suicide Prevention Plan builds on what our youth have told us works and the proven results of programming they rely on. This includes the culturally responsive, community rooted support that buffers stress, affirms identity, and provides safe spaces for young people to connect, heal, and thrive. The Health Mentor Model, school based mental health services, Youth Homeless Response teams, culturally specific community groups, peer led spaces, library programs, and countywide youth leadership groups are functioning as powerful protective factors for our young people. These programs strengthen positive self-identity, empowerment, and trusted caregiver communication, the three factors shown in the Minnesota Student Survey data to reduce suicide risk most strongly.

This Youth Suicide Prevention Plan reflects the voices of hundreds of youth, more than 50 caregivers, and many educators, community partners, and culturally grounded leaders. Together, we are strengthening a coordinated, countywide framework that supports the well-being of young people by championing belonging, improving early identification, expanding pathways to care, supporting healing after crises, and sustaining the vital programs already embedded in community.

As we move into the next five years, let us commit to working together to sustain resources that are already making a difference, and ensuring every young person in Hennepin County has access to supportive relationships, environments, and opportunities they need to thrive.

Thank you for your continued partnership, leadership, and dedication to youth well-being.

Sincerely,

Sara Hollie, MPH
Assistant County Administrator for Health, Hennepin County
Director, Hennepin County Public Health

Executive summary

Youth suicide remains a critical public health issue in Hennepin County. This strategic plan outlines a coordinated, community-informed approach to reducing suicide risk among young people, with focused attention on those most impacted by inequities: American Indian youth, Black youth, youth of multiple races[1], and LGBTQ+ youth.

Suicide indicator	2022	2025
Suicide ideation	21%	15%
Suicide attempts	7%	6%
Self-injury	21%	15%

Recent Minnesota Student Survey[2] data trends for Hennepin County[3] highlight both the importance of this work and the positive impact of current Hennepin County efforts. According to the most recent data, **15%** of 9th and 11th grade students have seriously considered suicide, **6%** have attempted suicide, and **15%** report using self-injury as a coping strategy.

American Indian youth remain disproportionately affected, at **6.75** times the average youth suicide rate in Hennepin County. LGBTQ+ youth, including transgender, nonbinary, and gender expansive students, continue to experience significantly higher disparities, with suicide attempts at **16%** and risk ratios of **3.3** compared to cisgender peers – this means that transgender, nonbinary, and gender expansive youth are 3.3 times more likely to attempt suicide than their cisgender peers. Black youth consistently report barriers to trusted adult relationships, mental health affirming school environments, and culturally responsive care.

Comparing **2022** Minnesota Student Survey data to **2025** data for Hennepin County, we are seeing **significant decreases in suicidal ideation and self-injury.**

This strategic plan outlines Hennepin County's recommendations for youth suicide prevention, including both community-informed strategic recommendations for future action and a comprehensive matrix that aligns goals, strategies, and action steps with protective and risk factors and community input (Appendix A). The plan is grounded in the voices of youth and caregivers, local data, and a public health framework centered on equity, cultural responsiveness, and trauma-informed care.

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[1] *Multiple races category for MSS includes students who checked more than one race or ethnicity.*

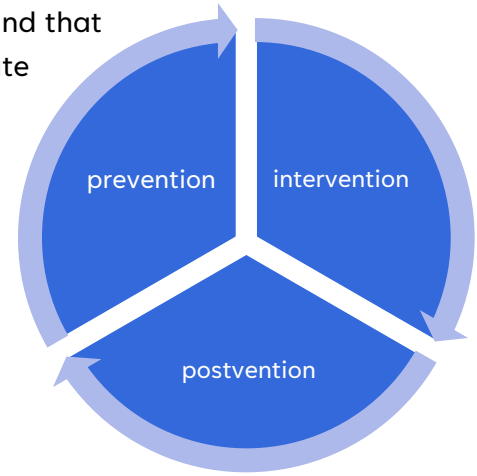
[2] *The Minnesota Student Survey is one of the longest-running youth surveys in the nation. It is a triennial survey that began in 1989. The survey is an anonymous statewide school-based survey conducted to gain insights into the world of students and their experiences. https://education.mn.gov/mde/dse/health/mss/*

[3] *All data is representative of Hennepin County, Minnesota unless otherwise noted*

Purpose

The purpose of the Hennepin County Youth Suicide Prevention Plan is to create a coordinated, sustainable, countywide system that prevents youth suicide by centering racial equity, public health principles, and the three protective factors most strongly associated with reduced suicide risk: **positive self-identity**, **empowerment**, and **feeling like parents care**. This plan fulfills the direction set by the Hennepin County Board of Commissioners through its approval of this Board Action.

In support of this purpose, the most recent Minnesota Student Survey data offers important context for the current landscape and areas of continued focus. The data shows that from **2022 to 2025**, Hennepin County youth experienced **decreases in suicidal ideation by 6%**, **decreases in suicide attempts by 1%**, and **decreases in self-injury by 6%**. These promising trends are a testament to the impact of Hennepin County's existing programming, including School-Based Mental Health (SBMH), Health Mentor programming, Youth Homeless Response, libraries, community partners, stabilization teams, and culturally specific youth supports. This plan aims to bolster, support, coordinate, and expand that existing network to continue to promote protective factors, mitigate risk factors, and ultimately eliminate suicide.



Hennepin County's suicide prevention framework is organized into three interconnected pillars aligned with the CDC's Public Health Model and MDH's Community-Based Suicide Prevention Grant priorities: **prevention, intervention,** and **postvention**.

Across all pillars, strategies are designed to reinforce the three most impactful protective factors identified through Hennepin County data gathered from the Minnesota Student Survey.

Protective factor	Risk ratios		
	Suicidal ideation	Suicide attempts	Self-injury
Positive identity	4.0	4.4	3.7
Empowerment	3.3	4.0	3.1
Parents care	4.0	6.2	3.6

The Youth Suicide Prevention Plan aims to:

1. Prevent suicide by strengthening protective factors and creating environments where young people can thrive (**prevention**).
2. Intervene before a crisis and suicide occurs, by identifying concerns early and ensure youth have ways to access help, support, and care (**intervention**).
3. Support healing after crises and prevent further harm (**postvention**). It is important to note that postvention also is prevention. Aligning with best practices, safe messaging, and ensuring comprehensive community healing after a crisis can prevent future crisis.

The county will accomplish this by building upon existing programming that strengthens these three protective factors.

The following summary outlines existing activities from programs across Hennepin County departments.

