Minnesota Veteran Suicide Prevention Summit

Wednesday, September 30, 2026

MINNESOTA DEPARTMENT OF VETERANS AFFAIRS

Welcome

Kristi Stites
Veterans Suicide Prevention & Program Development
MDVA Healthcare: Veterans Community Health



Rachel Johnson
Veterans Community Health Director



Raeann Murray
VeteranHealthNavigator Supervisor



Kristi Stites
Veterans Suicide Prevention &Program Development Coordinator



Krysta Stanenas
Veterans Community Health Analyst



Eric Meittunen
DeputyCommissioner Healthcare

MDVA: Healthcare Division
Veterans Community Health Team



Chase Arden
Veterans Community Health Coordinator



Anna Grace Teide Hottinger
Veterans Community Health Coordinator



Carla Miller Leisch
Veteran Health Navigator



Heather Fuller
Veteran Health Navigator



Bridget Grabowski
Executive, Deputy Commissioners Office Healthcare

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Opening Remarks & Proclamation

Brad Lindsay
Commissioner MDVA

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Agenda Overview & Grounding

Kristi Stites
Veterans Suicide Prevention & Program Development
MDVA Healthcare: Veterans Community Health

Agenda

Morning Session 1

- Proclamation & Grounding
- Invisible Wounds Project
- Keynote Address: Purpose, Mission, and Identity

Morning Session 2

- Community Coalition Spotlight
- Tribal Veteran Suicide Data Overview & Prevention
- Veteran Mobile Crisis & Veteran Youth Program

Afternoon Session 1

- Minneapolis VA Health Care System Suicide Prevention Efforts
- Panel Discussion: Veteran Identification with Non-VA Healthcare Systems

Afternoon Session 2

- MDVA Support Our Troops Grant Program
- Every Third Saturday: Stay in the Fight
- Magnus Foundation
- Closing & Call to Action

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Invisible Wounds Project

Russ Hanes
Founder and Executive Director

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Keynote Address: Purpose, Mission, and Identity

Dan Hanson
Marine Corps Veteran



Morning Break

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Community Coalition Spotlight:
HennepinCounty VeteranSuicide Prevention Coalition

Neil Doyle
Director of Veteran Services
Hennepin County Human Services

Statistics

- In 1976, in the years following Vietnam, State and federal reports indicate Minnesota had a veteran population of 548,000, which was approximately 10-11% of the general population
- In 1992, the years following Desert Storm, various data sets indicate that Minnesota had a veteran population of around 450,000 veterans, which was approximately 10.5% of the general population
- Since 2000, not only Minnesota, but the entire nation has experienced a gradual and steady decline, year after year in our veteran's population
- In FY2025, Minnesota had a veteran population of just 277,911, which was just 5-6% of the general population
- Of Minnesota's 277,911 veterans, 147,191 or 53% of them were over the age of 65
- The average decrease in veteran population between 2000 and 2020 was 25% in most states

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Tribal Veteran Suicide Data Overview and Prevention

Will Funmaker, Executive Director
Great Lakes Area Tribal Health Board

Director, Great Lakes Inter-Tribal Epidemiology Center

Tribal Veteran Suicide Data and Prevention

September30,2026• GreatLakesInter-TribalEpidemiologyCenter

Will Funmaker

Ho-ChunkNation • NavyVeteran

Executive Director, Great Lakes Area Tribal Health Board
Director, Great Lakes Inter-Tribal Epidemiology Center



About me

WillFunmaker •Ho-Chunk Nation

Executive Director

Great Lakes Area Tribal Health Board

Director

Great Lakes Inter-Tribal Epidemiology Center



Navy veteran

Service ispartofmyperspective







Tribal Epidemiology Centers

AnationalnetworkservingTribalpublichealth



GLITEC

Serves the Bemidji Area across Wisconsin, Michigan, and Minnesota.

tribalepicenters.org

Where GLITEC works

Centralandsatelliteofficesacrossthethree-state area

Minnesota

A Indian Health Board of Minneapolis
2020 Minnehaha Ave.
Minneapolis, MN 55404

B University of Minnesota
1300 S. Second St., Suite 300
Minneapolis, MN 55454

Wisconsin

C Great Lakes Inter-Tribal Council (GLITC)
2932 Hwy 47 N., PO Box 9
Lac du Flambeau, WI 54538

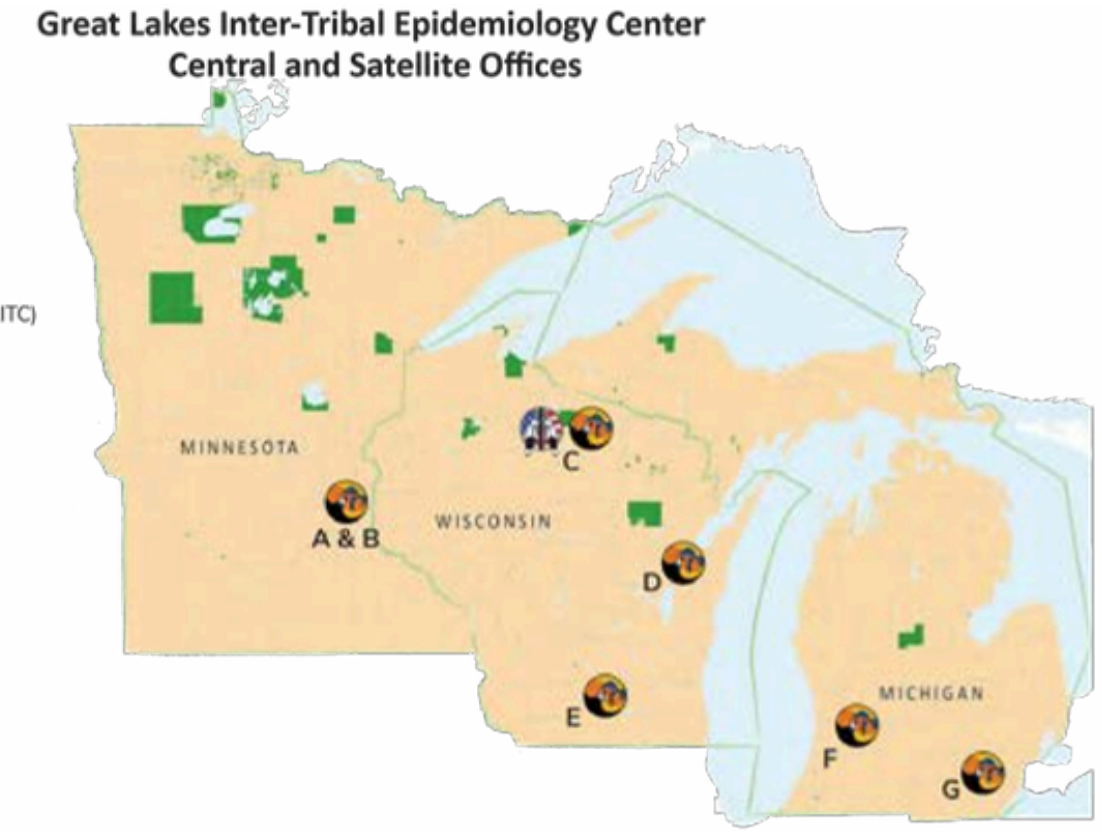
D Green Bay Office
1566 W. Mason St.
Green Bay, WI 54303

