



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
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**
 - a. Roll Call
 - b. Virtual Decorum
- II. Public Comment** (comments are limited to 3 minutes)
- III. Review and Adopt April 2021 Meeting Minutes**
- IV. MDHHS Updates**
 - a. Injury Violence Prevention – Jennifer DeLaCruz/Pat Smith
 - b. American Association of Suicidology Conference – Rachel Zaguskin
- V. School Blue Envelope Program – Jody Sprague**
- VI. Executive Committee Update – Nancy Buyle**
 - a. Summer Meetings
 - b. New Workgroups
 - c. Recommendation Tracking
- VII. Subcommittee Updates**
 - a. Policy – Jessica DeJohn
- VIII. Other Updates**
- IX. Next Steps**
 - a. Action Item Recap – James Bell III
- X. Public Comment** (time permitting)
- XI. Adjourn**

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		
2	Zaneta Adams		
3	Brian Ahmedani		
4	William Becroft		
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		



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April 16, 2021

10:30 AM – 12:30 PM

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Conference Line: 248-509-0316

Access Code: 565105576#

MINUTES

I. Call to Order – Brian Ahmedani

a. Roll Call

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

b. Virtual Decorum

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

Public comment was provided by James Galant.

III. Review and Adopt March 2021 Meeting Minutes

Cathy Frank motioned to accept the March 2021 Suicide Prevention Commission Meeting minutes. Corey Doan seconded the motion. The motion was unanimously approved.

IV. MDHHS Updates

a. Injury Violence Prevention – Jennifer DeLaCruz/Pat Smith

Pat Smith discussed how there were not really any updates in terms of the Suicide Prevention Program Injury and Prevention section.

Continuation for the Adult Suicide Program has been submitted to the Center for Disease Control and Prevention (CDC). Still implementing activities from the year one proposal.

A candidate has been chosen for the PRISSM Epidemiologist position.

Interviews have been completed for the Communication Specialist, working with PRISSM Adult Suicide Prevention Program. Helpful for safe and effective messaging.

Pat Smith will be speaking briefly about the state planning activities that have been going on recently around national implementation of 988 – new face of Suicide Prevention Lifeline.

V. Subcommittee Updates

a. Special Populations

Shaun Abbey voiced the cancelation of Special Populations Subcommittee meeting for this month due to spring break and not a lot on the agenda. Voiced the need for direction for subcommittees to continue their work.

Deb Brinson asked if anyone was connecting with the schools to discuss and help guide the conversation in regard to education of suicide prevention in schools. – Nancy Buyle and Jessica DeJohn reported connections.

b. Workforce

Standardizing Death Scene Investigation Forms

Barb Smith voiced that she spoke with a couple of medical examiners and that post suicide prevention for state of Michigan is interested on working on a standardized form. Barb Smith welcomed any ideas on what we would like to see on a pathologist report and or from the Medical Examiner to help collect data. Requested questions to be implemented into this new form that would be considered most important. Questions such as: was this deceased individual in treatment? Was there an increase in alcohol or substance use? Were any family members or anyone with a close relationship with the individual suicidal that could have impacted behavior? Barb Smith had created list of 8-10 questions following workforce meeting.

Tasked: Input from the commission was requested, in terms of data, would be helpful when looking at standardized form.

Two different forms would be needed for ME's and pathologists.

c. Policy

Jessica DeJohn discussed how subcommittee is currently digging into the first priority area – committee broke up 10 recommendations among themselves to look into policies that currently exist and or if there are gaps in policies nationwide, statewide, or even worldwide. Plan is to take each priority one by one and do a deep

dive into the policies that are there and not there and report to larger committee each month to see if anything needs to be added or what to do with the information.

Director Adams mentioned not having updates for her particular subcommittee because they decided to wait for the Initial Report to be rolled out so they can examine what kind of data should be tracked or pulled. Meeting will be conducted in the next month or so.

VI. Prevention Block Grant Update – Rachel Zaguskin

For the Prevention Block Grant, we have narrowed down ideas to a media campaign for September’s Suicide Prevention Month – but the media campaign will be a Suicide Prevention Week (Sep. 6th to Sep 10th). The area of focus coincides with the Initial Report recommendation, concentrating on an educational promotion about lethal means and the importance of encouraging safe storage. The demographic selected are males, ages 20-40.

Work is still yet to be done; she will be following up with the communications department.

