



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

Michigan Suicide Prevention Commission

December 18, 2020

10:30 AM – 1:30 PM

[Join Microsoft Teams Meeting](#)

Conference Line: 248-509-03,16

Access Code: 565105576#

AGENDA

- I. Call to Order – Brian Ahmedani**
 - a. Roll Call
 - b. Virtual Decorum
- II. Public Comment**
- III. Review and Adopt November 2020 Meeting Minutes**
- IV. Attorney General Update – Andrea Moua**
- V. MDHHS Updates**
 - a. Injury Violence Prevention – Jennifer DeLaCruz/Pat Smith
- VI. Subcommittees Discussion – Nancy Buyle**
- VII. Suicide Prevention Focus Group Reflections – Brian Ahmedani**
- VIII. Initial Report Discussion (see attached)**
- IX. Other Updates**
- X. Next Steps**
 - a. Action Item Recap – James Bell
- XI. Public Comment (time permitting)**
- XII. Adjourn**

Upcoming Meetings

Suicide Prevention Commission – Executive Committee Meeting

December 22, 2020

10:00 AM – 11:00 AM

Suicide Prevention Commission – Special Populations Subcommittee Meeting

January 8, 2021

1:00 PM – 2:00 PM

Suicide Prevention Commission – Workforce Subcommittee Meeting

January 12, 2021

10:00 AM – 11:00 AM

Suicide Prevention Commission – Policy Subcommittee Meeting

January 12, 2021

1:00 PM – 2:00 PM

Suicide Prevention Commission – Data Subcommittee Meeting

January 13, 2021

1:00 PM – 2:00 PM

Suicide Prevention Commission Meeting

January 15, 2021

10:30 AM – 12:30 PM (tentative)

December 2021 Suicide Prevention Commission Attendance Report

	Name	Present	Not Present
1	Shaun Abbey		
2	Zaneta Adams		
3	Brian Ahmedani		
4	William Becroft		
5	Lily Bothe		
6	Debra Brinson		
7	Nancy Buyle		
8	Adelle Cadieux		
9	Richard Copen		
10	Jessica DeJohn		
11	Sarah Derwin		
12	Amber Desgranges		
13	Corey Doan		
14	Kevin Frank Fischer		
15	Cathrine Frank		
16	John Greden		
17	Danny Hagen		
18	Cary Johnson		
19	John Joseph		
20	Laurin Jozlin		
21	Jennifer Morgan		
22	Thomas Reich		
23	Ryan Schroerlucke		
24	Barbara Smith		
25	Corbin Standley		
26	Kiran Taylor		
27	Kenneth Wolf		
	James Bell		
	Jennifer DeLaCruz		
	Linda Scarpetta		
	Patricia Smith		
	Orlando Todd		
	Jeff Spitzley		
	Rachel Zaguskin		



GRETCHEN WHITMER
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DIRECTOR

Michigan Suicide Prevention Commission

November 20, 2020

10:30 AM – 12:30 PM

[Join Microsoft Teams Meeting](#)

Conference Line: 248-509-03,16

Access Code: 565105576#

AGENDA

I. Call to Order – Nancy Buyle

a. Roll Call

Nancy Buyle, Co-Chair called the meeting to order at 10:31 AM. The roll was taken, and a quorum of members were present.

b. Virtual Decorum

II. Public Comment

Public comment was given by James Gallant and Robert Goble.

III. Review and Adopt October 2020 Meeting Minutes

Sarah Derwin motioned to adopt the October 2020 Suicide Prevention Commission Meeting minutes. Deb Brinson seconded. The October 2020 Prevention Commission Meeting minutes were unanimously approved.

IV. MDHHS Updates

a. Injury Violence Prevention – Jennifer DeLaCruz/Pat Smith

A top candidate has been identified to help support the Prevention Commission and clerking services. The Preventing Suicide in Men project has three positions that will be funded – a Program Coordinator, an Epidemiologist, and a Communications Specialist.

V. Subcommittee Updates

a. Policy – Jessica DeJohn

The Policy Subcommittee continues to review policies impacting the populations that have been identified through the legislature and the commission.

- b. Data – Zaneta Adams/James Bell
The Data Subcommittee is reviewing data standardization and data definitions. The group is looking to CDC, AFSP and others to provide insight.
- c. Special Populations - Shaun Abbey
Ken Wolf reported the Professional Firefighters Associations (FOP and FOPM) is exploring stressors for first responders and how it impacts officers and their families.