E University of Wisconsin-Madison
610 Walnut St.
Madison, WI 53726

Michigan

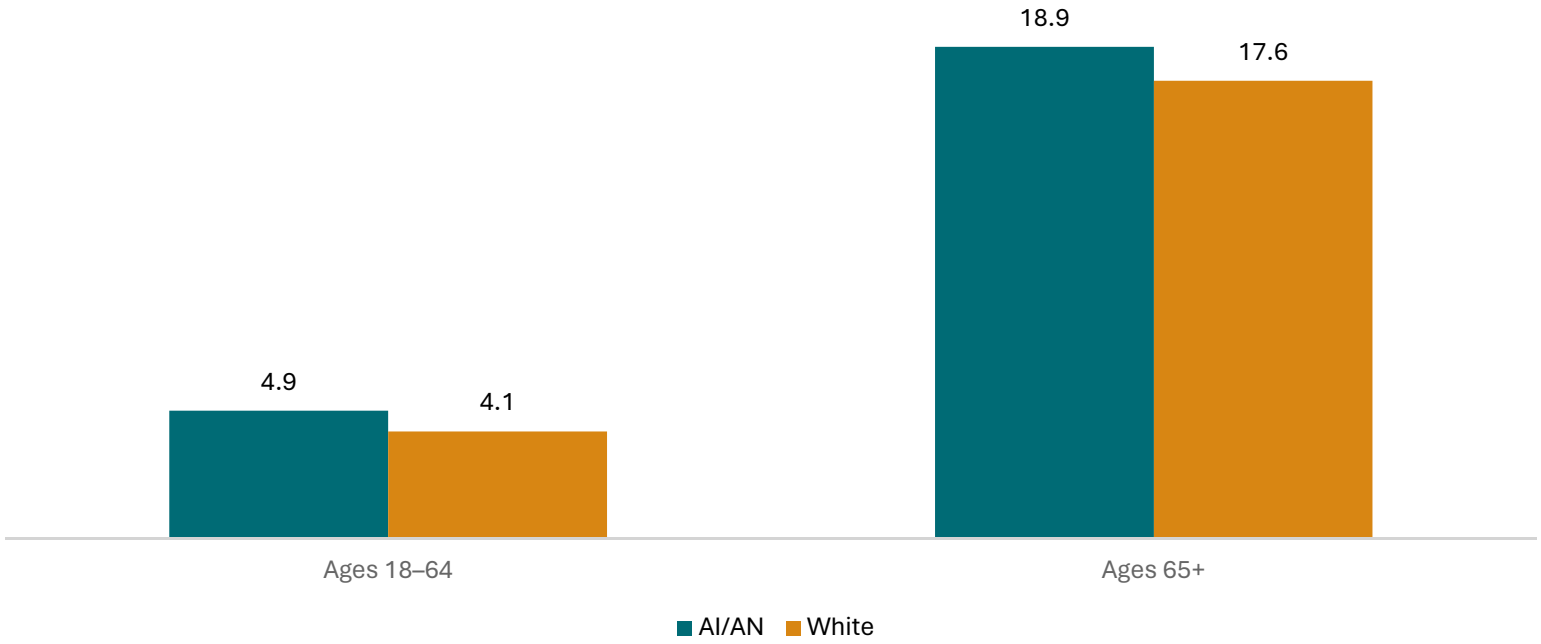
F Grand Rapids Office
250 Monroe Ave NW, Suite 400
Grand Rapids, MI 49503

G University of Michigan
1415 Washington Heights
Ann Arbor, MI 48109



Native adults and military service

Veteranstatusamongcivilian adultsinMI,MN, andWI,2017–2021



4.9%

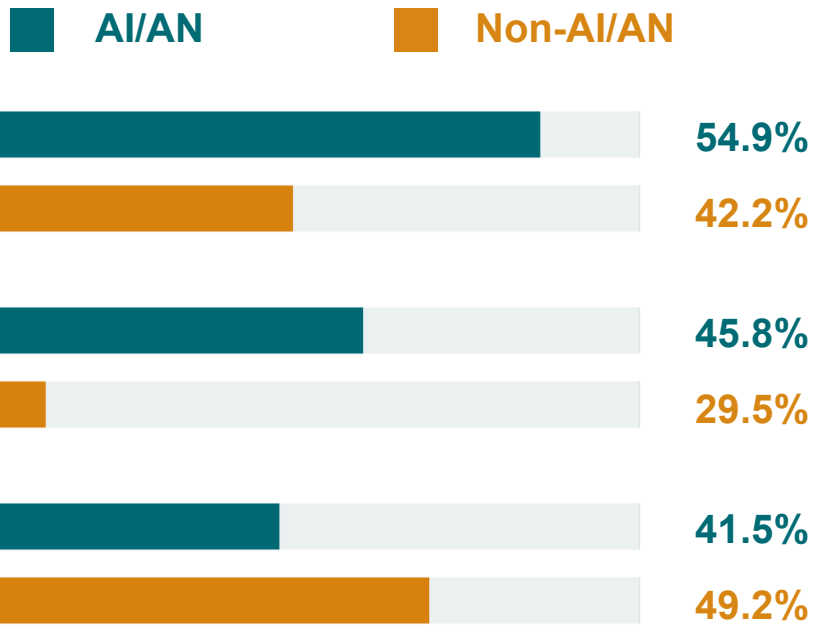
White: 4.1%

AI/AN age 65+: 18.9%
White age 65+: 17.6%

Regional veteran status, not current active duty or a national rate

AI/AN and non-AI/AN suicide circumstances

U.S.suicidedecedentswith known circumstances,2015–2020



Original Bemidji Area figure: non-Hispanic AI/AN 26.2 per 100,000; Hispanic AI/AN suppressed (<10 deaths)

Chart shows national percentages among decedents, not a population suicide rate

Minnesota Veteran suicide: Native data gap

2023 VA state data

80

MinnesotaVeteran deaths by suicide

AI/AN veterans
Not reported separately

All other veterans
Not reported separately

No valid Minnesota race comparison can be calculated from the published state sheet.

