

#### STATE OF MICHIGAN

## GRETCHEN WHITMER GOVERNOR

## DEPARTMENT OF HEALTH AND HUMAN SERVICES LANSING

ELIZABETH HERTEL
DIRECTOR

#### **Michigan Suicide Prevention Commission**

July 16, 2021 10:30 AM – 11:30 AM South Grand Building – Grand Conference Room 333 S. Grand Avenue, Lansing, MI

> Conference Line: 248-509-0316 Access Code: 565105576#

#### **AGENDA**

- I. Call to Order Nancy Buyle
  - a. Roll Call
  - b. Virtual Decorum
- **II. Public Comment** (comments are limited to 3 minutes)
- III. Review and Adopt May 2021 Meeting Minutes
- IV. MDHHS Updates
  - a. Behavioral Health and Developmental Disabilities Administration Dr. Deb Pinals
  - b. Injury Violence Prevention Jennifer DeLaCruz/Pat Smith
  - c. Prevention Block Grant Rachel Zaguskin
- V. Post Suicide Prevention Workgroup Discussion Barb Smith/Lindsey DeCamp
- VI. Other Updates
- VII. Next Steps
  - a. Action Item Recap James Bell III
- VIII. Public Comment (time permitting)
  - IX. Adjourn

## **Upcoming Meetings**

## **Suicide Prevention Commission Meeting**

September 17, 2021 10:30 AM – 12:30 PM

Please contact James Bell for additional meeting information.

July 2021 Suicide Prevention Commission Attendance Report

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



GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES LANSING

ELIZABETH HERTEL DIRECTOR

#### **Michigan Suicide Prevention Commission**

May 21, 2021 10:30 AM – 12:30 PM Join Microsoft Teams Meeting

Conference Line: 248-509-0316 Access Code: 565105576#

#### **AGENDA**

### I. Call to Order – Nancy Buyle

Nancy Buyle called the meeting to order at 10:30 AM. The roll was taken, and a quorum of members were present.

**II. Public Comment** (comments are limited to 3 minutes)

Public Comment was provided by Celeste Kanpurwala, James Gallant, and Neal Elkin.

#### III. Review and Adopt April 2021 Meeting Minutes

Shaun Abbey motioned to accept the April 2021 Suicide Prevention Commission Meeting minutes. Sarah Derwin seconded the motion. The motion was unanimously approved.

#### IV. MDHHS Updates

a. Behavioral Health and Developmental Disabilities Administration – Dr. Debra Pinals

May is Mental Health Awareness month and the administration has been working to honor it. Every week there are updated videos on the Stay Well web site dedicated to the workforce. The administration continues to work on the crisis line.

b. Injury Violence Prevention – Jennifer DeLaCruz/Pat Smith

The Suicide Prevention Communication Specialist started earlier this week. It is a half time position associated with the Preventing Suicide in Michigan Men Project.

## c. American Association of Suicidology Conference – Rachel Zaguskin

The American Association of Suicidology hosted their annual conference recently. Suicide Prevention Commission Co-Chair Brian Ahmedani, and Corbin Standley were presenters. The 2022 Conference will be held in Chicago, IL.

The Commission would like to consider aligning future activities with the AAS Conference.

#### V. School Blue Envelope Program – Jody Sprague

Jody Sprague (Spectrum Health) presented on Suicide S.A.F.E. Team Response: School Blue Envelope Program. Her presentation can be found <u>here</u>.

#### VI. Executive Committee Update – Nancy Buyle

### a. Summer Meetings

The Suicide Prevention Commission proposed adopting summer hours – canceling meetings in June and August. will not meet in June or August.

Shaun Abbey motioned to cancel the June and August meeting and to have a one hour meeting in July. Jessica DeJohn seconded the motion.

#### b. New Workgroups

The Commission will be explore additional workgroups to implement some of the recommendations from the report. These workgroups will be dedicated to the Death Scene Investigation Form and Universal Screening Tool.

#### c. Recommendation Tracking

Corbin Standley and Nancy Buyle have worked on a document for tracking recommendations. The Commission is responsible for reviewing and providing any feedback before implementation.

#### VII. Subcommittee Updates

a. Policy – Jessica DeJohn

Rachel Zaguskin reported the Subcommittee is working to identify active policies that will impact the Commission's priority areas.

#### VIII. Other Updates

The Commission is interested in identifying if there are existing communities that are monitoring points where individuals could die by suicide due to jumping. Additional research is desired around fencing, nets, etc.

#### IX. Next Steps

- a. Action Item Recap James Bell III
  - i. Coordinating future activities with AAS
  - ii. Forward Jody's presentation to the Suicide Prevention Commission list serve
  - iii. Finalize recommendations tracking document and workgroups

## X. Public Comment (time permitting)

Public Comment was provided by James Gallant and Neal Elkin.

#### XI. Adjourn

John Joseph motioned to adjourn the May 2021 Suicide Prevention Commission Meeting. Shaun Abbey seconded the motion. The motion was unanimously approved.

The meeting adjourned at 11:01 AM.