Public Health

- Health Mentor identity, belonging, and well-being programming
- Trauma responsive school partnerships
- Health literacy and social connection supports
- Substance use prevention education
- Policy, systems, and environmental changes that reduce substance-use risks
- Student public health career exposure opportunities
- Coordination with School Based Mental Health for early identification
- Health Mentors as trusted adults in schools
- Staff training on warning signs of distress
- Partnerships with Cope and Family Response and Stabilization (FRSS) for warm handoffs
- Support for post-crisis coordination, stigma reduction messaging, and culturally grounded healing spaces

Education Support Services (ESS)

- Creation and expansion of belonging-based spaces in schools
- Support for youth leadership groups
- Promotion of cultural clubs and identity-affirming programs
- Attendance and navigation support for students and families
- Early identification and referral to SBMH, Health Mentors, and crisis services
- School based healing supports following crises
- Coordination between caregivers and school teams during and after incidents

Safe Communities

- Safety education for youth at risk, including Youth Connection Center programming
- Identity affirming supports for sexually exploited youth
- Support for community embedded programs that build trusted adult relationships

- Youth Multicultural Advisory Committees (JCPP) that strengthen youth–police connection
- Survivor centered supports through No Wrong Door and Victim Navigation Services

Well-being

- Youth leadership development through the Youth Advisory Board (YAB)
- Youth-led belonging and identity focused programming
- YAB guidance and input on county policy and programming
- Supports for youth–caregiver communication
- Youth-informed mental health advocacy and stigma reduction

Behavioral Health

- Mental health literacy efforts and coping skills education
- Culturally grounded therapeutic spaces
- Crisis intervention and stabilization through Cope and FRSS
- School based mental health therapists embedded in 19 districts and more than 225 schools
- Consultation and support for school staff
- Guidance for schools on responding to student mental health concerns
- Support for development of school postvention plans
- Healing circles and crisis response after trauma
- Safety planning with caregivers
- Stabilization programming, CTSS, and High-Fidelity Wraparound

Attorney's Office – Be At School

- Early, strength-based engagement to address attendance barriers before court involvement
- Culturally responsive, relationship-centered practices that help students feel valued
- Promotion of school connectedness and consistent attendance
- Early identification of chronic absenteeism and referrals to support
- Collaborative problem-solving with youth, caregivers, schools, and providers
- Supporting youth in goal setting and self-advocacy
- Strengthening family–school communication
- Ongoing coordination after crises or long periods of disengagement
- Reconnecting youth to trusted adults, school community, and needed services
- Holistic, non-punitive restoration and re-engagement practices
- System accountability and post-reflection following crises

Department of Workforce Development (DWD)

- Partnerships with community-based youth workforce providers
- Career exposure paid work experiences, and internships, such as: Workforce Innovation and Opportunity Act (WIOA) and WIOA Youth, Minnesota Youth Program, Hennepin Growth & Opportunity, Hennepin GO Youth, Youth Employment Services (YES)

- Programs that build positive identity, confidence, purpose, and readiness
- Navigation and referrals to mental health and community services
- Hands-on learning and career exploration connected to school and community
- Support for long-term career pathways that reduce disparities and prevent disconnections

Department of Community Corrections & Rehabilitation (DOCCR)

- Restorative justice groups that foster identity, belonging, and healing
- Prevention programming for youth at risk of system involvement
- School and community-based suicide prevention education
- Diversion and community support pathways
- Early detection and counseling in schools
- Therapeutic supports in partnership with community programs
- Group therapy and peer-led supports
- Healing circles and restorative practices
- Support for reconnecting youth with caregivers
- Community reintegration support

By strengthening protective factors, aligning programming, and elevating youth leadership, this plan supports further reductions in suicidal ideation, suicide attempts, and self-injury, building on trends observed from 2022 to 2025.

Background and context

Hennepin County's suicide prevention efforts began with the Pathway to Care[4] Grant, which supported a comprehensive environmental scan of existing youth resources in the county. The scan revealed a need for expanded support in youth suicide prevention. In 2023, the Minnesota Department of Health (MDH) awarded Hennepin County the Comprehensive Suicide Prevention Capacity Building Grant. This funding allowed the county to hire a Suicide Prevention Coordinator and launch a comprehensive planning process.

In February 2024, Hennepin County launched the Youth Suicide Prevention Coalition. The coalition united leaders in youth development and mental health care, representing a wide range of lived and professional experiences. Throughout the planning process, the coalition also gathered input from youth leadership groups to ensure that decisions reflected youth perspectives.

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[4] *Pathway to Care is a term used to describe the many ways in which a person may go about accessing care. Identifying "pathways to care" means identifying the ways in which people find care, get connected to care, and receive care.*

During the first six months, the coalition focused on building a strong foundation for sustainable change. Members reviewed quantitative[5] and qualitative[6] data, consulted with youth mental health experts, and prioritized addressing the root causes of suicide. They adopted a public health approach to suicide prevention, identified strategic directions, and formed workgroups.

After laying the groundwork, the coalition held an in-person, all-day strategic planning retreat. Most of the retreat focused on the workgroups: prevention, intervention, and postvention. Each group developed activities aligned with the previously identified strategic directions. Over the next two coalition meetings, members finalized the recommended activities.

After developing recommendations, more than 100 young people acted as advisers and informers to create a youth suicide prevention plan. The coalition met with young people by reaching out to existing youth leadership groups across the county, seeking youth experts to provide insights and advice on the creation of the plan. This approach supported a trauma-informed process: youth already had trusted relationships with adult leaders, access to transportation, familiar meeting spaces, meals, and stipends. The MDH grant provided Visa debit cards to incentivize youth participation.

Youth feedback was especially insightful. Many expressed concerns about the shortcomings of mental health information and support offered in school, including the support and services provided by student support personnel.

Recognizing that youth do not live in isolation, the coalition also engaged caregivers and community partners to align expectations for a youth suicide prevention plan. They expressed the need for more parent and caregiver integration, including sharing any mental health education that is provided to youth with their parents and caregivers. This would ensure that families can use the same language to talk about challenges. Multiple parents and caregivers said that they did not know where "these words were coming from" when their youth talk about mental health concerns. The lack of parent and caregiver integration causes a gap in understanding and language, which may make young people less likely to seek support from their caregivers.

The planning and community engagement processes produced a comprehensive list of strategies and actions to improve youth well-being across Hennepin County. These recommendations are organized into three pillars: prevention, intervention, and postvention. The full list of recommendations appears in **Appendix A.**

Youth, caregivers, and community partners across Hennepin County helped develop this plan, listed in **Appendix B**. Their insights, lived experiences, and collaboration were essential in shaping this plan.

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[5] *Quantitative - data that is measured with numbers*

[6] *Qualitative – data that is measured with words*

Data overview

Childhood and adolescence are key developmental periods when mental health concerns often first emerge. In fact, data of Hennepin County youth in grades 8, 9, and 11 confirm that suicidal thoughts and behaviors often begin before adulthood.