Regional suicide deaths and military status

AmericanIndian/AlaskaNative people,BemidjiArea,2006–2021

361

across the region

24

identifiedascurrent or former militarymembers
6.6% of the 361

19

ofthe24had known circumstances recorded

These counts do not measure the risk of suicide among veterans.

Mental health circumstances

RecordedsuicidecircumstancesbroaderregionalAI/ANdataset, 2006–2021

	Count	Percent
Current depressed mood	128	40.6%
Current mental health problem	155	49.2%
Current treatment for mental illness	87	27.6%
Ever treated for mental health problem	125	39.7%
History of suicidal thoughts or plans*	120	38.1%

Counts exceed the 24 identified military members. These rows cannot be presented as veteran-only circumstances.

Other recorded circumstances

Recordedsuicidecircumstances,broaderregionalAI/ANdataset,2006–2021

	Count	Percent
Person left a suicide note	81	25.7%
Disclosed intent to commit suicide	84	26.7%
History of suicide attempts	80	25.4%
Crisis in preceding or upcoming 2 weeks	118	37.5%

Counts exceed the 24 identified military members. These rows cannot be presented as veteran-only circumstances.

Relationships and physical health

Recordedsuicidecircumstances,broaderregionalAI/ANdataset,2006–2021

	Count	Percent
Intimate partner problem	125	39.7%
Other relationship problem***	20	6.4%
Argument or conflict	80	25.4%
Physical health problem	37	11.8%
Other death of friend or family member	17	5.4%

Counts exceed the 24 identified military members. These rows cannot be presented as veteran-only circumstances.

Substance use and other stressors

Recordedsuicidecircumstances,broaderregionalAI/ANdataset,2006–2021

	Count	Percent
Alcohol dependence	102	32.4%
Other substance abuse problem	113	35.9%
Recent criminal legal problem	54	17.1%
Job problem	16	5.1%
Financial problem	21	6.7%
Previous perpetrator of violence in past month	20	6.4%

Counts exceed the 24 identified military members. These rows cannot be presented as veteran-only circumstances.

Risk and protective factors

Apublichealthway tounderstandsuicide

Personal

Health, pain, prior experiences and coping skills

Relationships

Connection, conflict, loss and support

Community

Access to care, belonging, stigma and safety

Personal risk factors

Experiencesandconditionsthatcanincreaserisk

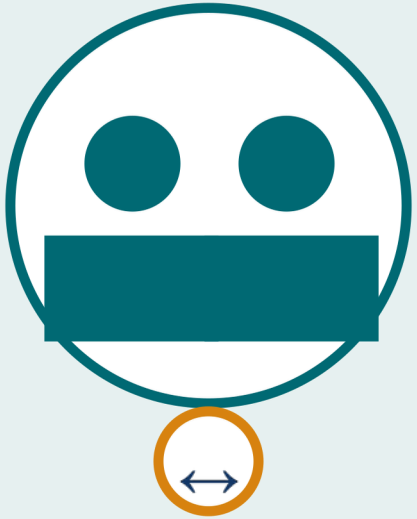
- Previous suicide attempt
- History of depression and other mental illnesses
- Serious illness such as chronic pain
- Criminal or legal problems
- Job or financial problems or loss
- Impulsive or aggressive tendencies
- Substance misuse
- Adverse childhood experiences
- Sense of hopelessness
- Violence victimization and/or perpetration



Relationship risk factors

Experienceswith otherpeoplecanaffectsafety

- Bullying
- Family or loved one’s history of suicide
- Loss of relationships
- High-conflict or violent relationships
- Social isolation



RELATIONSHIPS

Societal risk factors

Conditionsaroundapersonmatter

- Stigma associated with seeking help and mental illness
- Easy access to lethal means among people at risk



Personal protective factors

Strengthsthatcanreducerisk

- Effective coping and problem-solving skills
- Reasons for living, including family, friends or pets
- A strong sense of cultural identity



STRENGTHS

Community protective factors

Connectionandaccesscanbestrengthened

- Feeling connected to school, community and other institutions
- Consistent, high-quality physical and behavioral health care
- Reduced access to lethal means among people at risk
- Cultural, religious or moral objections to suicide

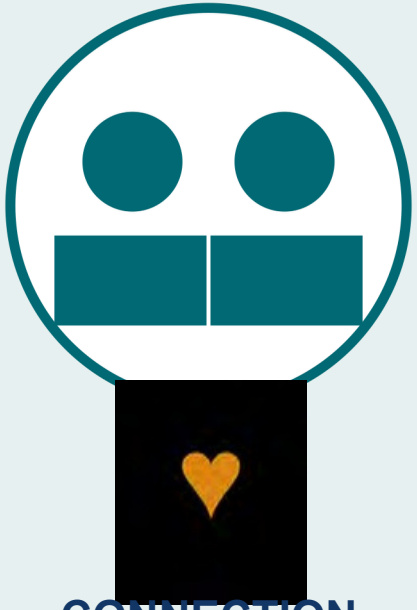


COMMUNITY

Relationship protective factors

Peoplecanhelpeachotherstayconnected

- Support from partners, friends and family
- Feeling connected to others



CONNECTION

What this means for Native veterans

Threeactionsthatconnecttheriskandprotectivefactors

1

Ask

Start a direct, respectful conversation about safety.

2

Connect

Offer a warm handoff to a trusted Tribal, VA or local resource.

3

Follow up

Stay in contact after the immediate crisis.

Veterans Crisis Line

Availabletoveterans,servicemembersandloved ones

988

Text 838255

VA enrollment is not required.

Thank you

Foryourservice,yourcare and your partnership



Will Funmaker

Contact us

Will Funmaker MBA, MLT (ASCP)CM
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wfunmaker@glitc.org

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Program Director
cdenslinger@glitc.org

Kade Lenz, PhD
Program Director, Senior Epidemiologist
klenz@glitc.org

MINNESOTA DEPARTMENT OF VETERANS AFFAIRS



Veteran Mobile Crisis Unit
Veteran Youth Program

Cre Larson
Executive Director
First Call for Help

We Have 22 Veterans to Save Today!