VII. 988 Implementation Overview – Pat Smith

1-800-273-8255(talk) National phone number is changing to 988 in July of 2022. Expansion in the focus of the line, not strictly a suicide prevention hotline, but also a mental health crisis and suicide prevention lifeline.

Number of calls are anticipated to skyrocket. Trying to increase number of calls that Michigan can handle – up to 70% that gets bounced back within the state are being answered currently.

First coalition meeting has been held on planning for the state.

Draft needs to be sent to Vibrant by the end of August, the final plan should be submitted to Vibrant by December.

April 29th and May 4th the planning group will be holding listening sessions that are open to the public to get input on the planning process and future plan for Michigan – specifically in attempt survivors and loss survivors.

MiCAL is starting its pilot on Monday (4/19/21) – entering its implementation phase.

VIII. Other Updates

Barb Smith provided update: discussed suicide prevention week in May (15-22 or 21st).

Srrn.net and can check out all the trainings around the state by different trainers and different agencies. Virtual and in person trainings (upper and lower Michigan).

Having 50 trainings is the goal.

Local news and tv station reached out to Barb Smith – brought up how everyone should have talking points in case an interview is requested. Barb Smith suggested requiring some media guidelines when it comes to interview questions.

Nancy Buyle provided an update: Child Death Review: Conference coming up on April 26th-28th. The 28th has a focus on youth suicide. Not open to the public, must be a member of Child Death Review and not attended one of these conferences in the past 5 years.

3rd Youth Suicide Prevention summit – focusing on schools – is on June 2nd.

April 28th Detroit Public TV is participating in national live show that is related to youth mental health and suicide.

Pat Smith provided update: Tracking suicides in the state from 2019 to 2020 as well as continuing to do so in 2021. Looked at data from November, comparing month by month to 2019 – data shows that contrary to popular belief, suicides were down last year in Michigan and no data shows that suicides have increased in 2020-2021 for most states due to COVID and associated isolation.

Adelle inquired about future meetings – in person or virtual?

IX. Next Steps

- a. Action Item Recap – Rachel Zaguskin
Send/share commission members 988 listening session information from Pat Smith.

Barb Smith /Nancy Buyle: Requested that an elevator speech be sent out to entire commission for talking points.

Barb Smith requested that the commission provide thoughts/feedback/and ideas on the questions and language that should be included on the Investigation form.

Nancy Buyle requested more information/details on the MiCaL and anything else that could be related.

X. Public Comment (time permitting)

Public comment was provided by Bob Goble, Celeste Kanpurwala, Kelly (no last name provided), James Galant, and Kevin Fischer.

XI. Adjourn

Kevin Fischer motioned to adjourn the March 2021 Suicide Prevention Commission meeting. Chief Danny Hagen seconded the motion. The motion was unanimously approved.

The meeting adjourned at 12:06 PM.

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

Upcoming Meetings

Suicide Prevention Commission Workforce Subcommittee Meeting

May 11, 2021

10:00 AM – 11:00 AM

Suicide Prevention Commission Policy Meeting

May 11, 2021

1:00 PM – 2:00 PM

Suicide Prevention Commission Special Populations Subcommittee Meeting

May 14, 2021

10:00 AM – 11:00 AM

Suicide Prevention Commission Meeting

May 21, 2021

10:30 – 12:30 PM

Please contact James Bell for Subcommittee Chair contact information.

April 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
	James Bell		X
	Jennifer DeLaCruz		X
	Debra Pinals	X	
	Linda Scarpetta	X	
	Patricia Smith	X	
	Orlando Todd	X	
	Jeff Spitzley	X	
	Rachel Zaguskin	X	

**Michigan Suicide Prevention Commission
Recommendations Implementation Tracking Tool**

Priority Area	Commission Recommendation	Activity Description <i>General description, overall goals, and timeline</i>	Reach/ Population <i>Target population and how they are being engaged</i>	Fidelity <i>Alignment with best practices and intended delivery process</i>	Sustainability <i>Plan for overseeing, sustaining, and measuring success</i>	Outcomes <i>Specific goals and how they are measured</i>
Minimizing risk for suicidal behavior by promoting safe environments, resiliency and connectedness	Develop and sustain a coordinated central point of access at the state level where suicide prevention resources and training are accessible to the community.					
	Support the implementation of best practice suicide prevention programs that utilize safe messaging.					
	Develop, expand, and publicize local survivor leadership groups for community peer supports.					
	Increase the public's knowledge of risk factors for suicide, recognition of warning signs in individuals, and preparedness to support and respond to those individuals.					