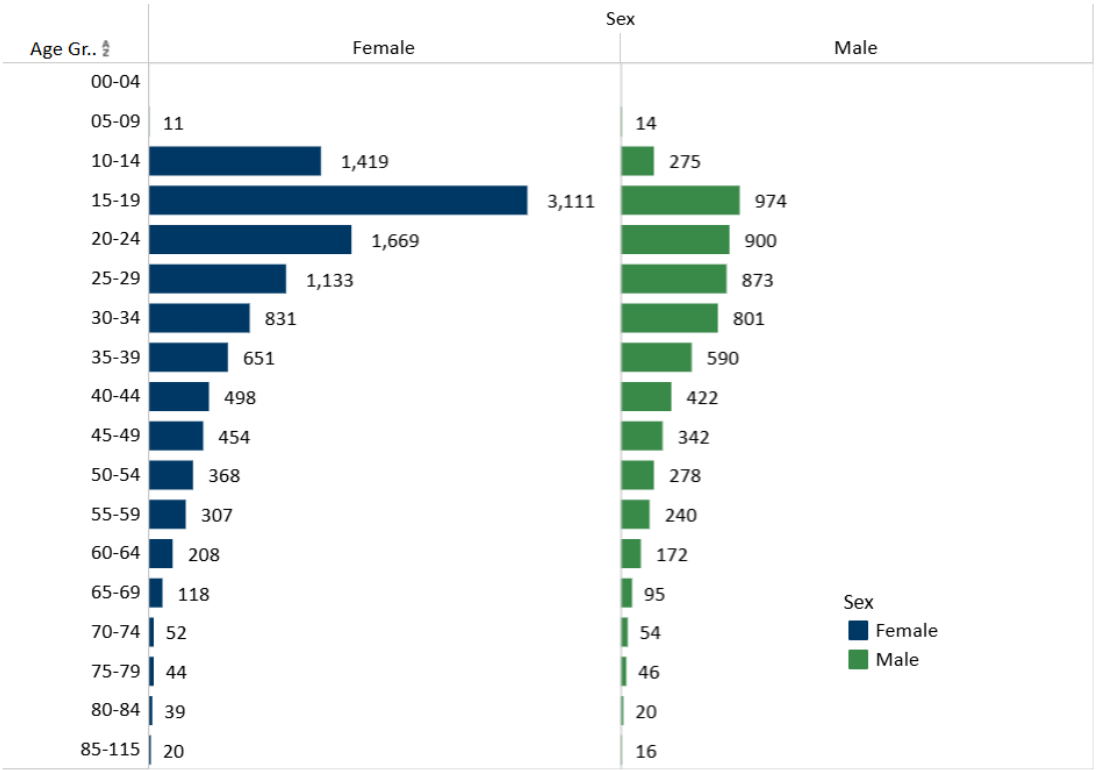
According to 2025 Minnesota Student Survey data from Hennepin County students in grades 8, 9, and 11,

- More than one in 20 (6%) students have attempted suicide
- More than one in 10 (15%) students have seriously considered suicide
- More than one in 10 (15%) students have utilized self-injury as a coping mechanism

From 2016 to 2023, the highest rates of self-injury hospital discharges in Hennepin County occurred among youth and young adults ages 15–19 and 20–24, indicating that these age groups are more likely to use self-injury as a coping mechanism.

Hospital-Treated Suicidal and Self-Harm Injury - MN Dept. of Health:

Age Group Distribution by Sex, Visit type: *All*, County: *Hennepin,* and Year: *All*
For privacy and reliability purposes, counts below 6 are not shown.



Bar graph of self-harm injury hospital discharges by age group and sex. The colors show sex (green is male, blue is female). The data is filtered by visit type: All, county: Hennepin and year: All.

National 2024 data similarly show that among adults, the prevalence of suicidal ideation and suicide attempts is highest among young adults between ages 18–25.[7]

[7] *Figure 6 & 7* *Suicide - National Institute of Mental Health (NIMH)*

Suicide mortality

Suicide remains one of the leading causes of death among youth in Hennepin County. From 2013 to 2023, suicide consistently ranked among the top four causes of death for youth ages 10–24, whereas suicide does not appear among the top 10 causes of death for adults.

Differences by race and ethnicity

In Hennepin County, American Indian youth ages 10–24 die from suicide at disproportionately higher rates than youth of other racial/ethnic groups. From 2013 to 2023, American Indian youth were more than six times as likely to die from suicide compared to the average suicide rate among youth countywide.

In 2023, American Indian and Alaska Native high school youth were more likely than most other race/ethnicity groups nationally to seriously consider attempting suicide, make a plan, or attempt suicide[8].

In 2025 Minnesota Student Survey data, American Indian and youth of multiple races in Hennepin County were more likely to experience suicidal ideation or self-injury compared to other student groups.

LGBTQ+ youth disparities

LGBTQ+ youth face additional and often compounding risk factors for suicidal thoughts and behaviors.

According to the 2025 Minnesota Student Survey:

- 14% of LGBTQ+ students have attempted suicide.
- LGBTQ+ students are twice as likely to lack a trusted adult to talk to.
- 53% of LGBTQ+ students report being bullied in the past month.

Compared to their cisgender classmates, transgender and nonbinary youth are:

- 3.1x more likely to use self-injury as a coping mechanism.
- 2.9x more likely to seriously consider suicide.
- 3.3x more likely to attempt suicide.

Compared to their straight classmates, queer youth are:

- 3.3x more likely to use self-injury as a coping mechanism.
- 3.6x more likely to seriously consider suicide.
- 3.7x more likely to attempt suicide.

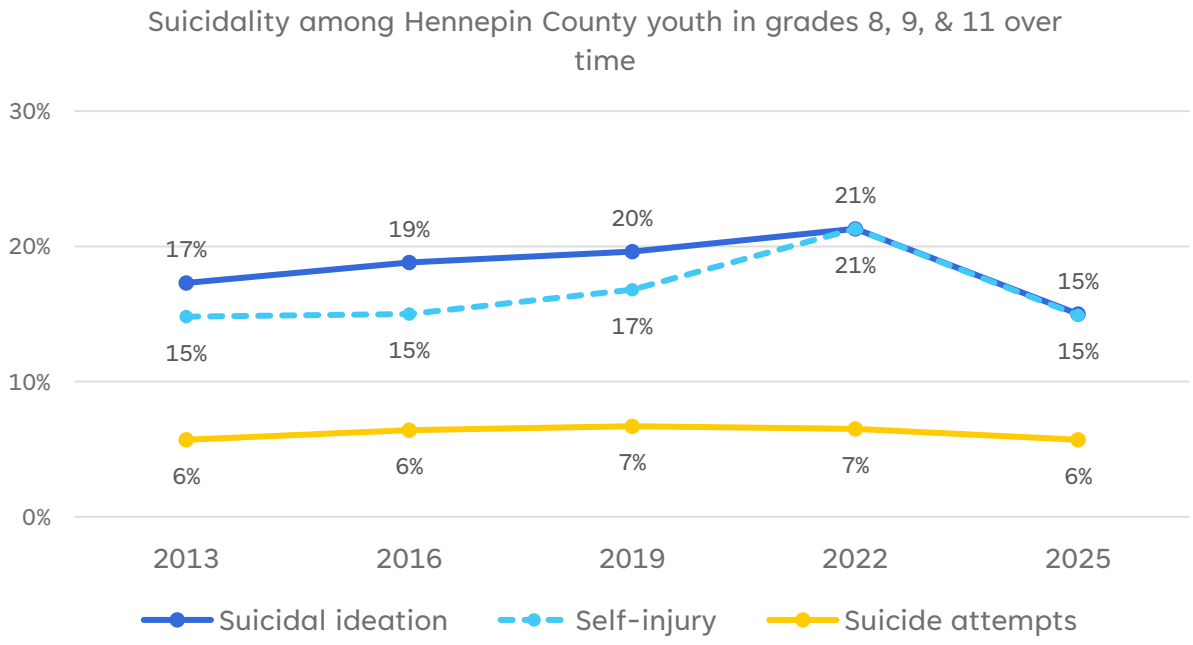
These disparities are compounded by stigma, lack of culturally competent care, and inconsistent access to mental health resources in schools. Recent federal policies and rhetoric have contributed to increased stress and marginalization of queer and transgender youth. The Trevor

[8] *Centers for Disease Control and Prevention (CDC). (2025). 1991-2023 High School Youth Risk Behavior Survey Data. Available at http://yrbs-explorer.services.cdc.gov/.*

Project research team found that “anti-transgender laws significantly increased incidents of past-year suicide attempts among transgender and nonbinary youth by as much as 72%.”[9]

Promising trends

Trends from 2013 to 2025 show that suicidal ideation and self-injury among Hennepin County students declined in 2025, reversing the increasing trend observed from 2013 to 2022. The percentage of students reporting suicide attempts has remained relatively stable over this same period, however.