Veteran Crisis Response Team

Veterans Crisis Response Team of Itasca County

Crisis Assessments



Assessment Refers To:

A process for defining the nature of a problem, determining a diagnosis, and developing recommendations for addressing the problem or diagnosis

Crisis Interventions



Crisis Intervention Refers To

The methods used to offer immediate, short-term help to individuals who experience an event that produces emotional, mental, physical, and behavioral distress or problems.

Community-Based Stabilization Services



Community-Based Crisis Stabilization

Provides short-term, intensive support, education, and treatment to address a specific mental health crisis.

Veterans Crisis Response Team of Itasca County

★★★

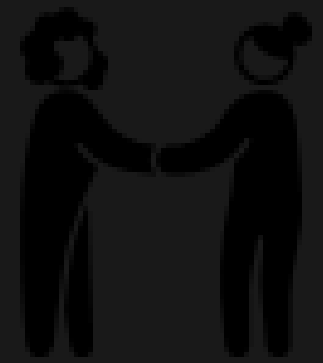
We Respond By:

By Phone



OR

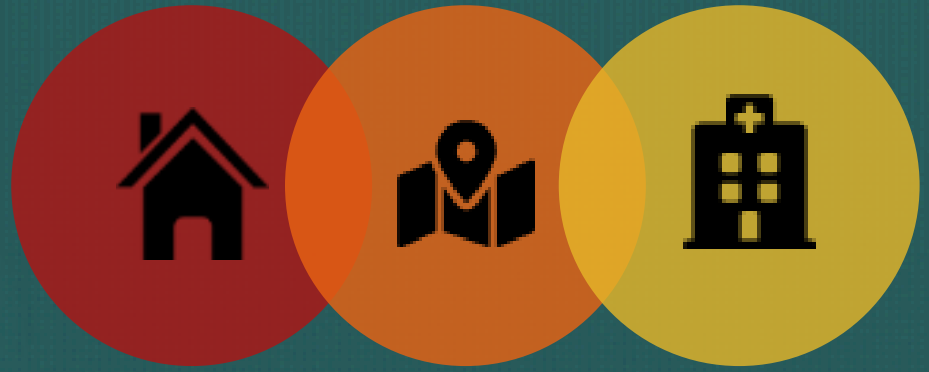
In-Person



To Veteran's and/or their spouses experiencing mental health emergencies.

Veterans Crisis Response Team of Itasca County

We work with Veterans and/or their spouses of Itasca County and the catchment area of Hill City, at locations such as:





01

Private Homes

This could bethe individual's home or the home of a friend or family member.

02

Community Locations

This could beapark, restaurant, shopping center, bus station, etc.

03

Hospital/Clinic Settings

This could be the hospital ER, your primary care clinic, even the dentist’s office if needed.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

Our team works closely with Itasca County Veterans Services, hospitals, medical providers, mental health providers, law enforcement, and Itasca County Health and Human Services to enhance and expedite services.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

Difference In The Build of The Team CRT VS VCRT



- ***Made up of only Veterans***
- ***Their DD214 qualifies in place of the education/training per state regulations***