Special Populations is still collecting organizations that provide services to communities for suicide prevention. The survey can be found [here](#).
- d. Workforce – Ryan Schroelucke
Workforce hosted subject matter expert Dr. Jodi Frey and Jarrod Hindman to review Employee Assistance Programs (EAP). The group also looked at other best practices for workforce as it relates to suicide prevention.

VI. Initial Report Recommendations – James Bell

The Commissioners began review the Initial Recommendations and provided feedback as they have been listed.

Zaneta Adams motioned to send the list back to the subcommittees to add more details into their recommendations and to supply any evidence that would support the recommendation. Jessica DeJohn seconded. The motion carried.

VII. Virtual Townhalls & Listening Discussion – Nancy Buyle

- a. Agenda
The proposed agenda for the Focus Groups was reviewed. Questions were developed by Pat Smith and questions outside of this scope may be captured in the PRISSM activities.
- b. Outreach
Commissioners are encouraged to forward invitations on their listservs and to additional organizations for participation.
- c. Commission Member Sign Up
Commissioners are encouraged to complete the sign-up form to participate in the upcoming Focus Groups as facilitators.

VIII. Other Updates

a. Youth Suicide Prevention Summit – December 9, 2020

This summit was put together by the Michigan School Social Worker Group, Michigan School Counselors, and Michigan Association of School Psychologists. The group is not limiting registration and is looking for broad participation. The link has been provided to Commissioners to attend.

Zaneta Adams reported DMVA has been working with DNR to include signage in parks and gun ranges for suicide prevention.

IX. Next Steps

a. Action Item Recap – James Bell

The December Meeting will be extended by one hour to accommodate recommendation review.

Subcommittees are being asked to provide any evidence to support their recommendations.

Focus group invitations will be submitted after this meeting.

X. Public Comment (time permitting)

Public comment was provided by Bob Goble and James Gallant.

XI. Adjourn

Kevin Fischer motioned to adjourn the November Suicide Prevention Commission Meeting. Zaneta Adams seconded the motion. The November Suicide Prevention Commission adjourned at 12:06 PM.

The meeting recording can be found [here](#).

Upcoming Meetings

Suicide Prevention Commission Listening Session #1

December 1, 2020

1:00 PM – 2:00 PM

Suicide Prevention Commission Listening Session #2

December 3, 2020

10:00 AM – 12:00 PM

Suicide Prevention Commission – Workforce Subcommittee Meeting

December 8, 2020

10:00 AM – 11:00 AM

Suicide Prevention Commission – Policy Subcommittee Meeting

December 8, 2020

1:00 PM – 2:00 PM

Suicide Prevention Commission – Data Subcommittee Meeting

December 9, 2020

1:00 PM – 2:00 PM

Suicide Prevention Commission Listening Session #3

December 10, 2020

10:00 AM – 12:00 PM

Suicide Prevention Commission Listening Session #4

December 10, 2020

1:00 PM – 3:00 PM

Suicide Prevention Commission – Special Populations Subcommittee Meeting

December 11, 2020

1:00 PM – 2:00 PM

Suicide Prevention Commission Meeting

December 18, 2020

10:30 AM – 12:30 PM

December 2020 Suicide Prevention Commission Attendance Report

	Name	Present	Not Present
1	Shaun Abbey	X	
2	Zaneta Adams	X	
3	Brian Ahmedani	X	
4	William Becroft		X
5	Lily Bothe		X
6	Debra Brinson	X	
7	Nancy Buyle	X	
8	Adelle Cadieux	X	
9	Richard Copen	X	
10	Jessica DeJohn	X	
11	Sarah Derwin	X	
12	Amber Desgranges	X	
13	Corey Doan	X	
14	Kevin Frank Fischer	X	
15	Cathrine Frank	X	
16	John Greden	X	
17	Danny Hagen	X	
18	Cary Johnson		X
19	John Joseph	X	
20	Laurin Jozlin	X	
21	Jennifer Morgan		X
22	Thomas Reich	X	
23	Ryan Schroerlucke		X
24	Barbara Smith	X	
25	Corbin Standley		X
26	Kiran Taylor	X	
27	Kenneth Wolf	X	
	James Bell	X	
	Jennifer DeLaCruz	X	
	Linda Scarpetta	X	
	Patricia Smith		
	Orlando Todd	X	
	Jeff Spitzley		X