The graph above shows that from 2019 to 2022, both suicidal ideation and self-injury increased. This rise aligns with the COVID-19 pandemic, which began in March 2020. Five years later, the 2025 Minnesota Student Survey data indicate a return to pre-pandemic levels. This data acts as guidance that current efforts are helping heal community and strengthen youth well-being.

The lessons learned from the isolation, fear, and uncertainty experienced during the pandemic may also help us anticipate the impact of Operation Metro Surge. The city of Minneapolis Preliminary Impact Assessment and Relief Needs Overview reported:

“In early December 2025, the U.S. Department of Homeland Security (DHS) initiated Operation Metro Surge, deploying up to 3,000 United States Immigration and Customs Enforcement (ICE) and Customs and Border Protection (CBP) agents to the Twin Cities and greater Minnesota. The negative impact on the Minneapolis community was almost immediate. Fearful of federal immigration enforcement agents' aggressive tactics, racial profiling, harassment and threats

[9] *https://www.thetrevorproject.org/blog/anti-transgender-laws-cause-up-to-72-increase-in-suicide-attempts-among-transgender-and-nonbinary-youth-study-shows/?gad_source=1*

against observers, and violent confrontations with community members, residents across Minneapolis began adjusting their behavior to protect themselves, in ways that have had detrimental effects to the economy and well-being of a community still recovering from the effects of the COVID-19 pandemic and the murder of George Floyd."

"Those who fear targeting by federal agents are staying at home and avoiding going to school, going to work or opening their businesses, shopping for basic needs, going to scheduled doctor's appointments, seeking assistance for emergency medical situations, and going to court hearings, among other activities. Additionally, physical and psychological harm associated with actual or threatened immigration arrest and detention are commonplace. The compounded effects of these drivers are creating new vulnerabilities for people. As residents do not earn income, it affects their access to food, the means to fulfill basic needs, mental health services, and ability to afford shelter, as well as having ripple effects across the economy."

While the lasting impact of Operation Metro Surge is not yet clear, we can predict that the community violence and trauma may mirror the impact observed from the COVID-19 pandemic and the murder of George Floyd. With this evidence, it is imperative that we sustain, strengthen, and bolster the supports available to young people across Hennepin County.

Protective factors in action

Protective factors are characteristics at the biological, psychological, family, community, or cultural level that are associated with a lower likelihood of negative outcomes, including substance use and mental health challenges. Risk factors, by contrast, are associated with higher likelihood of those outcomes. Importantly, risk and protective factors are not evenly or equitably distributed, as some youth face more risk factors while having fewer supports. These factors also interact cumulatively, meaning that the presence of strong protective factors can help buffer or soften the impact of risk.

Protective factors, whether found within families, schools, peers, communities, or within youth themselves, play a powerful role in buffering against harmful outcomes like suicidal ideation, suicide attempts, and self-injury. The Minnesota Student Survey provides a rich source of data across these social-ecological levels, helping us identify which protective factors are present and how they function in the lives of adolescents.

Minnesota Student Survey data helps explore protective factors across several ecological levels:

- Individual (positive identity, empowerment, social competence)
- Family (feeling cared for, communication with parents/guardians)
- Peers (feeling like friends care)
- School (feeling safe, connected, or cared for at school)
- Community (safety and supportive relationships)

A layered ecological model helps us understand the environments where young people live, learn, and grow.

How to read the risk ratio table

The following table shows how each protective factor relates to lower rates of suicidal ideation, suicide attempts, and self-injury. These are expressed as risk ratios, which can be understood as:

- A higher ratio means stronger protection.
- A ratio greater than 1.0 means youth *with* that protective factor are less likely to experience the harmful outcome compared to those *without* it.
- Ratios can be compared across columns (to see which outcomes the factor protects against most) and across rows (to identify the strongest protective factors overall).
- These relationships show associations, not causation.

Risk Ratios			
	Suicidal ideation	**Suicide attempts**	**Self-injury**
Community			
Feel adults in community care[10]	2.7	3.1	2.3
Participates in activities 3 or more days/week[11]	1.5	1.8	1.4
Feel safe in neighborhood[12]	3.0	4.4	2.6
School			
Educational engagement[13]	1.9	2.5	1.8
Feel teachers/school staff care[14]	2.2	2.4	1.9

[10]*Feel adults in community care: Students who feel other adults in the community care about them very much or quite a bit, as compared to some, a little or not at all.*

[11] *participate in 1-5 activities: Students reporting that they participate in one to five activities (outside of the regular school day) on one or more days per week during a typical week. Data show that participation in some activities is beneficial, but that participation in too many activities can pose as much risk as no participation at all. Activities asked about on the MSS include: ♣ Sports teams (i.e., park and rec teams, school teams, in-house teams or traveling teams) ♣ School sponsored activities or clubs other than sports (i.e., drama, music, chess, science club) ♣ Tutoring, homework help or academic programs ♣ Leadership activities such as student government, youth councils or committees ♣ Artistic lessons (i.e., music, dance) ♣ Physical activity lessons (i.e., tennis, karate) ♣ Other community clubs and programs (i.e., 4-H, Scouts, Y-clubs or Community Ed) ♣ Cultural heritage programs ♣ Religious activities (i.e., religious services, education or youth groups)*

[12] *Feel safe in neighborhood: Students who strongly agree or agree that they feel safe in their neighborhood.*

[13] *Educational engagement: Students with greater educational engagement reported that they care about doing well in school, pay attention in class and go to class prepared most or all of the time. In addition, they strongly agreed or agreed that if something interests them, they try to learn more about it; the things they learn in school are useful; and being a student is one of the most important parts of who they are. Each item is scored on a scale from 1 to 4, then the six items are summed. Students with a score of 18 or more have greater educational engagement.*

[14] *Feel school staff and teachers care: Students who feel teachers and other adults at school care about them very much or quite a bit, as compared to some, a little or not at all. In 2022 and 2025, these were split into two separate questions. To compare results to past years, they were combined in this report.*

Feel safe at school[15]	2.9	3.9	2.8
Peer			
Feel friends care[16]	2.4	3.1	2.4
Family			
Feel parents care[17]	4.0	6.2	3.6
Can talk to parents or guardian[18]	3.4	5.0	3.2
Feel other relatives care[19]	3.1	4.2	3.1
Individual			
Positive identity [20]	4.0	4.4	3.7
Social competency[21]	2.6	3.4	2.6
Empowerment [22]	3.3	4.0	3.1

The table displays that the most impactful protective factors we have are the three centered in this plan: Youth who feel their parents care; Youth who feel empowered; and Youth who have positive self-identity.