MILITARY


NOT ALL WOUNDS ARE VISIBLE

Our Teams Stats





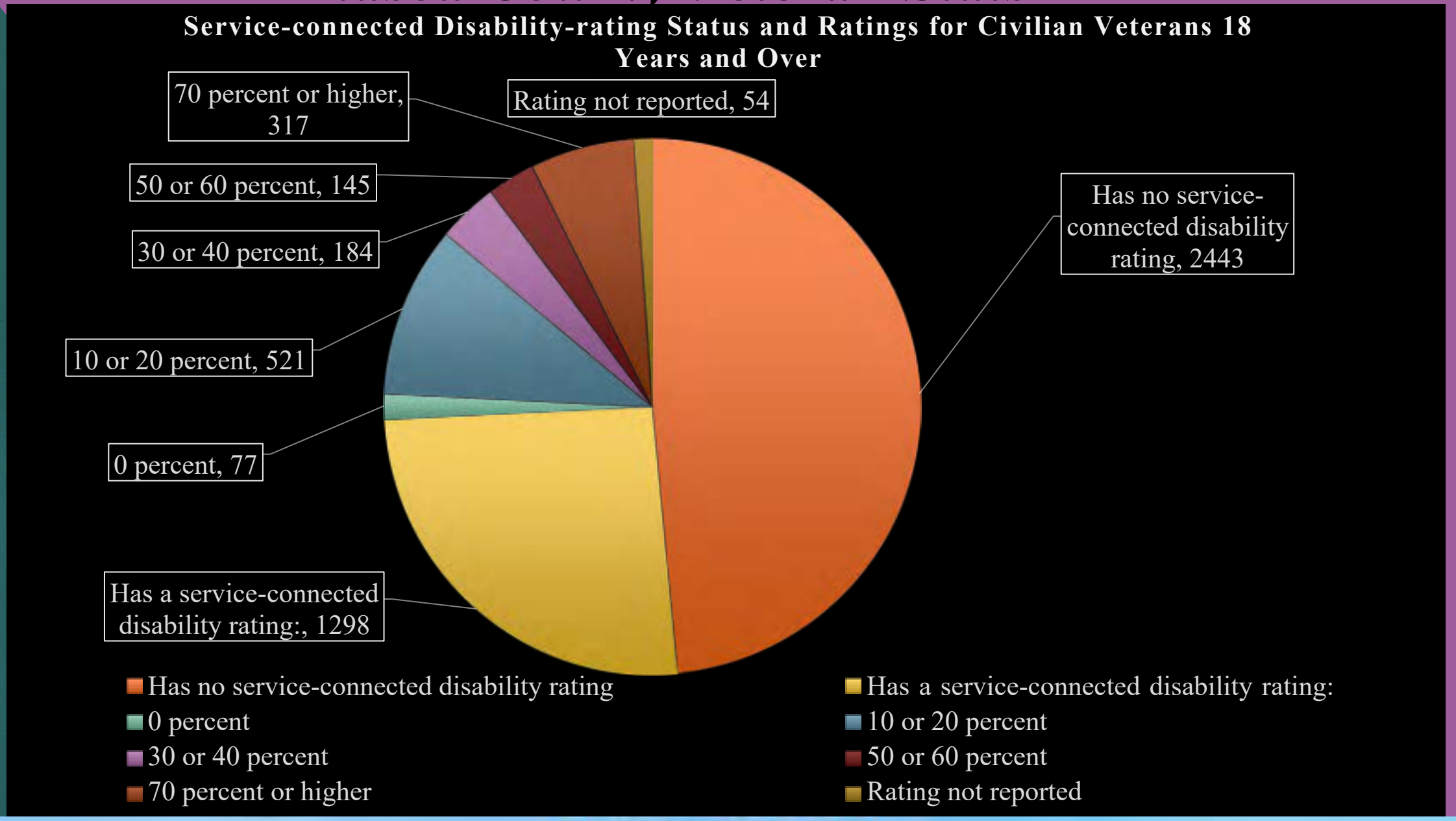
Itasca County

County in Minnesota

VCRT

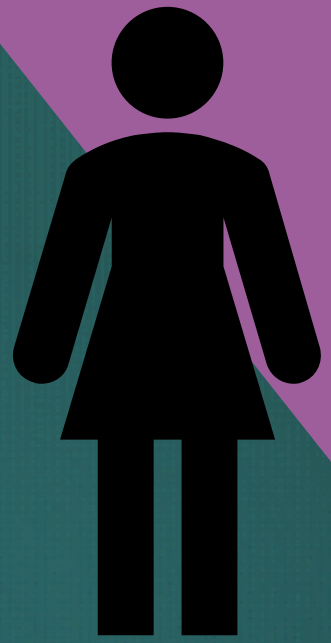
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Itasca County Veteran Stats



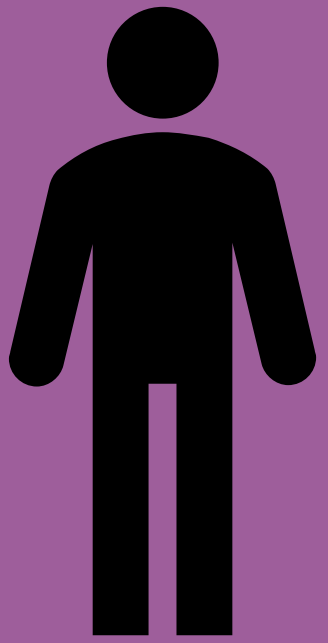
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Women & Men Served by VCRT



