



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ELIZABETH HERTEL  
DIRECTOR

## **Michigan Suicide Prevention Commission**

*November 19, 2021*

*10:30 AM – 12:30 PM*

South Grand Building – Grand Conference Room  
333 S. Grand Avenue, Lansing, MI

[Microsoft Teams Meeting](#)

Conference Line: 248-509-0316

Access Code: 565-105-576#

### **AGENDA**

- I. Call to Order – Nancy Buyle**
  - a. Roll Call
- II. Bylaw Amendments – Nancy Buyle**
  - a. Public Comment (see attached)
- III. Call for Public Comment**
- IV. Review and Adopt July 2021 and September 2021 Meeting Minutes**
- V. MDHHS Updates**
  - a. Behavioral Health and Developmental Disabilities Administration – Dr. Deb Pinals
  - b. Injury Violence Prevention – Jennifer DeLaCruz/Pat Smith
  - c. Suicide Prevention Social Media Report – Rachel Zaguskin
- VI. Subcommittee Workgroup Updates**
  - a. Universal Screening Tool
  - b. Death Scene Investigation Form
- VII. Behavioral Health and Developmental Disabilities Administration Presentation – Krista Hausermann**
- VIII. Other Updates**
  - a. Policy Update – Corbin Standley
- IX. Next Steps**
  - a. Action Item Recap – James Bell III
- X. Public Comment**
- XI. Adjourn**

## **Upcoming Meetings**

### **Death Scene Investigation Form Workgroup Meeting**

December 8, 2021

1:00 PM – 2:00 PM

### **Universal Screening Tool Workgroup Meeting**

December 15, 2021

2:00 PM – 3:00 PM

### **Suicide Prevention Commission Meeting**

January 21, 2021

10:30 AM – 12:30 PM

*Please contact James Bell for additional meeting information.*

November 2021 Suicide Prevention Commission Attendance Report

|    | Name                | Present | Present (Phone) | 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        |         | X               |             |
| 11 | Amber Desgranges    |         |                 |             |
| 12 | Corey Doan          |         |                 |             |
| 13 | Kevin Frank Fischer |         |                 |             |
| 14 | Cathrine Frank      |         | X               |             |
| 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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**Michigan Suicide Prevention Commission**

*September 17, 2021*

*10:30 AM – 12:30 PM*

South Grand Building – Grand Conference Room  
333 S. Grand Avenue, Lansing, MI

Conference Line: 877-820-7831

Access Code: 741058

**DRAFT MINUTES**

**I. Call to Order – Dr. Brian Ahmedani**

Dr. Ahmedani called the meeting to order at 10:32 AM. The roll was taken, and a quorum of members were not present.

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

Public Comment was provided by Bob Goble, Maricela Alcala, Krista Hausermann, James Gallant, and Celeste Kanpurwala.

**III. Review and Adopt July 2021 Meeting Minutes**

The July 2021 Meeting Minutes were not approved due to not having a quorum.

**IV. MDHHS Updates**

- a. Behavioral Health and Developmental Disabilities Administration – Dr. Deb Pinals

Dr. Pinals reported BHDDA has been working with stakeholder groups that are broadening to look at Crisis Stabilization Unit development. They are working with Public Sector Consultants to explore how rules have been developed in other states.

The work on 988 activities continues for planning implementation and will be shared in future Suicide Prevention Commission Meetings.

Several reports have come out recently regarding mental health distress among youth and public health workers.

b. Injury Violence Prevention – Jennifer DeLaCruz

Jennifer DeLaCruz introduced the program coordinators for the Transforming Youth Suicide Prevention Program and Preventing Suicide in Michigan Men.

Lindsay DeCamp reported the group held their Community Technical Assistance Meeting earlier in the month. There were approximately 80 participants.

Kristen Smith reported PRISM has just entered its second year of funding from the CDC. Man Therapy Michigan launched in August. There is a list of local and statewide suicide prevention resources available online. The group can be found on social media @ManTherapyMI on Twitter.