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[15] *Feel safe at school: Students who strongly agree or agree that they feel safe at school.*

[16] *Feel friends care: Students who feel their friends care about them very much or quite a bit, as compared to some, a little or not at all.*

[17] *Feel parents care: Students who feel their parents care about them very much or quite a bit, as compared to some, a little or not at all.*

[18] *Can talk to a parent or guardian about problems: Students were asked which adults they can talk to about problems they are having. Response options included: parent or guardian, adult at school, some other adult, and "I don't have any adults I can talk to about problems I am having."*

[19] *Feel other relatives care: Students who feel other adult relatives care about them very much or quite a bit, as compared to some, a little or not at all.*

[20] *Positive identity: For each of the six MSS items below, students could respond with: not at all or rarely, somewhat or sometimes, very or often, or extremely or almost always. Items were scored on a scale from 1 to 4, summed and averaged. Students with an average score of at least 3 were considered to have greater positive identity. ♣I feel in control of my life and future ♣ I feel good about myself ♣ I feel good about my future ♣ I deal with disappointment without getting too upset ♣ I find ways to deal with the things that are hard in my life ♣ I am thinking about what my purpose in life is*

[21] *Social Competency: For each of the eight MSS items below, students could respond with: not at all or rarely, somewhat or sometimes, very or often, or extremely or almost always. Items were scored on a scale from 1 to 4, summed and averaged. Students with an average score of at least 3 were considered to have greater social competency. ♣ I say no to things that are dangerous or unhealthy ♣ I build friendships with other people ♣ I express my feelings in proper ways ♣ I plan ahead and make good choices ♣ I stay away from bad influences ♣ I resolve conflicts without anyone getting hurt ♣ I accept people who are different from me ♣ I am sensitive to the needs and feelings of others*

[22] *Empowerment: For each of the three MSS items below, students could respond with: not at all or rarely, somewhat or sometimes, very or often, or extremely or almost always. Items were scored on a scale from 1 to 4, summed and averaged. Students with an average score of at least 3 were considered to have greater empowerment. ♣ I feel valued and appreciated by others ♣ I am included in family tasks and decisions ♣ I am given useful roles and responsibilities*

How protective factors relate to risk factors

While protective factors reduce harmful outcomes, shared risk factors across the same socio-ecological levels increase the likelihood of challenges like substance use, mental health problems, and suicidal behaviors. Increasing protective factors is often more feasible — and sometimes more impactful — than attempting to remove risk factors entirely.

The Minnesota Student Survey captures several key risk factors, including [23].

According to the Center of Disease Control and Prevention (CDC), ACEs "are potentially traumatic events that occur in childhood (0-17 years)." Examples include:

- Experiencing violence, abuse, or neglect.
- Witnessing violence in the home or community.
- Having a family member attempt or die by suicide.

Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding. Examples can include growing up in a household with:

- Substance use problems.
- Mental health problems.
- Instability due to parental separation.
- Instability is due to household members being in jail or prison.[25]

The examples above are not a complete list of adverse experiences. Many other traumatic experiences could impact health and well-being. This can include not having enough food to eat, experiencing homelessness, or unstable housing."

Protective factors can meaningfully buffer the impact of these ACEs, reducing risk even in the presence of adversity. Strengthening protective layers, family connection, supportive school climates, safe neighborhoods, caring peers, and positive identity can offset cumulative risk and promote better outcomes.

Data gaps

The Minnesota Student Survey provides substantial data. However, there are still some data gaps:

- Death data can be unreliable or misleading. Cause of death is determined by medical professionals who may have limited information or may interpret available information differently, leading to inconsistent classifications.
- When deaths occur under ambiguous conditions, such as overdoses or accidents, it can be hard to know whether the person intended harm. This increases the likelihood of suicide misclassification.

[23] *https://www.cdc.gov/aces/about/index.html*

- Training varies for medical examiners and certifiers, so not everyone is equipped to consistently collect data that would provide better insight for suicide prevention. Important facets of an individual's identity, including gender identity, sexuality, and mental health history, are not routinely gathered.
- Minnesota death certificates include only a field for sex and do not collect information on gender identity. Because certifiers typically rely on physical characteristics or legal documents rather than self-identified gender, transgender and nonbinary individuals are often misclassified in official records. As a result, death data cannot accurately capture deaths among people who identify as transgender, leading to systematic undercounting and limiting the ability to understand disparities or trends.
- The Minnesota Student Survey does not collect information on suicide ideation, suicide attempts, or self-injury for students before 8th grade. Although the survey includes three levels tailored to different age groups, the survey administered to fifth and sixth graders excludes these questions.
- There is an absence of statewide information on suicide ideation and suicide attempts among adults in Minnesota. Unlike youth, who are surveyed through the Minnesota Student Survey, adults are not included in any routine statewide survey that captures suicidal thoughts or attempts. As a result, adult suicide ideation and attempt data are limited and not directly comparable to youth data

Community feedback

After the initial planning stage, we held six months of community engagement process. During this time, we met with over 100 young people, and over 50 parents and caregivers.

Youth

Youth feedback centered around the fact that **mental health education in schools is too brief and not comprehensive enough**. Some participants described mental health education in schools as academic rather than personal, focusing on definitions and symptoms rather than real-life experiences and resources.

As one young person put it succinctly, "In school we talk about it for one day and then go back to the usual teaching stuff." Additional comments from students included:

- "...the class is extremely bare bones."
- "I think there really isn't much discussion or teaching about it at my school. There's minimal in health."
- "... like there's mandated health classes for everyone in high school here, but the unit they have on mental health does not dive deep enough into mental health for people to actually understand what's going on outside of their own personal perception of it."

- “But a lot of those lessons aren’t targeted towards what youth might be feeling in the moment. It’s more to know things on like an education level, but not a personal level.”

Participants suggested that these **topics be introduced well before high school** to ensure that students are equipped with necessary skills and awareness to manage their emotional well-being.

- A student commented, “... creating that structure early on for students. And it can be in school to where then they're able to have those conversations outside. But like, I want to say kindergarten, but I feel like that age may be too young. So it's like that 1st grade going into elementary school, I feel like that should be really heavily talked about.”

Youth also expressed **inability or difficulty accessing mental health resources in schools**. They said these resources are inconsistent and often ineffective. While some school support personnel go above and beyond to support students and connect them to services, most youth report a lack of trust in school-based support, due to underfunding, poor experiences, or feeling emotionally unsafe. Students commented:

- I “don't know a single person in my life who's gone to one of any school [mental health professional], and had a good experience, because they usually are very underfunded, under supported, and.... students just don't end up feeling safe or helped by them.”

One student described effective support in school as:

- Having time to meet “during the school day.. before or after school where you could just come in and just, like, talk if you needed to, and she would get you and — you would talk to her, and she would just be like, “great, don't worry about it. I got it from here.” .... Like, “I will get you connected with the call line...[or] whatever you need”...You don't have to think about, “how am I going to do this? How am I going to make sure my parents don't know?””