## **Upcoming Meetings**

## **Suicide Prevention Commission Policy Meeting**

June 8, 2021 1:00 PM – 2:00 PM

## **Suicide Prevention Commission Meeting**

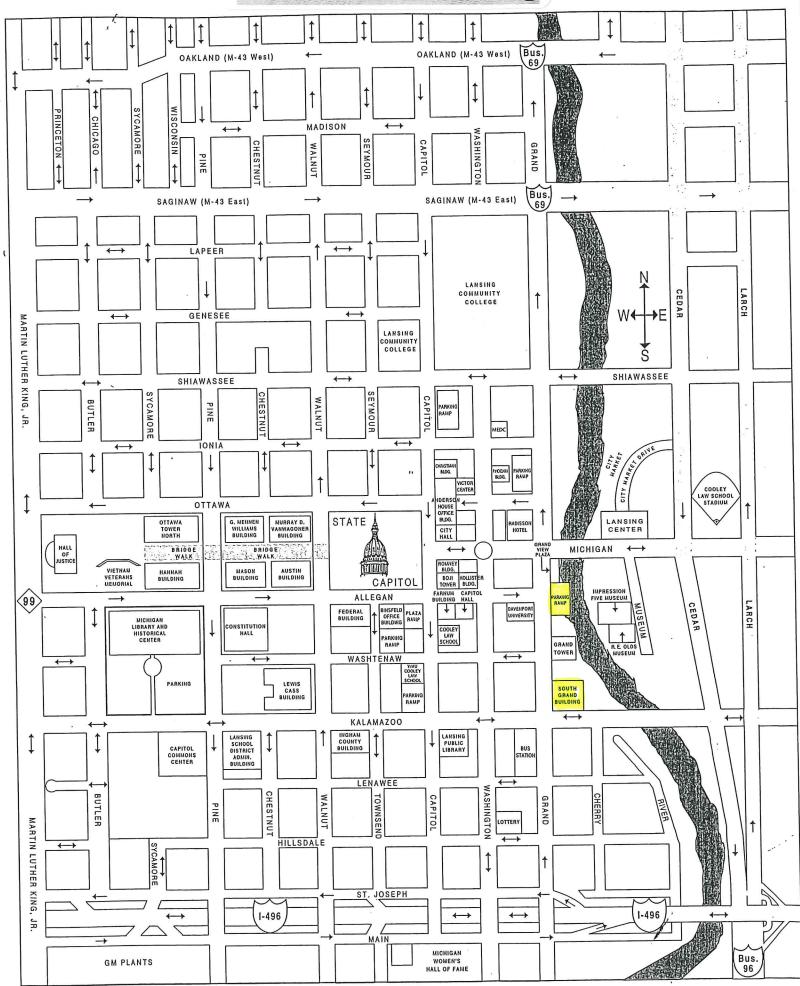
July 16, 2021 10:30 AM – 11:30 AM

Please contact James Bell for Subcommittee Chair contact information.

May 2021 Suicide Prevention Commission Attendance Report

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

## **Downtown Lansing**



(Rev. 1/2017)









## **2021 MI Governor's Challenge Initiative**

Suicide Prevention Commission July 16, 2021

## **Introductions**



Zaneta Adams, J.D.

Director of Michigan Veterans Affairs Agency
Chair of MI Governor's Challenge Initiative
Michigan Suicide Prevention Commission Member



Julie Cortright, LNHA

Health and Welfare Analyst with MVAA

Co-Lead of MI Governor's Challenge Initiative





## Agenda

- □Overview of the Michigan Governor's Challenge
- ☐ Review of the Michigan Veteran Connector Initiative
- ☐ Transitions of Care & Collaboration Initiatives
- ☐ Michigan Psych Armor Portal Overview
- □Open Forum/Questions





□ Michigan has partnered with SAMHSA and the United States Department of Veterans Affairs (VA) to bring the *Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families* to our communities across Michigan.

☐ The Governor's Challenge is an intensive process that takes each state team through the stages of both a Policy Academy model and an Implementation Academy model.

☐ TA is provided by SAMHSA's SMVF TA Center throughout this process.





## **Key Efforts and Focus**

- □Reducing suicide among service members, veterans, and their families;
- □Increasing access to services and support;
- □ Expanding state-wide capacity to engage SMVF in public and private services;
- □Enhancing provider and SMVF peer practices;
  - ✓ Implementing innovative best practices (e.g., Screening and Asking the Question have you or a member of your household ever served in the military?)





## Michigan's 2021 Targeted Efforts

| Group # | Priority Workgroup   | Selected Strategy   |
|---------|--|---|
| Group 1 | Health providers and other community partners will identify SMVF and be provided information on how to make referrals to appropriate care. | Launch (Ask the Question) initiative/'MI Veteran Connector' to medical community and EMS throughout MI.   |
| Group 2 | Increase access to existing VA and other resources, community partnerships, and peer systems.  | Develop a 'MI Veterans Justice Outreach Program' with the Michigan Department of Corrections that includes a peer support component.  |
| Group 3 | Develop a culturally competent multi-prong approach to lethal means safety, education, and resources.                                      | Develop and distribute tip sheet and wallet card for resources on lethal means safety that uses the Governor's Challenge logo to state parks, campgrounds, and gun ranges. Create gun store map for Michigan. |





## **Proactive approaches**

Proactive approaches to suicide prevention includes an element of screening for military-connectivity.

□ Earlier identification of service members, veterans and their families allows for referrals to be made proactively prior to a crisis.





## **Proactive approaches (continued)**

The <u>more connected</u> veterans are to services (federal, state and local) the lower their risk for suicide.

- □Ask "Have you or a member of your household served in the military?"
- ☐ To encourage organizations to "Ask the Question" the MI Governor's Challenge team developed the MI Veteran Connector designation.





## **Michigan Veteran Connector**

- □Symbolizes an organization's ongoing efforts to proactively support and connect service members, veterans, and their families to earned benefits.
- □ The Governor's Challenge is currently engaging many sectors to implement innovative and proactive approaches to screening and identifying (e.g., *Asking the Question have you or a member of your household ever served in the military?*). This includes but not limited to:
  - ✓ Community Integrated Paramedics
  - ✓ Medical Control Authorities
  - ✓ State Court Administrative Office
  - ✓ MI Department of Corrections
  - ✓ Secretary of State
  - ✓ Financial Sector
  - ✓ Health Care Association of Michigan
  - ✓ Michigan Osteopathic Association
  - ✓ Michigan Medical Group Management Association







## **Benefits of Becoming a MI Veteran Connector**

| ☐ "Michigan Veteran Connector" badge to display on website and/or email signature block   | k.       |
|---|----------|
| □Logo displayed on MVAA website as a "Michigan Veteran Connector".  |          |
| ☐ Free veteran centric materials including but not limited to printed materials, business caresource guides.  | rds, and |
| ☐ Access to the Michigan Governor's Challenge Psych Armor Portal which contains free vecentric training and resources. <i>This has free CME for physicians and other licensed practitioners.</i>  | teran    |
| □Introductions to the local MVAA Veteran Service Officer and DHHS Veteran Navigator. Cr<br>of a referral process and as needed on-site consultations for SMVF that present to the<br>Emergency Room or your office and are in immediate need of assistance. Michigan has a<br>Veteran Navigator Program that services the entire state. |          |





## **Benefits Continued**

- Introductions to the MVAA manager for the **Buddy-to-Buddy Veteran Mentorship & Community Engagement and Regional Engagement Initiative**. This is a personal, one-on-one veteran mentorship to veterans of all eras and discharge types.
- □ Introductions to the local VA Suicide Prevention Coordinator.
- Ongoing support from the MVAA Health & Welfare Analyst and MVAA Partnership Coordinator. Remember, our community can *lean* on the MVAA to link those who are military connected to their benefits, including:
  - ✓ Health care and mental health resources
  - ✓ Emergency housing
  - ✓ Disability compensation
  - ✓ Education and employment assistance, including connection to our Veteran-Friendly Employers
  - ✓ Food programs
  - ✓ Emergency financial assistance
  - ✓ Retrieval of DD-214s





## Call to Action: "Become a Veteran Connector"

The Governor's Challenge Initiative is encouraging our medical communities, hospitals, judicial system, financial sectors, and businesses to become a Veteran Connector.