**V. Suicide Prevention Month Activities**

- a. Prevent Block Grant/Social Media Campaign Presentation – Rachel Zaguskin  
Rachel Zaguskin reviewed MDHHS' the Social Media Campaign. The campaign is live on Reddit, Facebook, and Twitter. The campaigns focus are Suicide Prevention Month awareness and lethal means prevention.

**VI. Michigan Suicide Prevention Community Technical Assistance Meeting Recap - Laurin Jozlin**

Laurin Jozlin gave an overview of the Suicide Prevention Community Technical Assistance Meeting Breakout Session #1. The group focused on minimizing risk for suicidal behavior by promoting safe environments, resiliency, and connectedness and improving suicide prevention training and education.

**VII. Subcommittee Workgroup Discussion – Rachel Zaguskin**

Rachel Zaguskin provided an overview of the Suicide Prevention Commission Workgroups for the fall. Supporting documents were provided in advance of the meeting.

Suicide Prevention Commission Members signed up for the following subcommittees:

Death Scene Investigation – John Joseph, Shaun Abbey, Dan Hagen  
Screening Tool – Laurin Jozlin, Adelle Cadieux, Brian Ahmedani, Bill Beecroft

**VIII. Other Updates**

**IX. Next Steps**

- a. Action Item Recap – James Bell III
  - i. Next month: MiCAL Presentation, Approve the July 2021 minutes
  - ii. Follow up on Analytics with Brogan
  - iii. Including Laurin’s notes from CTAM
  - iv. Sign Up for Subcommittees – follow up with summary for Cheryl King

**X. Public Comment** (time permitting)

There was no second public comment period offered during this meeting.

**XI. Adjourn**

The meeting was adjourned at 12:07 PM due to technical difficulties with the phone line.

**Upcoming Meetings**

**Policy Subcommittee Meeting**

October 12, 2021  
1:00 PM – 2:00 PM

**Suicide Prevention Commission Meeting**

October 15, 2021  
10:30 AM – 12:30 PM

**Death Scene Investigation Form Workgroup Meeting**

TBD

**Universal Screening Tool Workgroup Meeting**

TBD

*Please contact James Bell for additional meeting information.*

September 2021 Suicide Prevention Commission Attendance Report

|    | Name                | Present | Present (Phone) | Not Present |
|----|---------------------|---------|-----------------|-------------|
| 1  | Shaun Abbey         |         | X               |             |
| 2  | Zaneta Adams        |         | X (D)           |             |
| 3  | Brian Ahmedani      | X       |                 |             |
| 4  | William Becroft     | X       |                 |             |
| 5  | Debra Brinson       |         | X(D)            |             |
| 6  | Nancy Buyle         | X       |                 |             |
| 7  | Adelle Cadieux      | X       |                 |             |
| 8  | Richard Copen       |         |                 | X           |
| 9  | Jessica DeJohn      | X       |                 |             |
| 10 | Sarah Derwin        |         |                 |             |
| 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     |         |                 |             |
|    | Patricia Smith      |         |                 | X           |
|    | Orlando Todd        |         |                 | X           |
|    | Jeff Spitzley       |         |                 | X           |
|    | Rachel Zaguskin     |         | X               |             |
|    |                     |         |                 |             |



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**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#

**MINUTES**

**I. Call to Order – Nancy Buyle**

a. Roll Call

Nancy Buyle called the meeting to order at 10:32 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 Robert Goble and James Gallant.

**III. Review and Adopt May 2021 Meeting Minutes**

The May 2021 minutes needed to be updated to reflect “MINUTES” on the top of the page.

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

**IV. MDHHS Updates**

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

According to the CDC’s Household Pulse Survey, 30-40% of Michigan residents report being impacted by anxiety and depression. BHDDA continues to work on



the StayWell initiative. The state has received federal funding to support individuals who need additional crisis counseling. The MiCAL work continues, as it has gone live in Oakland County and the Upper Peninsula.

- b. Injury Violence Prevention – Jennifer DeLaCruz/Pat Smith  
Injury and Violence Prevention is partnering with BHDDA on 988 implementation. There is additional interest in using geo-coding for Lifeline calls, to identify where calls originate from and individuals getting routed back to the state where the caller is located.
- c. Prevention Block Grant – Rachel Zaguskin  
The objective of the Block Grant activity is to educate Michiganders about suicide and suicide prevention, specific to lethal means storage. The target audience is male, 20-50 years old. This will run from September 5 to September 11, to align with Suicide Prevention Week.