Youth did share that **they mostly learn about suicide prevention and mental health practices from community and medical professionals, not in schools.**

- “But when it comes to like schools and stuff, like nah. I don’t think they talk about it – until it’s too late or until likely somebody [has a crisis], ya know. And like it’s a school shooting or something like that”
- “I’ve talked to a lot of doctors, and they give me a lot of kinda insight on it. Because there’s a lot of signs before you start to feel like actually like suicidal. And if you can pick up on them, you’ll start to notice the patterns and then... well, you can probably stop it in its tracks.”
- “Therapists are where I’ve learned a lot of it from. Like there’s like deep breathing steps. There’s also like how you’re feeling in your mind, you can put on paper. Write it out so it’s not held inside and it’s not just kept on your mind. And then it’s also other routes, but I’ve found those two to be most effective.”

When we asked what would be helpful, **youth said they need clear and accessible mental health resources**.

- “not like being pessimistic, but the one thing I've always learned about resources is that they're only there for people who are looking for them. Um... you can literally hand me – like they've given me a whole book of all the resources in St. Paul and Minneapolis, and it's like if I'm not applying myself to actually go and look for those resources there... A lot of that comes from facilitating a need. So, like I probably won't look for a resource until I actually really need it.”
- "Teaching kids how to regulate emotions... would be a gamechanger."
- “I just feel like there are so many things [school administration] could be asking [students]... connecting them with resources and the next step rather than just hounding them about their attendance.”

Finally, global challenges were also brought forward, including climate change as a concern that impedes young peoples’ quality of life. In the first youth feedback session “having a livable planet” was cited as a mechanism for youth suicide prevention.

Parents and caregivers

After talking with young people, we met with five parent and caregiver advisory groups to hear what they want from a suicide prevention plan.

We again heard that **young people need culturally appropriate and supportive trusted adult relationships**,

- “Helping them find their gift, whatever that is.”
- “We need more mentors who look like our kids.”
- “More aunties, uncles, big sisters, little brothers...”

Parents and caregivers also highlighted **a need for safe spaces in schools**: “Safe spaces used to exist—bring them back”

Youth Suicide Prevention Strategic Plan

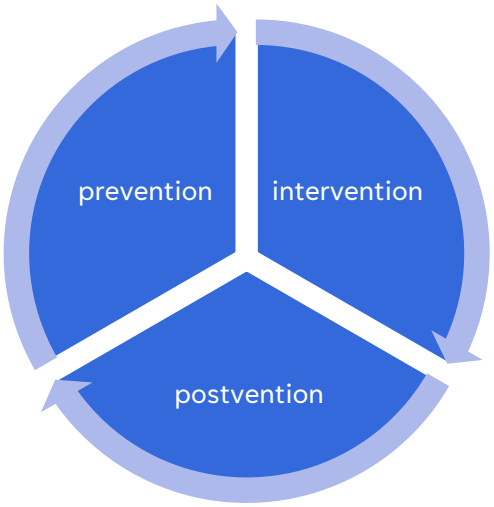
Pillars of prevention

Hennepin County's suicide prevention framework is organized into three interconnected pillars aligned with the CDC's Public Health Model and MDH's Community Based Suicide Prevention Grant priorities:

1. Prevention: Strengthen protective factors and create environments where young people can thrive.

2. Intervention: Identify concerns early and ensure youth have ways to access help, support, and care.

3. Postvention: Support healing after crises and prevent further harm. It its important to note that postvention is also prevention. Aligning with best practices, safe messaging, and ensuring comprehensive community healing after a crisis can prevent future crisis.



Across all pillars, strategies are designed to reinforce the three most impactful protective factors identified through the Hennepin County data gathered from the Minnesota Student Survey.

Protective factor	Risk ratios		
	Suicidal ideation	Suicide attempts	Self-injury
Positive identity	4.0	4.4	3.7
Empowerment	3.3	4.0	3.1
Parents care	4.0	6.2	3.6

Pillar 1: Prevention

Building protective conditions that support belonging, identity, connection, and well-being.

Goal 1: Strengthen cultural identity and belonging

Youth consistently shared that identity-affirming spaces, culturally grounded adults, and representation are core to their well-being. The county will:

- **Promote culturally-grounded programming** across schools, libraries, clinics, and community spaces that helps youth build positive self-identity, pride, and connection.
- **Promote recruitment, training, and retention of culturally responsive, identity-affirming adults** across youth serving settings (schools, clinics, libraries, community orgs). Hennepin County aims to partner with MDE to promote programs at the state level that support the diversification of Minnesota educators.
- **Partner with cultural organizations** to integrate traditional, non-clinical healing practices and community-informed approaches.
- **Increase access to culturally specific affinity spaces** where young people with shared identities (e.g., American Indian, Black, multiple races, LGBTQ+, immigrant communities) can gather and feel seen, safe, and supported.

Goal 2: Promote affirming peer and community spaces

Youth asked for more places to connect, talk, learn, and support each other. The county will:

- **Promote youth-led and youth-centered spaces in schools, libraries, parks, and community settings that focus on connection, belonging, and positive peer relationships.**
- **Partner with community centers and youth programs to expand mental health literacy, peer support, and leadership development opportunities.**
- **Champion affinity groups including GSAs, cultural clubs, youth councils, mentorship programs, and identity-based circles that foster empowerment and connection.**

Goal 3: Promote safe and smart use of technology and social media

Youth made a clear ask for more education about how to utilize emerging technology. Youth agree that technology poses as risk to the well-being of young people, and ask the response be education of safe and smart use instead of restriction of technology that will only continue to evolve and will not go away. The county will:

- **Promote curriculum and youth programs that explore how social media, online communication, and digital content impact mental health.**
- **Promote digital safety, including understanding how to have a safe and healthy relationship with social media, media footprints, privacy, and healthy boundaries.**
- **Increase digital and news literacy so youth can identify misinformation, understand online risks, and make informed choices.**

Pillar 2: Intervention

Ensuring early identification of concerns and clear, equitable pathways to support.

Goal 1: Improve early identification and strengthen pathway to care

Youth and caregivers emphasized difficulty accessing help or being taken seriously when asking for it. The county will:

- **Support youth-serving adults** (teachers, mentors, coaches, afterschool staff, librarians) with training on noticing early signs of distress and responding safely.
- **Partner with community organizations, clinics, and schools** to promote evidence-informed screening tools and practices (e.g., Columbia Protocol) where appropriate.
- **Equip parents and caregivers** with information on signs of distress and guidance on how to have supportive conversations.

Goal 2: Strengthen trusted adult relationships across the county

Youth said that trusted adults, whether relatives, mentors, teachers, staff, or community members, are crucial. The county will:

- **Support caregiver education and connection groups** focused on communication, healthy coping, and youth mental health.
- **Promote intergenerational programming** that strengthens connections between elders, adults, and youth.
- **Support adult role models** in modeling healthy digital habits, positive coping strategies, and emotional communication.

Goal 3: Increase access to pathways of care

Our current mental health care system is not easy to access or intuitive. This plan aims to increase the supports available to not only seeking care but accessing appropriate care.

The county will:

- **Promote diverse modalities of care**, including free or low-cost therapy, culturally specific services, peer support, student support personnel, and virtual options.
- **Increase navigation support on the pathway to care**, including peer support specialists, student support personnel, and other professionals that can help individuals find the care they need.
- **Promote expanded access to student support personnel**, including school therapists and in-school mental health supports, ensuring lived experience and cultural identities that are representative of the student population.