□ Everyone can help to better serve our veterans and their families by asking "have you served?"

| Michigan |





Veteran

Connector

# Transitions of Care & Collaboration Initiatives





## MILITARY SERVICE?

There may be benefits and resources available to help you through your current situation.

## Have you or a member of your household served in the military?

The **Michigan Veterans Affairs Agency** can connect you to benefits and resources in all areas of life, including help with overcoming substance use disorders, employment and health care. Let us review what options are available.

All services are free and confidential. It starts by calling **1-800-MICH-VET** (1-800-642-4838) or by scanning your smartphone camera on our QR code to visit our website, **Michigan.gov/MVAA**.

#### Lean on us to connect you to benefits, including:

- Emergency financial assistance
- · Housing and rental assistance
- Legal air
- · Food programs
- Employment, including connection to our Veteran-Friendly Employers
- ite including
- Disability compensationRetrieval of DD214s
- Health care and mental health resources
- Education assistance





Updated on 5/20/2021

# **Collaboration with Naloxone Leave Behind Program**

- The Governor's Challenge collaborated with the Department of Health and Human Services to include information and training on how to access free resources for Service Members, Veterans, and their Families in every kit within their EMS Naloxone Leave Behind Program.
- ☐ Each kit comes with the medication to reverse opioid overdoses, and instructions for use. Within this kit, the Governor's Challenge has included a postcard with instructions on how to access additional free resources for veterans.
- ☐ Trainings have started with Community Integrated Paramedics and a September 9<sup>th</sup> training will be held to highlight how and why to screen for military connectivity.





#### SUCCESSFUL **SMVF REENTRY**

As part of the Governor's Challenge to Prevent Suicide Among Service Members, Veterans and their Families, the Michigan Veterans Affairs Agency (MVAA) has developed this resource guide, outlining steps for service members, veterans and their families (SMVF) to create a smoother transition when entering back into the community.



#### **GIVE YOURSELF GRACE**

This reentry will be a change for yourself. your family and friends. Have patience and persistence and do not suffer in silence or let anything prevent you from seeking help when necessary. Everyone needs assistance at some point. We want you to be successful with this next chapter of your life.



#### **CONTACT THE MVAA**

The Michigan Veterans Affairs Agency (MVAA) can connect you to benefits and resources in all areas of life, including education, employment and health care Let us review what options are available.

All services are free and confidential. It starts by calling 1-800-MICH-VET (1-800-642-4838) or by visiting our website, Michigan.gov/MVAA.

## **GUIDANCE FOR** A SUCCESSFUL REENTRY

for Service Members. Veterans & their Families (SMVF)











## **MDOC Collaborations**

- ☐ Brochure and referral process developed to ensure re-entry is smooth and those who are incarcerated are setup to succeed.
- ☐ Engagement with MDOC EPIC Team to start telehealth VA and MVAA visits within pilot location.
- Utilization of VRSS and Asking the Question to identify veteran status.
- ☐ Encouragement of veterans to place "veteran status" on driver's license or state ID prior to release.





## **Engagement with Gun Ranges and Shops**

Governor's Challenge to Prevent Suicide Among Service Members

Veterans and their Families

#### **FACTS**

- Firearms are the deadliest and most common method of suicide in the United States.
- 90% of people who survive a suicide attempt do not go on to die by suicide later in life.
- Many suicide attempts are made with little planning and during a short-term crisis.
- When access to a highly lethal suicide method is reduced, the overall suicide rate drops.
- Firearms used in youth suicide usually belong to a parent.
- Acute suicidal feelings often pass over time or with changes in life circumstances, treatment or support.

#### SUICIDE PREVENTION EFFORTS IN MICHIGAN

The State of Michigan is participating in the Governor's Challenge to Prevent Suicide Among Service Members, Veterans and their Families, a nationwide initiative to combat suicide.

Visit Michigan.gov/SuicidePrevention for Michigan specific suicide prevention resources and information.



#### WHEN A FRIEND OR FAMILY LETHAL MEMBER IS AT RISK FOR **VIOLENCE, SUICIDE, OR ACCIDENTAL INJURY** MEANS Discuss safe gun storage or disposal with your friend or family member. SAFETY · If mental health or substance abuse is a concern, recommend counseling or treatment. Bring them to a primary care physician, mental health center or emergency department to be evaluated for potential harm & treatment options. Call the National Suicide Prevention Lifeline at 1-800-273-8255 (Veterans Press 1) for support and resources. · If you believe they are violent, suicidal or could cause accidental injury, call the local police department. The police department may reevaluate the person for gun licensing requirements and capacity to own a gun and revoke the gun license if requirements Keep limited amounts of medication accessible to the friend or family member. Doctors can help determine a safe quantity to have and change prescription quantities. Controlled substances should be locked. · Alcohol can increase chances of unwise

decisions and the chances of an unintentional attempt.

- ☐ Working on development of a Michigan Gun Storage map.
- □ Collaboration with SAMHSA and Hold My Guns.
- Development of lethal means safety brochure and wallet card.
- □ Encouragement for gun ranges and shops to hand out free VA gun locks with each purchase.
- ☐ Encouragement for gun ranges and shops to become a "MI Veteran Connector".





## **Engagement and collaboration with State Court Administrative Office**





- ☐ Utilization of website banners within courts.
- ☐ Memo from Chief Justice encouraging courts to become "MI Veteran Connectors".
- ☐ Engagement with MI Legal Help on how to assist veterans with expungements.