#	Subcommittee	Initial Recommendation	Revised Recommendation	Recommendation Category
1	Data	Encourage medical examiners and law enforcement to adopt a standardized investigation form.	Work in collaboration with existing organizations to standardize and enhance capacity for investigating and reporting suicide deaths. Standardize death scene investigation across the state in order to improve the completeness of data collected	Enhance data collection and systems
2	Data	Adopt data standards/definitions based on Centers for Disease Control and Prevention best practices.	Adopt data standards/definitions based on Centers for Disease Control and Prevention best practices.	Enhance data collection and systems
3	Data	Identify opportunities to leverage workplace reporting data for suicide prevention programs.	Build and staff a clearinghouse of state data on suicide	Enhance data collection and systems
4	Data	Identify opportunities for machine learning and artificial intelligence to identify trends/patterns during COVID-19 pandemic for suicidality.	Identify opportunities for machine learning and artificial intelligence to identify trends/patterns for suicidality.	Enhance data collection and systems
5	Data	Require health care, behavioral health care, public health, vital statistics and law enforcement organizations to collect suicide-related data.	Work in collaboration with existing organizations to standardize and enhance capacity for investigating and reporting suicide deaths.	Enhance data collection and systems
6	Policy	Increase funding for suicide prevention activities and resources.	Sustain and expand funding to support comprehensive suicide prevention efforts in the state. Provide financial support to localities for suicide prevention. Identify grant opportunities to support suicide prevention and intervention efforts.	Increase access to care

Commented [BJ(1): Uniformed way to look at suicide deaths within the state.

Including previous treatment for mental health, or is there is a diagnosis for mental health, previous attempts.

ME's office try to determine if individual were LGBTQ, collecting additional data.

Adding questions about substance abuse, or other familial factors.

Commented [BJ(2): Dr. Frey can be a resource for exploring this further.

Commented [BJ(3): Can be used beyond COVID-19. Explore AI and Machine Learning outside of the pandemic.

Also looking into disabilities, DD (re: special populations)

Encouraged to separate again.

Identify other COVID components

Commented [BJ(4): #5 may be better to collect for substance abuse and divorce data.

Is this only for completed suicides?

Ensure it is feasible and more than what we are doing right now

Commented [BJ(5): For crisis support or crisis center Recommend legislation for 988 funding to increase funding for crisis centers.

7	Policy	Reduce access to lethal means among persons at risk for suicide.	Support efforts, including safe storage of medication and firearms, to reduce access to lethal means by people who are at acute risk of suicide.	Increase and enhance protective factors
8	Policy	Encourage (explore and seek to continually improve) the use of evidence-based peer support programs as a model for suicide prevention.	Explore and seek to continually improve the use of evidence-based peer support programs as a model for suicide prevention.	Increase access to care
9	Policy	Select and routinely use an evidence-based or best practice screening tool and follow up suicide risk assessment tool that can be used by providers.	Expand the use of evidence-based screening, assessment, and suicide-specific treatments for those at risk.	Support integrated health care
10	Policy	Develop a suicide risk management protocol which includes the frequency and under what conditions the screening and risk assessment tools should be administered.	Expand the use of evidence-based screening, assessment, and suicide-specific treatments for those at risk.	Support integrated health care
11	Policy	Support integrated behavioral health, co-occurring disorders and primary care practices.	Sustain and expand funding to support comprehensive suicide prevention efforts in the state.	Increase access to care
12	Policy	Routinely screen adolescents and adults for depression using the PHQ or another approved screening tool.	Expand the use of evidence-based screening, assessment, and suicide-specific treatments for those at risk.	Support integrated health care
13	Policy	Continued support to MICAL and other phone, chat and text message crisis lines and related mobile crisis services.	Continue to support and expand suicide prevention hotlines, warmlines, text lines and other crisis lines.	Increase access to care
14	Policy	Enhance community coordination from crisis lines.	Improve care transitions for people with suicidal thoughts and behaviors who are discharged from emergency departments, inpatient settings. Encourage health care organizations to establish referral agreements between care settings and outpatient providers to	Support integrated health care

Commented [BJ(6): Are these being targeted to specific populations?

Commented [BJ(7): Consider looking at this collectively with the recommendation below.

A registry is a different topic. Consider screening tools for providers only or broader than this? Could also be available for faith based leaders or other general public.

When making recommendations needs to define "evidence base" – if for schools or hospitals or per population.

Should also include risk for suicide (consider the details here)

Adding "routinely" to recommendation

Risk prevention protocol that includes screening tools

Commented [BJ(8): May include more specific language as it evolved. Specific about substance use.

Commented [BJ(9): Also including something about substance use disorder. Removing barriers between SUD and other providers.

A potential area of funding – an area of behavioral health and substance use reimbursement. If integrated in primary care – can be difficult to afford for primary care because billing rates are not high enough. Are there ways to improve reimbursement for behavioral health, value-based payments of other incentives?