Pillar 3: Postvention

Reducing harm, promoting healing, and strengthening community.

Goal 1: Normalize conversations and reduce stigma

Youth said stigma prevents them from talking about feelings or seeking help. The county will:

- **Support youth-led and peer-led mental health initiatives**, including classroom programming (e.g., Erika's Lighthouse), youth leadership groups, and youth extracurricular activities.
- **Promote personal narratives** that normalize discussing mental health, coping, and help seeking, demonstrating diverse pathways.
- **Expand awareness of crisis supports**, including Cope, Family Response and Stabilization Services, and 988.

Goal 2: Strengthen postvention policies and systems

Postvention must be systemwide, coordinated, and culturally responsive. The county will:

- **Encourage youth-serving systems to develop clear policies**[24] for responding when a youth is in crisis or experiencing suicidal thoughts, and for postvention. Support youth-serving systems, including schools, to create an appropriate postvention plan that is aligned with best and reviewed regularly.
- **Increase youth and school personnel understanding of mental health rights**, including consent laws and what to expect in the care process.
- **Promote ongoing funding** for mental-health literacy, student support personnel, mentorship programming, and culturally responsive supports.

Goal 3: Strengthen community response and healing supports

Communities need tools to heal after loss or crisis. The county will:

- **Promote culturally specific family support**, such as Family Response and Stabilization Services and community-led healing spaces.
- **Encourage mental health literacy education** in faith spaces, youth programs, recreation centers, and other non-clinical settings.
- **Expand multigenerational mentorship opportunities** where youth and adults learn from one another.

[24] *Best Practices Guidelines for postvention in schools: https://sprc.org/resources/after-suicide-toolkit-schools*

Implementation plan (2026–2030)

Phase 1 — Year 1 (2026): Build capacity

Objectives: build upon current county initiatives and programs, identify barriers to resources and protective factors, and develop system changes to make programming more accessible.

Action steps

Align existing programs

- Increase coordination between county and partner programs already supporting youth well-being (e.g., School-Based Mental Health (SBMH), Family Response and Stabilization Services, Cope, libraries/Teen Tech Squad, Education Support Services, Youth Homeless Teams, Better Together Hennepin, No Wrong Door, Hennepin GO, Broadband and Digital Inclusion).
- The plan will also aim to further coordinate across school district, city, and state programming.
    - Working with school districts in implementing state mandates related to mental health and suicide prevention including 120B.21 MENTAL HEALTH EDUCATION, which states that "Starting in the 2026-2027 school year, school districts and charter schools must provide mental health education."
    - Supporting schools with creating and annually updating mental health crisis response policies and procedures, in-line with MDE recommendations.
    - Ensuring alignment with the state suicide prevention plan (MDH).

Introduce a tiered approach to suicide prevention training in school systems

- Tier 1 – Suicide prevention training for all adults in youth-serving organizations (typically gatekeeper training like QPR, Be a Link!, safeTALK, etc.) and annual training on mental health crisis protocols for their organization.
- Tier 2 – Suicide screening or brief assessment training (such as the Columbia-Suicide Severity Rating Scale or C-SSRS) for nonclinical professionals serving students in small group or individual capacities. Annual training on mental health crisis protocols for their organization.
- Tier 3 – Suicide risk assessment and intervention training for clinical professionals and trainees. Postvention training for school districts (such as PREPaRE) or increased awareness of existing resources (Regional Crisis Response Teams).

Promote elementary school well-being, ensuring well-being education starts earlier and continues through high school.

- This includes sustaining in-school programming including Better Together Hennepin, and ensuring program can be sustained.

    - Sustain Health Mentor Program; It is recommended that funding to support the current Health Mentor Model programming is maintained, and in the future expanded to include additional sites in communities of greatest need. This work is vital to youth suicide prevention and is funded largely with federal funds which can be unpredictable.
- Promoting the implementation of culturally specific and informed practices across K-12 education.
- Promoting evidenced based programs that increase youth well-being, participation, and attendance in school.
- Championing digital literacy for young people, partnering with young people to understand and safely utilize technology.

Promote mentorship programs

- Identify and further support culturally affirming mentorship programs across the county that already exist.
- Prioritize mentorship that promotes protective factors.

Bolster countywide youth pathways to employment. Hennepin County currently has infrastructure to provide stipends but lacks mechanisms to directly employ youth under 18. This limits the ability to fully integrate youth voice and leadership into system design and implementation. Establishing sustainable, approved pathways for youth employment is essential to ensuring the plan is youth informed and effectively implemented.

- Strengthen and prioritize existing programs, such as the HSPH Youth Advisory Board, Pathways, and internship initiatives. Expand capacity to include paid positions for youth under age 18, as Hennepin County Library Services has been able to accomplish.

Youth employment policy foundations

- Explore how other jurisdictions, like city of Brooklyn Center, are able to employ youth.

Phase 2 — Years 2–3 (2027–2028): Strengthen pathways

Objectives: Strengthen coordination efforts and ensure strong pathways for youth leadership in county processes.

Action steps

Launch caregiver engagement

- Leverage existing relationships in schools and community settings to provide peer support, engagement, and education for parents and caregivers
- Build on the student curriculum to create aligned parent and caregiver learning opportunities, ensuring families have access to the same information their children receive.
- Bolster intergenerational learning and peer support spaces that strengthen communication, connection, and shared understanding between youth and trusted adults.

Champion evidenced based mental well-being programming and education in school environments

- Explore existing evidence-based mental well-being curricula to identify programs suitable for adoption or alignment with current Health Mentor efforts.
- Prioritize culturally affirming, evidence-based curricula that offer parallel learning tracks for parents, caregivers, and other trusted adults across the community.

Strengthen youth employment pathways (Year 2–3)

- Explore hiring youth into county-funded internships.
- Ensure YAB members can be county-funded and have defined policy influence channels (e.g., agenda time with leadership, review points for policies/programs).

Communications and awareness (Year 2–3)

- Youth created messaging about help seeking; promote 988, Cope, Family Response and Stabilization Services, school supports.

Evaluation and improvement (Year 2–3)

- Ensure that county programs that interact with youth are measuring protective factors as program outputs, when applicable.

Phase 3 — Years 4–5 (2029–2030) Implement activities that require additional funding

Objective: Promote evidence based mental health curriculum in elementary school and evidenced-based parent and caregiver intervention.

Action steps

Sustain local funding to support the current Health Mentor Model

- This work is vital to youth suicide prevention and is funded largely with federal funds which can be unpredictable. It is recommended that funding to support the current Health Mentor Model programming is maintained, and in the future expanded to include additional sites in communities of greatest need.

The 2023–2024 Wallace Project evaluation demonstrates that the Health Mentor Model (HMM) is highly effective at building trusted relationships, strengthening positive self-identity, increasing youth empowerment, and improving communication with caring adults, which are the three protective factors shown to reduce suicide risk. The evaluation also shows that **sexual health education itself functions as suicide prevention**, because comprehensive, youth centered sexual health programming provides young people with knowledge, confidence, identity affirmation, communication skills, and access to trusted adults. These are the same protective factors that minimize isolation, shame, fear, and identity-based stress, which are all major youth suicide risk factors.