Anyone can request a benefits consultation for military-connected individuals by visiting <a href="https://www.michigan.gov/mvaa">https://www.michigan.gov/mvaa</a> and clicking the Check on MIVet link at the top of the site.



In addition, MVAA also has a 24/7 call center that connects veterans to state programs, federal benefits, and local resources.

1-800-MICH-VET

(800-642-4838)



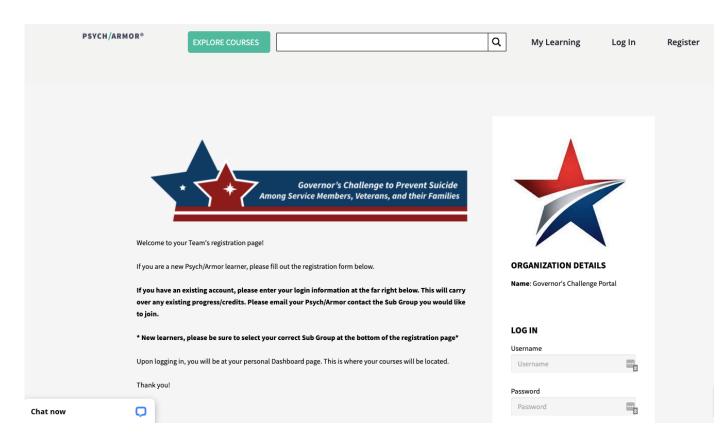


## Governor's Challenge Training Portal Overview



## **Governor's Challenge Online Training Portal**

- ☐ Michigan now has a PsychArmor Institute Governor's Challenge Training Portal.
- ☐ Web-based, single point of entry with access to a set menu of **PsychArmor online trainings** and links to **offsite trainings**.
- ☐ Michigan now can **promote online trainings to communities and providers** to support strategies related to our suicide prevention strategic action plans.







## **GC Portal - Trainings Menu**

| 10 Trainings Available*                                       |  |  |  |  |
|---|--|--|--|--|
| VA S.A.V.E  | Crisis Response Plan for Health Care Providers – Introduction and Assessment |  |  |  |
| Connecting with the VA  | Crisis Response Plan for Health Care Providers – Intervention                |  |  |  |
| 15 Things Veterans Want You to Know for Health Care Providers | Postvention  |  |  |  |
| Suicide in Military Members and Veterans                      | Women Who Serve  |  |  |  |
| Inner Conflict and Survivor's Guilt                           | Substance Use Disorder in Military and Veteran Populations                   |  |  |  |

<sup>\*</sup>Michigan is current working with SAMHSA, the VHA, the Michigan Chapter of the American Foundation for Suicide Prevention, and the National Shooting Sports Foundation to incorporate additional trainings for Firearms and Suicide Prevention.





## MI Governor's Challenge Training Portal - FACTS

Available to all 40 current MI Governor's Challenge participants.

☐ Currently ~1000 learner seats available. Trainings are free and have *CME for licensed providers*.

☐ Portal will be accessible through August 31, 2022.

Quarterly metric reports will be available.







# Stay safe. Stay healthy. Stay connected. Veteran resources and support are available to you

## Open Forum/Questions

## **Thank You!**





Michigan



# Postvention Activity in Michigan

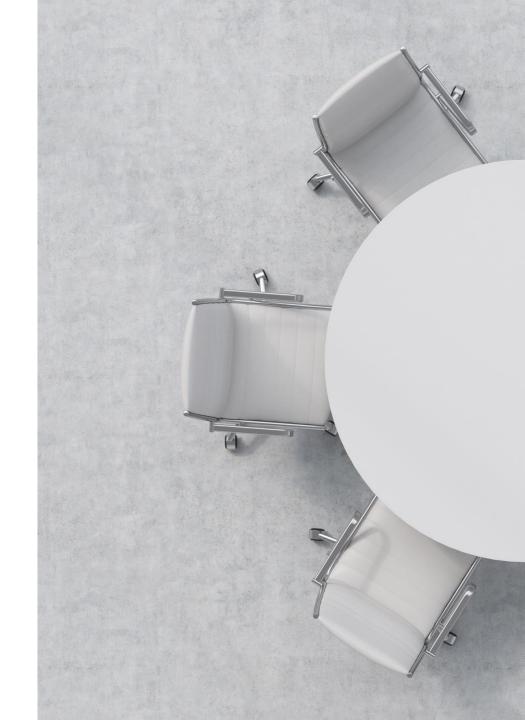
Results from the TYSP-Mi3 2020 Postvention Activity Needs Assessment and Baseline Survey



As part of TYSP-Mi3's goal to assess and support suicide prevention services across the state, we sent an online survey to each county's suicide prevention coalition leader to try to better understand their postvention resources and needs.

## Methodology

- Surveys were developed collaboratively by the Postvention Workgroup & UM Evaluation team.
- Distributed by Chair Barb Smith