Commented [BJ(10): Can be combined with assessment recommendation above or add specificity for populations.

CAN BE REMOVED

Commented [BJ(11): Continued until we have 988.

Commented [BJ(12): REMOVE

			ensure recently discharged high risk patients have appointments within a reasonable timeframe. Encourage implementation of post discharge follow-up contacts with at risk individuals	
15	Policy	Create and enforce policies to reduce excessive alcohol use.	Create and enforce policies to reduce excessive alcohol use.	Increase and enhance protective factors
16	Special Populations	Conduct outreach to community partners to ensure people touched by suicide will know where to turn for help.	Sustain a coordinated central point of access where suicide prevention resources and training are accessible to the community.	Build community resilience and connectedness
17	Special Populations	Strengthen and expand survivors of suicide support groups in the state by aligning with community mental health regions and to encourage every county to have a survivor of suicide support group. (for youth and adult) utilizing evidence based where available and expand as becomes available.	Support the implementation of best practice programs that support safe messaging and leadership with the survivor of suicide loss community. Develop, expand and publicize local survivor leadership groups for community peer supports.	Build community resilience and connectedness
18	Special Populations	Educate faith organizations in suicide prevention.	Increase the public's knowledge of risk factor for suicide, recognition of warning signs in individuals, and preparedness to support and respond to those individuals	Build community resilience and connectedness
19	Special Populations	Recruit and train community volunteers to educate organizations they represent and the general public on suicide prevention.	Foster collaboration and partnership among public, private, non-profit and community entities. Encourage new partnerships among community-based organizations serving populations disproportionately impacted by suicide.	Build community resilience and connectedness

Commented [BJ(13): Broaden alcohol to substance misuse above.

Broaden or delete

Commented [BJ(14): Review AFSP Survivor of Suicide Support Group information by special population

Include culturally sensitive and give counties autonomy to respond to their community needs.

Commented [BJ(15): Everyone should be educated – all laypeople should have basic knowledge to assist individuals who are contemplating.

Identify as community organizations – to include all groups. Will need to narrow the scope to the special populations (faith groups, other trusted individuals in the community) Also on where to go – what's available in their communities

Developing infographics or marketing materials based on communities and community needs.

Commented [BJ(16): Identifying role established organizations can play in prevention. Working with pre-existing groups to see how they can best be supported and to support.

20	Special Populations	Encourage hospitals and other facilities to promote resource availability (within their hospital systems) to members or individuals at risk or attempters of suicide.		Support integrated health care
21	Special Populations	Annually survey suicide prevention resources in Michigan and publicize these resources at both state and local levels.	Annually survey suicide prevention resources in Michigan and publicize these resources at both state and local levels.	Increase access to care
22	Special Populations	Maintain a current resource database that families individuals at risk for suicide, first responders, other professionals, and natural community helper cans access for resource information	Sustain a coordinated central point of access where suicide prevention resources and training are accessible to the community.	Build community resilience and connectedness
23	Special Populations	Create community environments that supports seeking help without stigma.	Promote connectedness programs in neighborhoods, communities and among cultural groups and high-risk populations.	Build community resilience and connectedness
24	Workforce	Training requirements for licensure for teachers, school counselors, health care, behavioral health care personnel, law enforcement officers and other first responders.	Collaborate with licensing and certifying organizations to ensure that healthcare, school counselors, teachers and other professionals receive formalized training in suicide prevention/intervention as part of the credentialing process. Require content on suicide assessment, treatment and management in health science and social service courses taught in higher education.	Improve training and education
25	Workforce	Encourage employers to conduct employee assistance program audits to determine services available to support emotional health.	Encourage employers to conduct employee assistance program (EAP) audits to determine services available to support emotional health.	Increase access to care Increase access to care

Commented [BJ(17): Also including first responders, hospital personnel, etc.

Promote availability of emergency care to community members or individuals.

Would also need to emphasize compassionate care. Trauma-informed care. Should be referenced. Must be acknowledged within the executive summary and throughout.

Or suicide attempt survivors.

Commented [BJ(18): Will keep this recommendations. Few EBPs for these trainings but recommendation should go forward. QPR or Safe Talk included in academy or in education of program.

Living Works also producing a new training.

Commented [BJ(19): Does DIFS oversee insurance EAPs?