Promote social and emotional development skill-building education programs for families in high-need communities.						
Create and sustain a statewide postvention workgroup responsible for developing and implementing guidelines for responding effectively after the death of someone by suicide.						
Encourage providers who interact with individuals at risk for suicide to routinely assess for access to lethal means.						
Partner with firearm advocacy groups, as well as liquor sales commission, and retailers (shooting clubs, manufacturers, firearm retail insurers, concealed handgun instructors, hunting groups, law enforcement, veteran groups, farm and ranch associations) to increase suicide prevention awareness.						
Work with military agencies, veterans						

	<p>organizations and law enforcement to establish specialized trainings/projects to reduce potential for suicide-related death by firearms.</p>					
	<p>Create or identify materials to educate individuals, families, and clinical providers about limiting access to lethal means, e.g., storage of alcoholic beverages, prescription drugs, over-the-counter medications and poisons.</p>					
<p>Increasing and expanding access to care to support those at risk</p>	<p>Sustain and expand funding to support comprehensive suicide prevention efforts in the state.</p>					
	<p>Explore and consider implementing evidence-based peer support programs as a model for suicide prevention as more evidence becomes available.</p>					
	<p>Continue to support and expand the use of easily accessed suicide prevention hotlines, warmlines, text lines and other crisis lines.</p>					

<p>Encourage new public-private partnerships including federal and local government and community-based organizations serving populations disproportionately impacted by suicide.</p>					
<p>Explore and implement alternative models of care for individuals at high risk for suicide at-risk patients (crisis response options, residential crisis etc.)</p>					
<p>Encourage and educate the public at large, including employers and their employees to work with employee assistance programs to promote suicide prevention awareness and information about services offered and to promote easy access to behavioral health treatment services.</p>					
<p>Continue to work toward implementation and expansion of the Michigan Crisis and Access Line (MiCAL) and linkage to the national suicide</p>					

	prevention lifeline resources.					
Improving suicide prevention and training	Collaborate with licensing and certifying organizations to ensure that healthcare professionals receive formalized training in suicide prevention/intervention as part of the licensing/credentialing process.					
	Increase capacity and improve trainings on evidence-based suicide assessment, treatment, and management for health professionals and expand the list of health professions required to receive training.					
	Collaborate with the Michigan Department of Education to help ensure standard suicide prevention training for K-12 for school counselors, teachers, and others.					
	Require, as appropriate, content on suicide risk assessment, treatment, and management in health sciences and social service programs					

	taught in higher education.					
Implementing best practices in suicide prevention for health care systems	Adopt zero suicide as an aspirational goal statewide by preventing all suicide deaths through healthcare and community supports.					
	Promote the adoption of zero suicide prevention care strategies for health care providers and institutions.					
	Develop and implement protocols for delivering services for individuals with suicide risk in the most collaborative, responsive and least restrictive settings.					
	Expand the use of evidence-based screening, assessment, and suicide-specific treatments for those at risk.					
	Standardize and promote a statewide comprehensive assessment tool inclusive of suicide prevention elements.					
	Improve care transitions for people with suicidal thoughts and behaviors who are discharged from					

	emergency departments, inpatient settings, and other care settings.					
	Support primary care practices in adopting suicide prevention protocols to build suicide care pathways.					
Enhancing suicide specific data collection and systems	Standardize evidence-informed death scene investigation forms to improve the completeness of data collected on deaths by suicide.					
	Adopt data standards/definitions based on Centers for Disease Control and Prevention best practices					
	Examine data for any racial/ethnic biases in determination of cause and manner of death as a suicide and subsequent reporting and educate medical examiners on this potential risk.					
	Build and staff a repository of data related to suicide in the state.					
	Identify opportunities and reporting mechanisms for					

machine learning and artificial intelligence to monitor and intervene for individuals with trends/patterns for suicidality.						
Improve qualitative review and documentation of suicide risk among special populations through interviews, focus groups, etc.						
Assure that initial screening for suicidal behavior is conducted and accurately documented during hospital or emergency department intake with proper follow up approaches.						
Regularly review data to inform decision making on future program implementation.						
Recommend standardized training to include toxicology draws and regular auditing of training for medical examiners and medical examiner investigators in the investigation and						

	reporting of death by suicide.					
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