#### Postvention Activity Needs Assessment and Baseline Survey

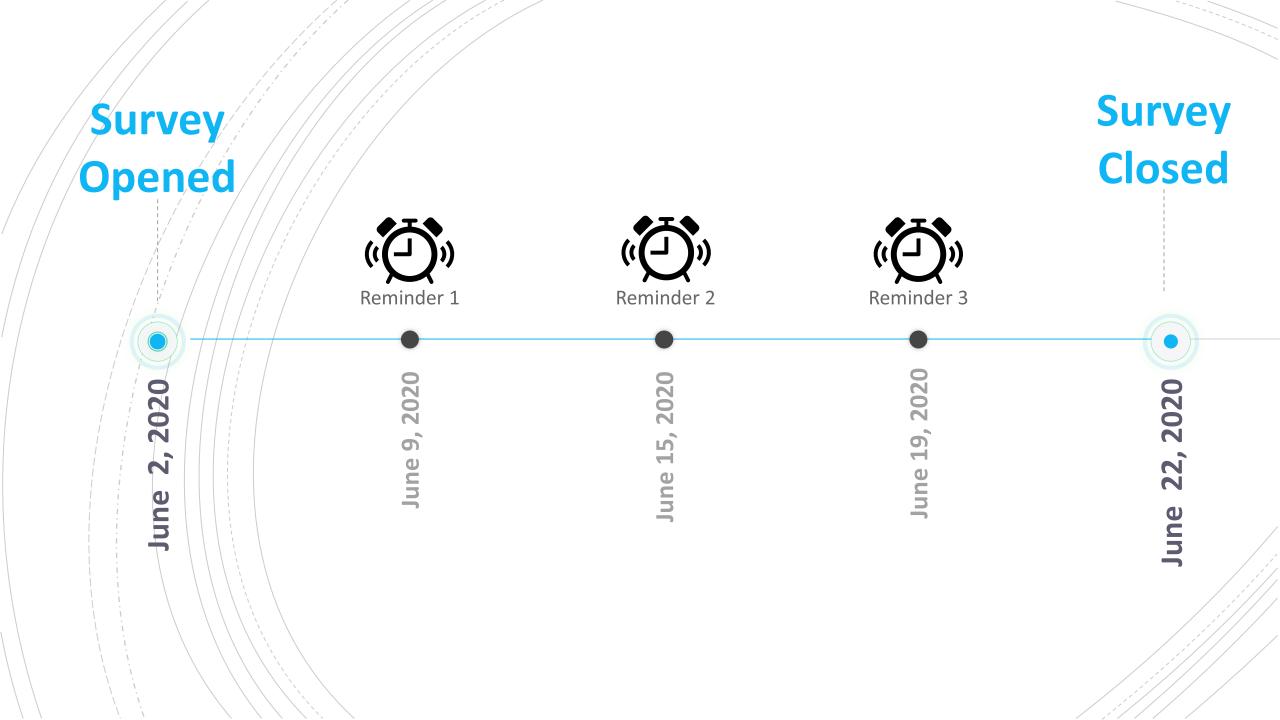
#### Instructions:

The state of Michigan has recently received a grant focused on suicide prevention. One of our goals is to both assess and support suicide postvention services across the state. You are receiving this survey because you have been identified as the lead for your county's suicide prevention coalition or as someone actively involved in postvention services. We are sending a minimum of one survey to each Michigan county to try to better understand each county's postvention resources.

If you are not involved in a coalition, but do have information about postvention, please complete to the best of your ability. If you no longer serve as your county's coalition chair, you can either forward this survey to the correct person or email Barb Smith (barb.smith@suicideresourceandresponse.net) to indicate that you are not able to complete it

To the extent possible, please work with your coalition/community/agency to answer the attached questions. We have attached a printable PDF to facilitate discussions with your coalition members. Please submit your responses via use of this Qualtrics Survey. If you are not able to gather a consensus to inform your responses, please answer to the best of your ability. You are also able to forward this link to other individuals in your county to complete the survey, that is, we can receive multiple responses per county. Thank you in advance for all you do on behalf of suicide prevention in our state.

The Transforming Youth Suicide Prevention in Michigan Grant Team
Pat Smith, Principal Investigator (MDHHS)
Lindsay DeCamp, Project Director (MDHHS)
Cindy Ewell Foster, Program Evaluator (University of Michigan)
Barb Smith, Chair Postvention Work Group (Barb Smith Suicide
Resource & Response Network)



### Response



Of the 83 counties in Michigan, 44 counties provided data for the needs assessment survey (44/83= 53% response rate)



11 counties provided multiple responses, which were aggregated (with either means or modes to preserve scaling).



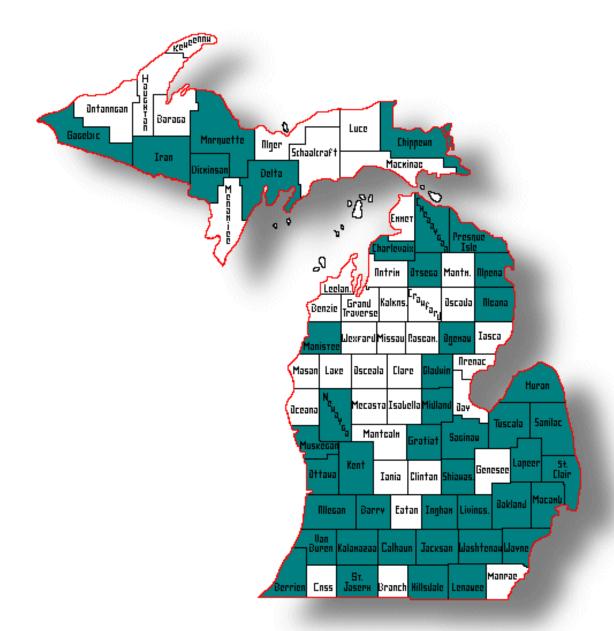
Data reported in this presentation captures the responses of the 44 participating counties.

#### Counties that Responded

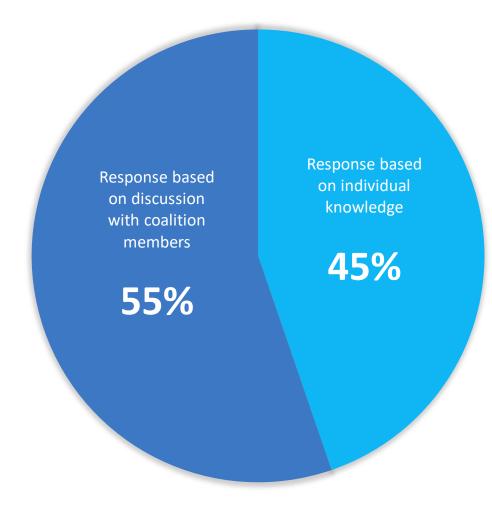
- Alcona
- Allegan
- Alpena
- Barry
- Berrien
- Calhoun
- Charlevoix
- Cheboygan
- Chippewa
- Delta
- Dickinson
- Gladwin
- Gogebic
- Gratiot
- Hillsdale

- Huron
- Ingham
- Iron
- Jackson
- Kalamazoo
- Kent
- Lapeer
- Lenawee
- Livingston
- Macomb
- Manistee
- Marquette
- Midland
- Muskegon
- Newaygo

- Oakland
- Ogemaw
- Otsego
- Ottawa
- Presque Isle
- Saginaw
- St. Clair
- St. Joseph
- Sanilac
- Shiawassee
- Tuscola
- Van Buren
- Washtenaw
- Wayne



Does this survey reflect the consensus of your coalition?