16

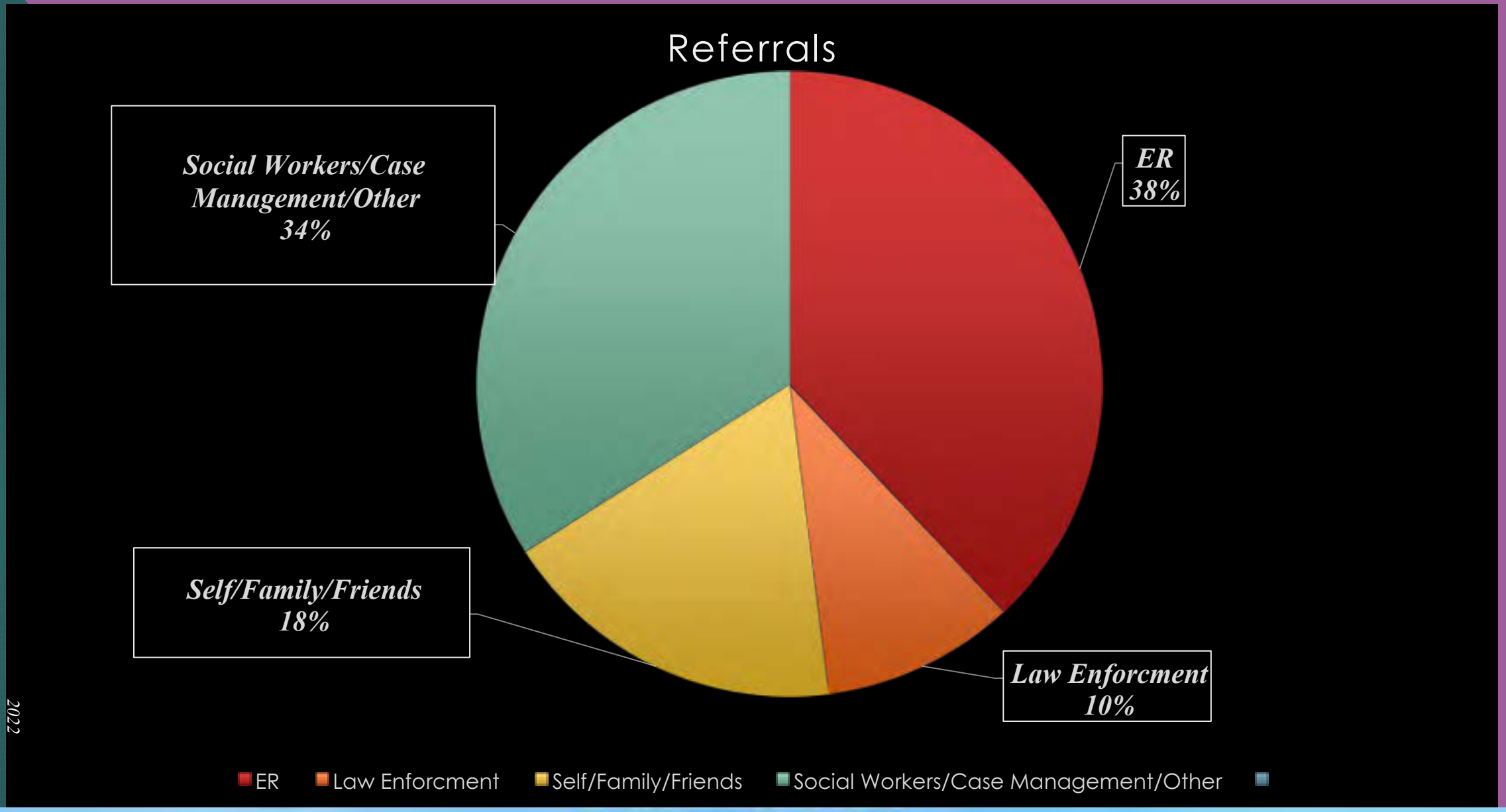
107



123 Veterans/344 Services

MILITARY

Source of Referrals to VCRT



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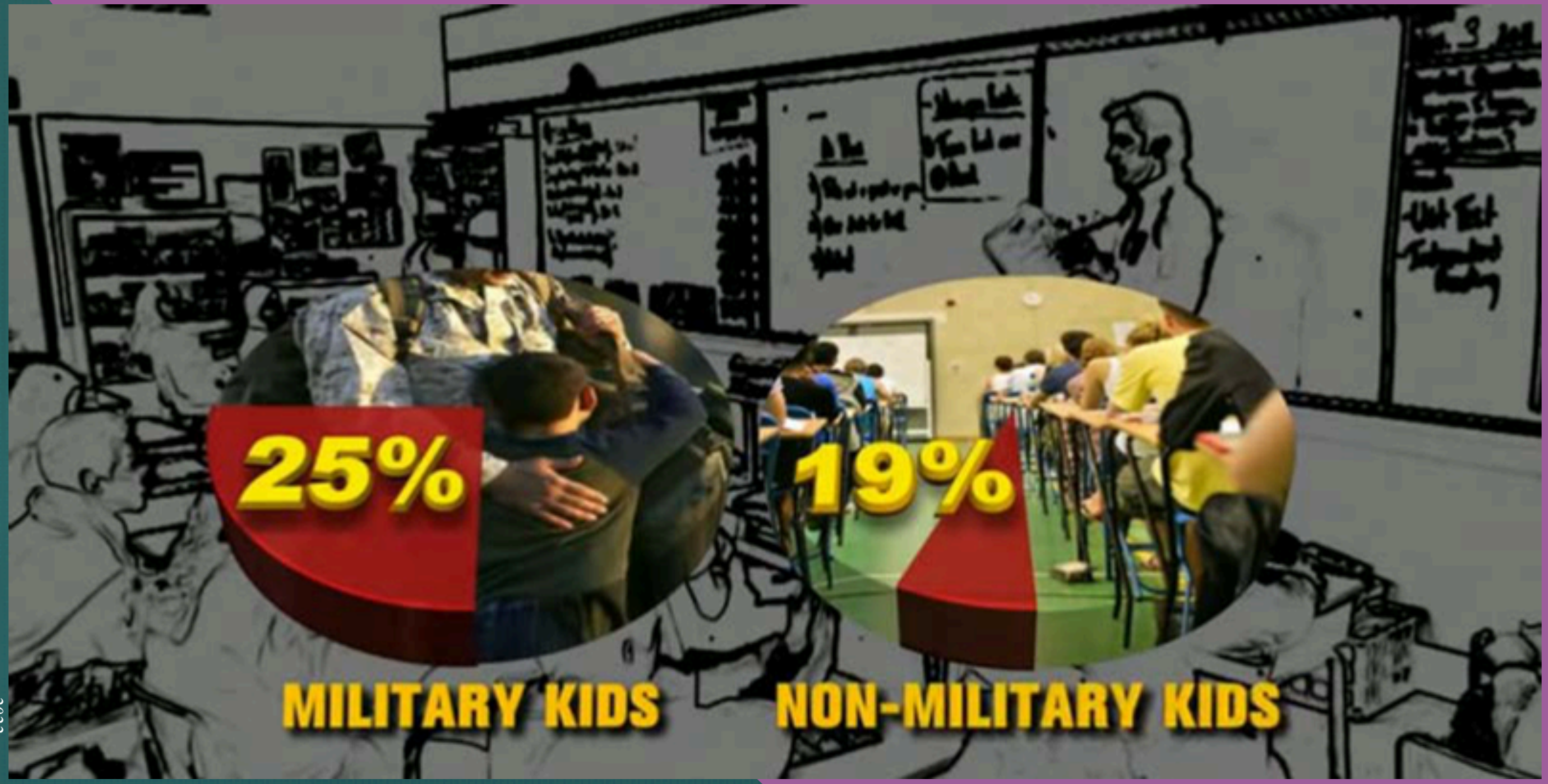
Statistics At A Glance