Across all three pilot sites, youth consistently sought mentors to talk about relationships, identity, body changes, mental health, and stress. Students described mentors as one of the only

adults they could talk to honestly without judgment. Teachers highlighted mentors' ability to create safe, confidential spaces where students could regulate emotions and seek support during the school day. In just one year, 873 youth across three Hennepin County schools were reached through 1:1 sessions, groups, classroom education, and systems level work.

Caregiver intervention: Strengthen parent and caregiver engagement (Years 4–5)

Educators emphasized the need to engage families more consistently.

- Ensure that the same information available to youth is available to parents and caregivers, to ensure that young people and their families are able to communicate about mental health.
- Clarify confidentiality limits and the mentor role through transparent, accessible communication.
- Partner with cultural liaisons to build trust with communities that have varying comfort levels around sexual health and mental health discussions.

Institutionalize youth governance and employment (Years 4–5)

The Youth Centered- Evaluation Process[25] demonstrated that youth leadership strengthens program quality and youth empowerment.

- Codify the Youth Advisory Board (YAB) as a permanent County advisory body.
- Establish a mentorship → internship → employment pathway that allows youth under 18 to be compensated contributors to countywide suicide prevention strategy.
- Ensure youth roles include codesign, evaluation, communications, and program leadership.

Strengthen emotional well-being supports (Years 4–5)

Expand youth engagement with mentors that centers on mental well-being.

- Expand mentor training on emotional regulation support, stress management skills, and nonclinical mental health first aid.
- Establish clear boundaries and referral protocols so mentors can support youth appropriately while maintaining safety.
- Maintain mentor spaces as reliable drop-in locations where students can decompress during the school day.

[25] *Youth-Centered Evaluation Process: Final Report_HMM Wallace Project 2024.pdf*



Conclusion

Hennepin County's Youth Suicide Prevention Plan reflects a shared commitment to creating a community where every young person feels valued, supported, and safe. Grounded in youth voice, culturally responsive practice, and evidence based protective factors of positive self-identity, empowerment, and trusted caregiver communication, this plan establishes a coordinated, countywide framework that strengthens prevention, improves early identification and access to help, and supports healing after crises.

By expanding mentorship, aligning systems, elevating youth leadership, addressing disparities, and investing in the environments where young people live, learn, and connect, Hennepin County is building promising trends and setting the foundation for long term change.

The work ahead will require sustained partnership and deep collaboration across departments, communities, and families. But the path forward is clear: when we create the conditions for young people to thrive, we prevent suicide and strengthen the well-being of our entire county.

Appendix A: Matrix of recommendations

The matrices below outline a full list of the recommendations created by youth, caregivers, and the Youth Suicide Prevention Coalition.

Prevention goals

Goal	Strategy	Action Step	Recommended By	Protective Factors	Risk Factors
Increase capacity to implement a public health approach	Culture as Prevention	Expand culturally specific mental health resources in schools (diverse staff, multilingual materials, art and music therapy)	Youth, Caregivers, Coalition	Cultural identity, trusted adults	Acculturation stress
Promote protective factors	Culture as Prevention	Expand culturally specific resources beyond schools (community programs, faith leaders)	Youth, Caregivers, Coalition	Cultural identity, social connectedness	Acculturation stress
Promote protective factors	Health Promotion	Strengthen mental health education in schools (curriculum, peer groups, workshops)	Youth, Coalition	Positive self-identity, positive coping skills	Stigma, lack of education
Promote protective factors	Health Promotion	Foster trusted adults (train teachers, mentors, caregivers)	Youth, Caregivers, Coalition	Trusted adults	Lack of support
Promote protective factors	Health Promotion	Safe and smart use of social media (media literacy, positive content)	Youth, Coalition	Positive self-identity, connectedness	Harmful messaging

Intervention goals

Goal	Strategy	Action Step	Recommended By	Protective Factors	Risk Factors
Identify and support youth in distress	Earlier Intervention	Early screening in schools and community centers	Youth	Early detection	Lack of access
Strengthen access and delivery of care	Earlier Intervention	Train teachers to recognize early warning signs	Youth	Trusted adults	Lack of support
Strengthen access and delivery of care	Earlier Intervention	Get youth involved in therapy and therapeutic practices	Caregivers	Coping skills	Isolation
Strengthen access and delivery of care	Lower Barriers	Expand counseling staff and virtual sessions	Youth	Access to care	Long wait times
Strengthen access and delivery of care	Lower Barriers	Expand access to free and low-cost therapy	Youth	Access to care	Financial barriers
Strengthen access and delivery of care	Lower Barriers	Improve visibility of mental health services	Youth	Awareness	Lack of knowledge

Postvention goals

Goal	Strategy	Action Step	Recommended By	Protective Factors	Risk Factors
Connect, heal, restore hope	Community Response	Utilize youth spaces outside school (clubs, jobs, internships)	Youth, Caregivers, Coalition	Connectedness	Isolation
Connect, heal, restore hope	Community Response	Develop mentorship and support programs	Youth, Caregivers, Coalition	Trusted adults	Lack of pathway to care
Connect, heal, restore hope	Community Response	Foster community support (peer-led spaces, highlight positive efforts)	Youth, Coalition	Connectedness	Stigma
Connect, heal, restore hope	Stigma Reduction	Normalize conversations (early education, personal stories)	Youth	Awareness	Stigma
Connect, heal, restore hope	Stigma Reduction	Engage parents and communities (seminars, intergenerational workshops)	Youth, Caregivers	Trusted adult	Cultural stigma
Connect, heal, restore hope	Stigma Reduction	Increase visibility of resources (posters, announcements, social media)	Youth	Awareness	Lack of pathway to care
Connect, heal, restore hope	Policy and Legislation	Promote transparency around mandated reporting	Youth	Trusted Adult	Lack of support
Connect, heal, restore hope	Policy and Legislation	Lower age of mental health consent	Youth	Access to care	Lack of support

Appendix B: Acknowledgments

Youth Advisory Groups

- Minneapolis Youth Congress
- Minneapolis School Based Clinics, T.H.E. Council
- Youth Mental Health Advocates – Central Area Neighborhood Development Organization (CANDO)
- Appetite for Change
- AYDC Youth Action Council
- YMCA Minnesota – Youth Advocacy Cohort
- MyHealth Youth Advisory Board
- Planned Parenthood Youth Council

Parent and Caregiver Advisory Groups

- Twin Cities Parent Connection
- Latino Youth Development Collaborative
- YMCA of the North
- Little Earth Residents Association

Community Advisors

- Brooklyn Bridge Alliance for Youth- Reimagining Black Youth Mental Health
- Ursula Reynoso, Aqui Para Ti
- Ginger Shelifoe, AYDC
- Rachel Warren, Brooklyn Bridge Alliance for Youth
- Carmen Means, CANDO
- Manu Lewis, ManUcan Consulting
- Kara Hirdman, Minneapolis Health Department
- Latoya Balogun, Minneapolis Youth Coordinating Board
- Aliya Finman-Palmer, OutFront Minnesota
- Audra Massetti, OutFront Minnesota
- Andrea Perry, Minneapolis Veterans Association
- Megan Lagasse, Minnesota Department of Education

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