# Suicide Prevention Coalitions in Michigan

# Counties with Active Suicide Prevention Coalition

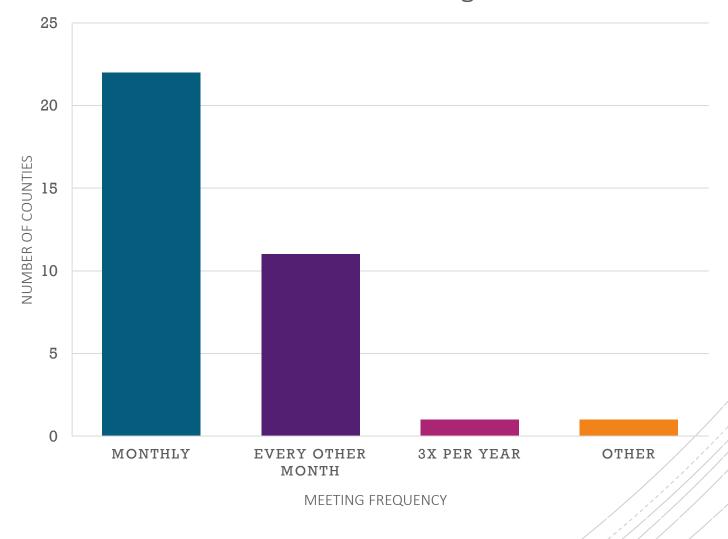
- 84% (37/44) of counties who responded have an active coalition
- Missing data on 39 county coalitions

- Coalition Membership
  - Average = 39 members
  - Range = 8 to 150 members
- Meeting Attendance
  - Average =13 members per meeting
  - Range = 5 to 30 attendees per meeting

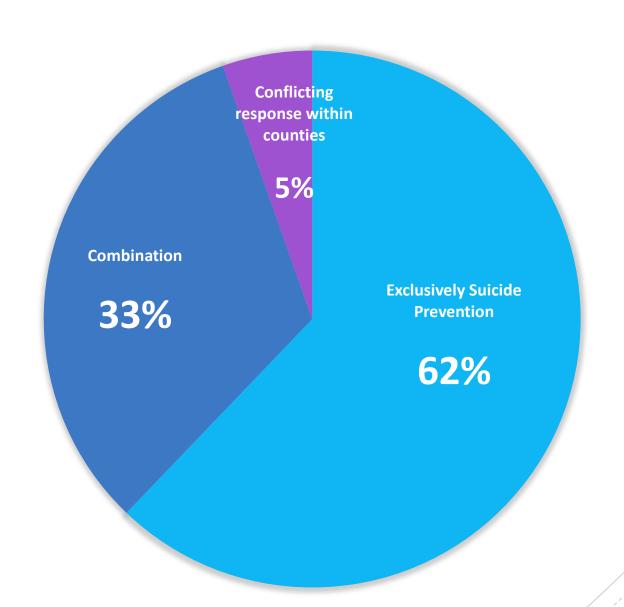
# Suicide Prevention Coalition Meetings

How often does your county suicide prevention coalition meet?

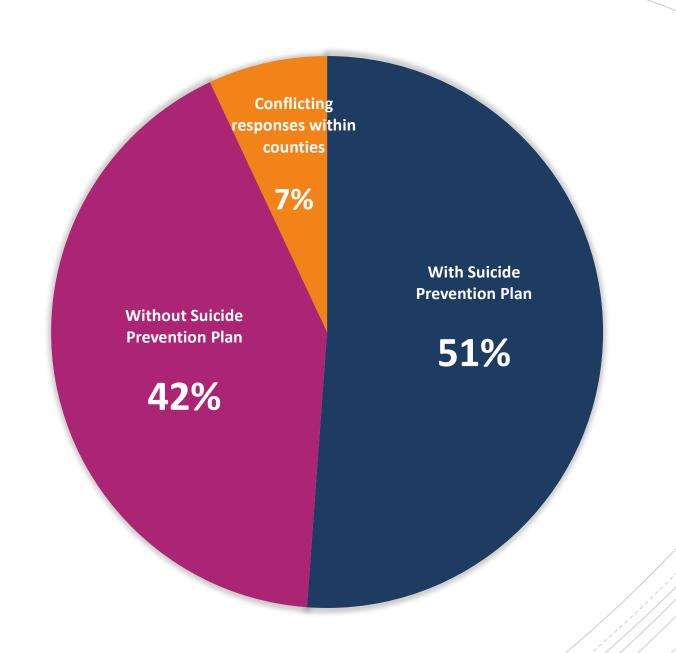
#### Frequency Of Suicide Prevention Coalition Meetings



County Coalitions
Focused on
Suicide
Prevention



Counties With
Suicide
Prevention Plans



# Top Priorities of County Coalitions



Priority #1



Priority #2



Priority #3

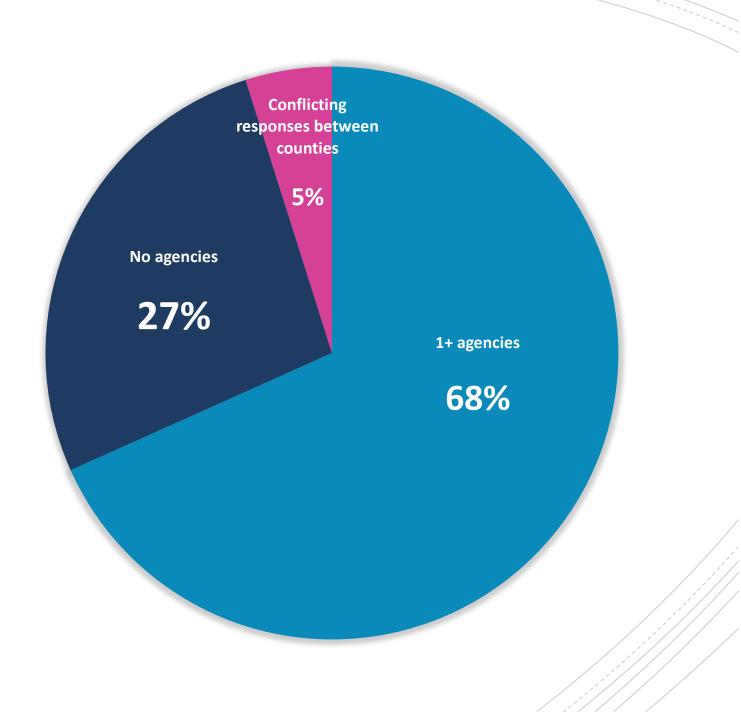
Time Since Suicide Prevention Plan was Updated