VCRT

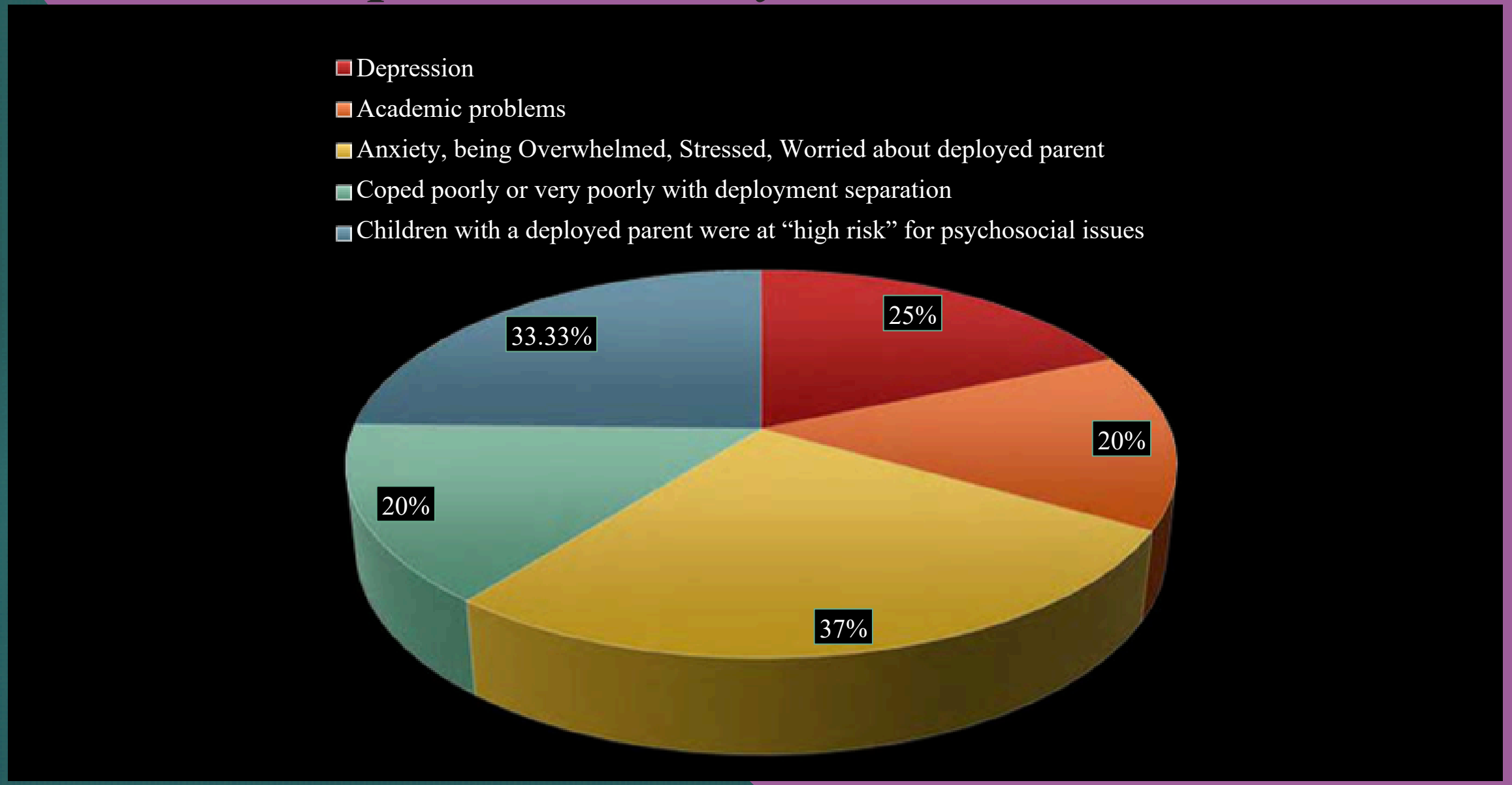
03

MILITARY

Suicide Rate Among Adolescents: Military Kids vs. Non-Military Kids



Impact on Military Children



Effects on Families Following Military Member's Discharge From Service

Instudy after study, deployment has been associated withpoorer mentalhealth inmilitaryfamilies, behavioralproblemsin children, a higher risk of divorce, and higher rates of suicide. Not surprisingly, service members and spouses regularly name deployments as the most stressful aspect of military life.

During the deployment family members have a range of feelings and experiences, including:

-
- Concern, worry, or panic
- Loneliness, sadness
- Added family duties and responsibilities
- Learning new skills, making new friends
- Fear for their service member's safety
- Feeling overwhelmed
- Financial difficulties
- Dealing with problems on their own
- Understanding what your loved ones have been through
- Concern over being needed and loved

For family members of service members:

- Family transitioning out of militarylife while grieving service member death
- Servicemembers' Group Life Insurance (benefit received by family after the death of their service member)
- Death gratuity payable to any person(s) the service member designates**
- Survivor benefit program (for spouses or children, or if none, any other designee)

Impact of Deployments on Children's Mental Health

Children in military families experience high rates of mental health, trauma, and related problems.
Military life can be a source of psychological stress for children. Multiple deployments, frequent moves, and having a parent injured or die is a reality for many children in military families.

Wartime parental deployments can be one of the most stressful events of a child's life.

- Changes reported included changes in school performance, lashing out in anger, worrying, hiding emotions, disrespecting parents and authority figures, feeling a sense of loss, and symptoms consistent with depression.
- High levels of sadness were seen in children of all age groups.
- Depression was seen in about one in four children.
- Academic problems occurred in one in five children.
- Thirty-seven percent of children with a deployed parent reported that they seriously worry about what could happen to their deployed caretaker.
- Parents reported that one in five children coped poorly or very poorly to deployment separation.
- Media coverage of the war posed a significant source of stress for children and makes it much more difficult for children to cope with a parent's deployment.

Length of deployment was associated with mental health problems including depression, acting out, and externalizing behaviors.

What Every Policymaker Should Know

What ServiceUseDataShow:
Serviceuse data also indicate the high need for mental health services and support among the offspring of military personnel.

Outpatient mental health visits provided to children of active-duty parents doubled from one million to two million between 2003 and 2008.

Total days of inpatient psychiatric care for children of active-duty personnel 14 and under increased from 35,000 in 2003 to 55,000 in 2008.

One-third of children with a deployed parent were at “high risk” for psychosocial issues.

Factors associated with the negative impact of deployment on children and youth include age, the mental health of the remaining parent, re-integration, and employment status.

Ageas a Risk Factor:
Current researchshows that a child’s response to a parent’s deployment varies by age, phase of deployment, gender, as well as other family factors. The research is mixed: but the stress of war affects children even prior to their birth.

Wives of deployed personnel experience more stress, a factor known to increase the risk for medical complications of pregnancy.

Children ages 3 to 5 with a deployed parent exhibited greater behavioral symptoms than did peers without a deployed parent.

Children of military families ages 11 to 17 were found to have a higher prevalence of emotional and behavioral difficulties than children in the general population.

Parental deployment places school-age children and adolescents at higher risk for a range of adverse mood and behavioral changes: anger, apathy, anxiety, depression, withdrawal, a decline in school performance, loss of interest in normal activities, and social isolation.