Additional discussion with Dr. Beecroft

			Encourage employers to work with EAP to promote awareness of services offered and promote easy access to behavioral health treatment services.	
26	Workforce	Recommend standardized training, reporting, and regular auditing of training between medical examiners in the reporting of suicide deaths in Michigan.	Recommend standardized training and regular auditing of training between medical examiners in the reporting of suicide deaths.	Improve training and education
27	Workforce	Develop standards for what information must be included in recovery support plans to build natural supports.	Support primary care practices in adopting suicide prevention protocols to build natural supports.	Support integrated health care
28	Workforce	Identify peer and natural support groups that can help individuals reduce feelings of isolation.	Expand peer to peer suicide support, education and prevention programs.	Build community resilience and connectedness
29	Workforce	Identify and adapt postvention toolkits for schools and communities in Michigan.	Create and distribute comprehensive suicide prevention toolkits and encourage institutions to modify materials for their use.	Build community resilience and connectedness
30	Workforce	Work with law enforcement agencies to include trained volunteers or other professionals who can accompany first responders to the scene of a suicide.	Foster collaboration and partnership among public, private, non-profit and community entities.	Build community resilience and connectedness
			Train communities to identify suicide risk and effectively intervene and support individuals in crisis.	Build community resilience and connectedness
			Educate communities on the prevalence of suicide and how to provide appropriate support and resources to those experiencing suicidal thoughts and behaviors.	Build community resilience and connectedness

Commented [BJ(20): More emphasis on the training and regular auditing.

Commented [BJ(21): Currently reporting in a reasonable time.

Commented [BJ(22): Defer to Policy Subcommittee.

Commented [BJ(23): Expand for all service offerings in the area, may consider using 211 or other coordinating groups.

Commented [BJ(24): Flag for Nancy Buyle. How do schools handle supports for other children and process how they are feeling? May need to include something for school districts without current offerings.

AFSP Toolkit – media releases, safe messaging templates all available. American Association of Suicidology

Commented [BJ(25): Local Outreach for Survivors of Suicide (LOSS) – a peer to peer model or Victims’ Advocates to go to the scenes to assist police officers or sit with families during investigation. Would like to see required in all counties.

31	Workforce	Provide school counselors, personnel or human resource officers in business and employment counselors with lists of suicide prevention resources available in their areas.	Sustain a coordinated central point of access where suicide prevention resources and training are accessible to the community.	Build community resilience and connectedness
32	Workforce	Provide schools and workplaces with resources for mental and physical health services and substance use treatment programs	Sustain a coordinated central point of access where suicide prevention resources and training are accessible to the community.	Build community resilience and connectedness
33	Focus Group	Increase capacity to make more trainings available (mental health first aid, youth mental health first aid, safe talk) etc.	Improve trainings on suicide assessment, treatment, and management for health professionals and expand the list of health professions required to receive training.	Improve training and education
34	Focus Group	Adopt evidence based models for school based settings such as – peer to peer, signs of suicide (SOS), Teen Mental Health First Aid, or Blue Envelope Campaign.	Expand the use of evidence-based screening, assessment and suicide-specific treatments for those at risk.	Support integrated health care
35	Focus Group	Learn to listen and ask better questions via required training	Improve trainings on suicide assessment, treatment, and management for health professionals and expand the list of health professions required to receive training.	Improve training and education
36	Focus Group	Provide education on HIPAA and suicide death	Support training for educators, law enforcement, first responders physical, mental health and substance use providers. Improve trainings on suicide assessment, treatment, and management for health professionals and expand the list of health professions required to receive training.	Improve training and education Improve training and education

Commented [BJ(26): MiHope Portal

Commented [BJ(27): Will remove. Redundant.

Commented [BJ(28): Defer to Policy

Commented [BJ(29): Flag for Special Populations

Commented [BJ(30): Remove, redundant

Commented [BJ(31): Has been identified as a barrier on discussing suicide. Review with general counsel – should be included in CMEs and education.

37			Promote social and emotional development skill-building programs for families in high-need communities.	Build community resilience and connectedness
38			Address the need for cultural and linguistic responsiveness	Increase access to care
39			Create supportive, inclusive, and safe communities especially for LGBTQ+ youth	Build Community Resilience and Connectedness
40			Promote implementation of the Zero suicide framework among Michigan health and behavioral systems through training and use of the Zero Suicide toolkit.	Support integrated health care
41			Support innovative ways to expand access to care, including technologies and other non-clinical supports	Support integrated health care
42			Develop and provide guidance to Suicide Death Review Teams	Enhance data collection and systems
43			Improve qualitative review and documentation of suicide risk among special populations through interviews, focus groups, etc.	Enhance data collection and systems
44			Improve data captured during mental health/self-harm injury hospitalizations or emergency department visits	Enhance data collection and systems