- Average = 3 years and 8 months
- Range = Less than 6 months to 12 years



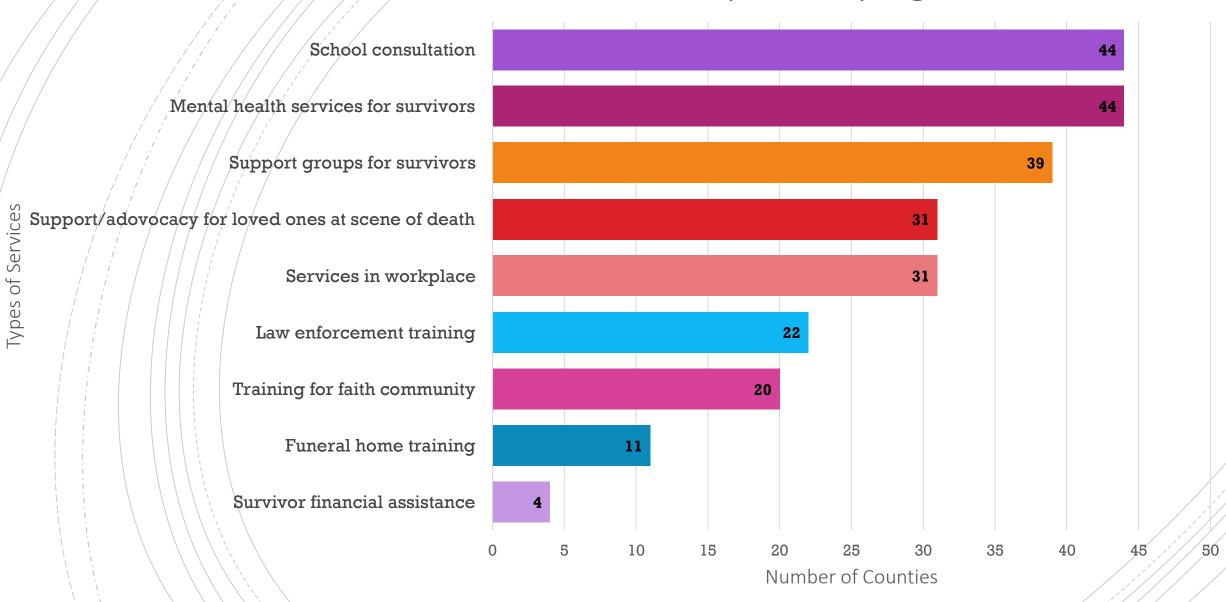
# Postvention Services in Michigan

Counties with Agencies Whose Role is to Provide Postvention Services



# Availability of Postvention Services

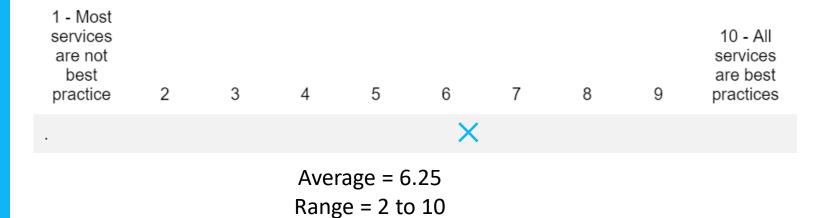
- Formal postvention services:
  - Yes = 18/44 (41%)
  - No = 19/44 (43%)
  - Conflicting response within counties = 4/44 (9%)
  - No response = 3/44 (7%)
- Informal postvention services:
  - Yes = 29/44 (66%)
  - No = 11/44 (25%)
- Counties with no postvention services:
  - **3/44 (7%)**

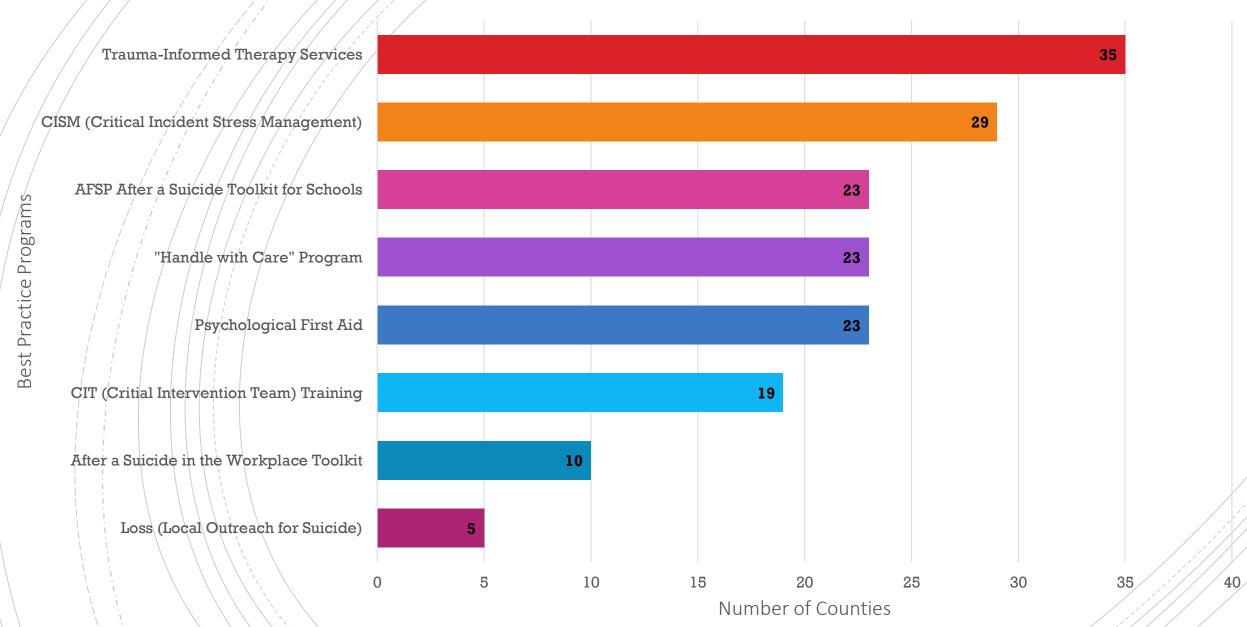




How are postvention services funded by these agencies?