CONCLUSIONS AND RECOMMENDATIONS

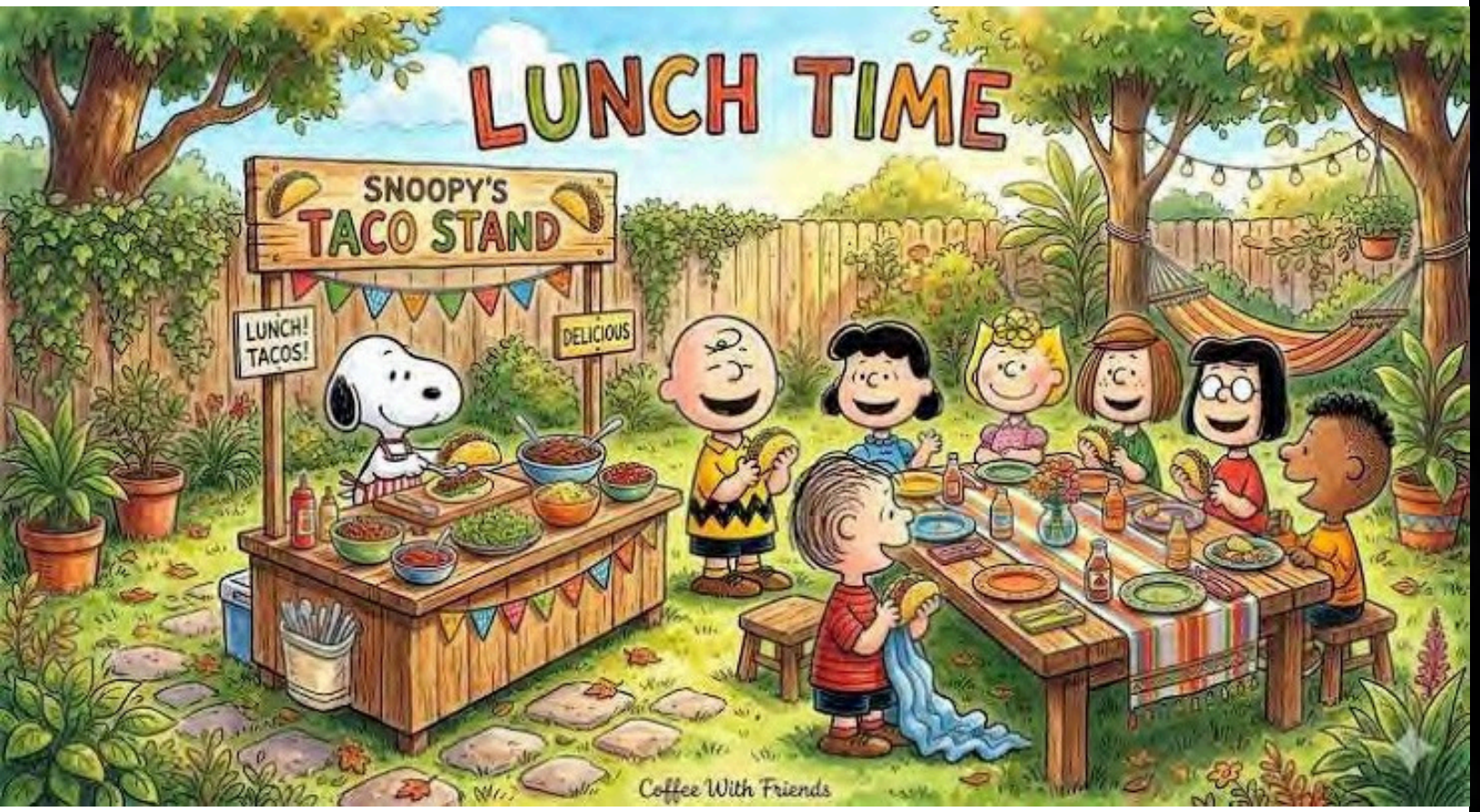
Thank you for attending today. We hope that a little bit of our passion for Veteran mental health wellness has impacted you. We dream that every county in the state of MN has a VCRT Team to ensure our Veterans and their families get the care they so deserve.

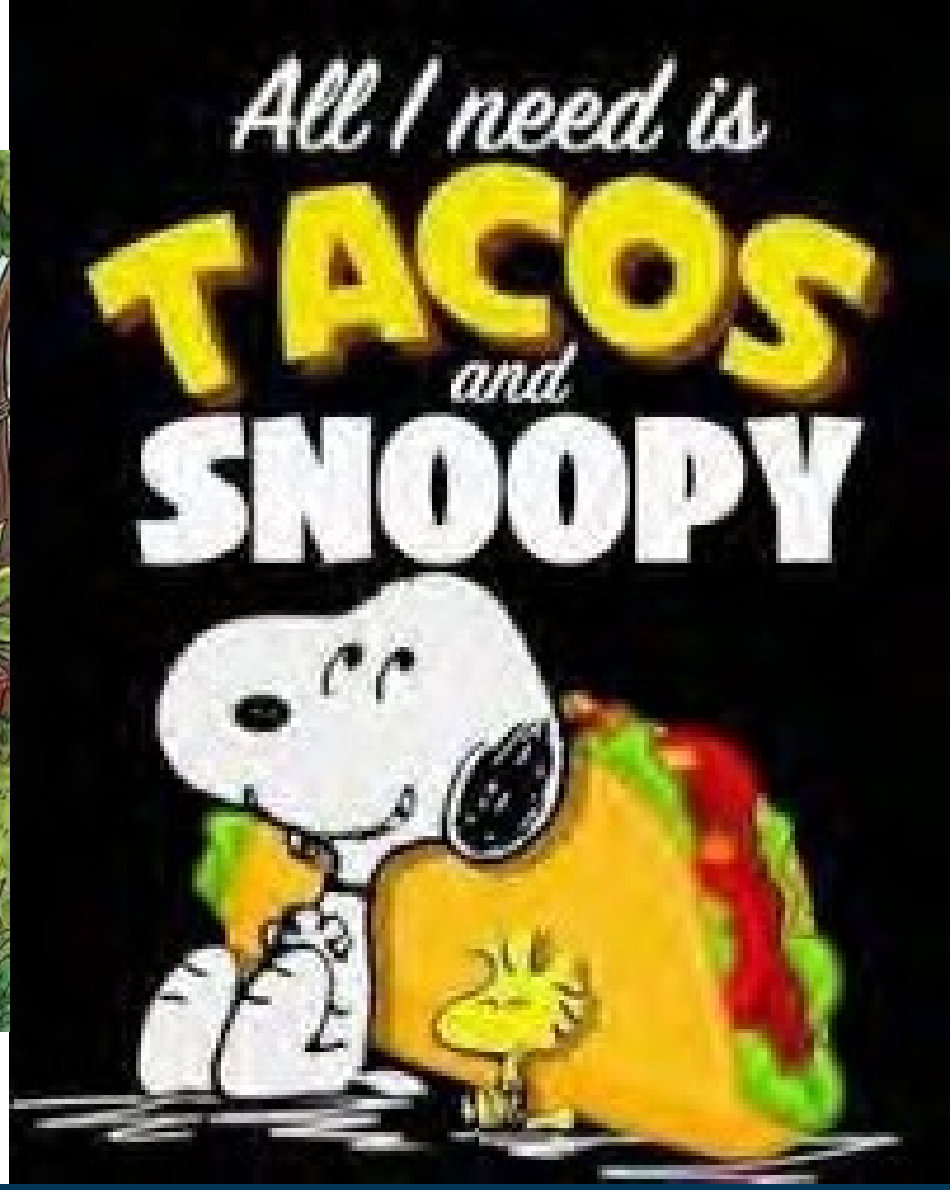
They fought for us, now let's fight for them!

Thank You



Veteran Crisis Response Team Of Itasca County


LUNCH TIME
SNOOPY'S
TACO STAND
LUNCH!
TACOS!
DELICIOUS
Coffee With Friends


All I need is
TACOS
and
SNOOPY

Lunch Break