On a scale of 1-10, to what extent are the postvention services available in your county considered best practices?





On a scale of 1-10, how sufficient are the available postvention services relative to the need in your county?

|              |   |              |   | 5 - Neither  |   |            |   |   |               |
|--------------|---|--------------|---|--------------|---|------------|---|---|---------------|
| 1 -          |   |              |   | sufficient   |   | 7 -        |   |   | 10 -          |
| Completely   |   | 3 - Mostly   |   | or           |   | Mostly     |   |   | Completely    |
| insufficient |   | insufficient |   | insufficient |   | sufficient |   |   | sufficient to |
| to meet      |   | to meet      |   | to meet      |   | to meet    |   |   | meet          |
| needs        | 2 | needs        | 4 | needs        | 6 | needs      | 8 | 9 | needs         |



Average = 5.2 Range = 2 to 9



What are the gaps you see in the postvention services available in your county?

On a scale of 1-10, how high of a priority is postvention for your county/suicide prevention coalition, relative to other aspects of suicide prevention?

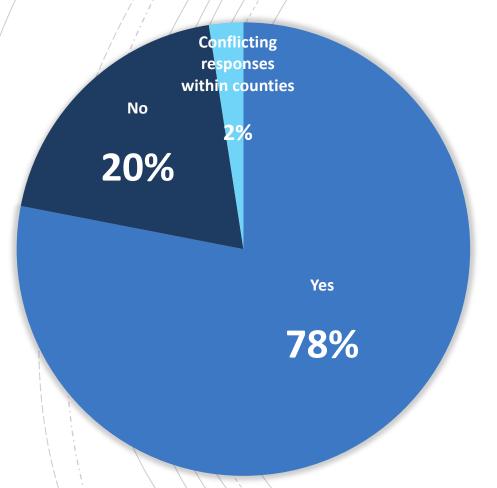


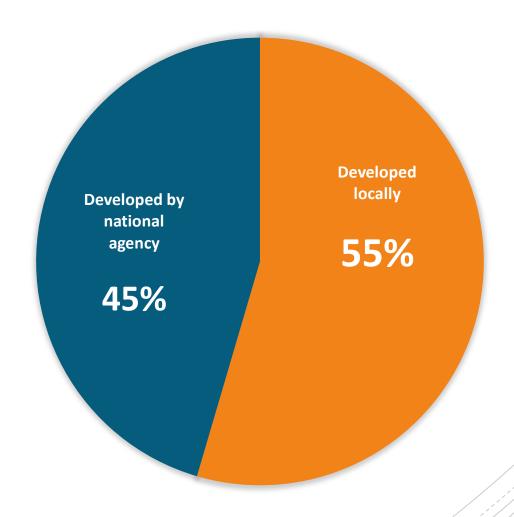
Average = 5.8 Range = 2 to 10

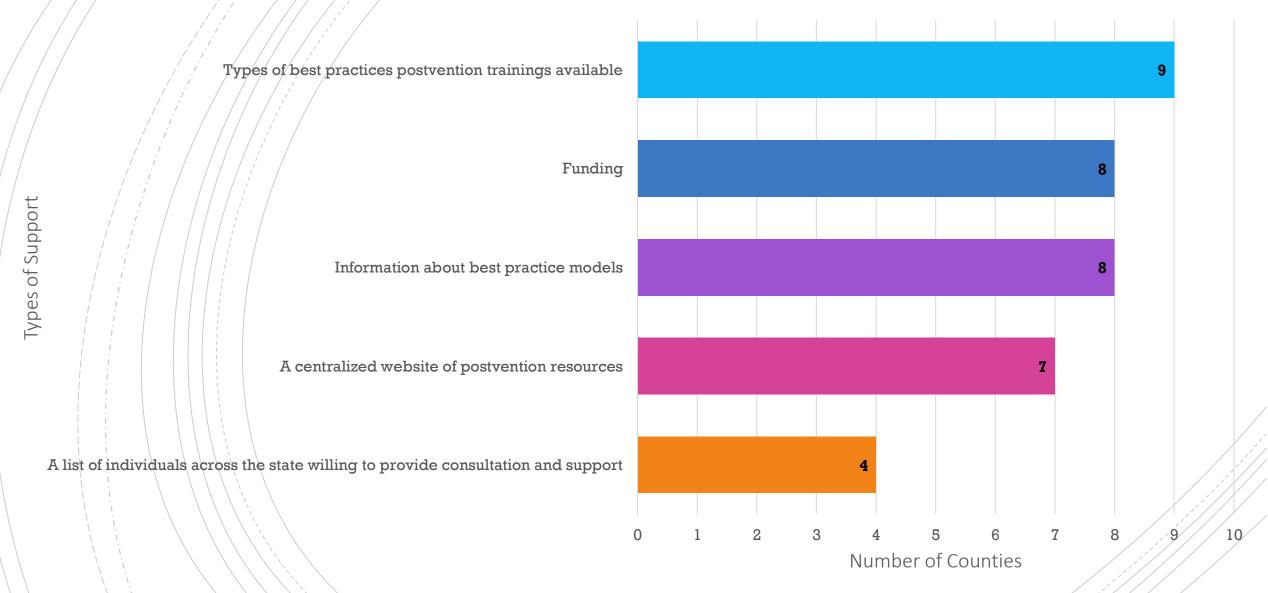
#### Postvention Resource Materials

Does your county have resource materials that are distributed to survivors of suicide loss?

Locally developed or developed by a national agency?









# Conclusions & Suggested Action Steps

# Conclusions & Suggestions

- Need to increase engagement with coalitions who didn't participate in the survey.
- Continue to provide technical assistance on the development and updating of county suicide prevention plans
- Postvention services are under resourced in Michigan
- Need to elevate postvention as a priority
- Create partnerships to make postvention a sustainable part of suicide prevention