**V. Governor’s Challenge on Suicide Prevention Update – Julie Cortright**

Director Zaneta Adams (MVAA) and Julie Cortright (MVAA) provided an update on the 2021 Michigan Governor’s Challenge Initiative. Some of the key efforts and focus include:

- 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

The full presentation can be found [here](#).

**VI. Post Suicide Prevention Workgroup Discussion – Barb Smith/Lindsey DeCamp**

Barb Smith and Lindsey DeCamp (DHHS) gave an overview of Postvention Activity in Michigan. As part of TYSP-Mi3’s goal to assess suicide prevention services across the state, the group sent an online survey to each county’s suicide prevention leader to try to better understand their postvention resources and needs.

The full presentation can be found [here](#).

**VII. Other Updates**

No additional updates provided.

**VIII. Next Steps**

- a. Action Item Recap – James Bell III  
No action items were recorded during this meeting.

**IX. Public Comment** (time permitting)

A second public comment was not held due to a lack of time.

**X. Adjourn**

Dan Hagen motioned to adjourn the meeting. Barb Smith seconded the motion. The motion was carried unanimously.

The July Suicide Prevention Commission Meeting adjourned at 11:35 AM.

DRAFT

## **Upcoming Meetings**

### **Suicide Prevention Commission Meeting**

September 17, 2021

10:30 AM – 12:30 PM

*Please contact James Bell for additional meeting information.*

DRAFT

July 2021 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  | 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      |         |             |
| 15 | John Greden         | X       |             |
| 16 | Danny Hagen         | X       |             |
| 17 | Cary Johnson        |         |             |
| 18 | John Joseph         | X       |             |
| 19 | Laurin Jozlin       | X       |             |
| 20 | Jennifer Morgan     |         |             |
| 21 | Thomas Reich        |         |             |
| 22 | Ryan Schroerlucke   | X       |             |
| 23 | Barbara Smith       | X       |             |
| 24 | Corbin Standley     |         |             |
| 25 | Kiran Taylor        | X       |             |
| 26 | Kenneth Wolf        | X       |             |
|    | James Bell          | X       |             |
|    | Jennifer DeLaCruz   | X       |             |
|    | Debra Pinals        | X       |             |
|    | Linda Scarpetta     |         |             |
|    | Patricia Smith      | X       |             |
|    | Orlando Todd        |         |             |
|    | Jeff Spitzley       |         |             |
|    | Rachel Zaguskin     | X       |             |
|    |                     |         |             |

**9-8-8 Implementation Plan for Michigan**  
**9-8-8 Planning Grants**  
**Thursday, September 30, 2021**

Dear Readers,

The following draft implementation plan is a guide to the implementation of 9-8-8 (a suicide and crisis counseling hotline) in Michigan. This plan was submitted on September 30, 2021 for review and is awaiting feedback from Vibrant and SAMHSA. Changes from these partners are forthcoming; therefore, the **final version is expected to be available January 30, 2022.**

If you have feedback or questions, contact us at [MPCIP-support@mphi.org](mailto:MPCIP-support@mphi.org). You may also contact the 9-8-8 Program Manager, Krista Hausermann, at [khausermann@michigan.gov](mailto:khausermann@michigan.gov), or Pat Smith, at [psmith40@michigan.gov](mailto:psmith40@michigan.gov).

Thank you,

The 9-8-8 Implementation Team

# 9-8-8 Implementation Plan for Michigan

9-8-8 Planning Grants

Thursday, September 30, 2021

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DRAFT

# **Grantee Agency, Contacts, and Lifeline Centers**

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**Grantee:** Michigan Department of Health and Human Services

**9-8-8 Grant Primary Contact:** Krista Hausermann

**Email:** khausermann@michigan.gov

**Backup 9-8-8 Grant Contact:** Pat Smith

**Email:** psmith40@michigan.gov

**List the Key Grant Staff:**

- Project Director: Jon Villasurda, MDHHS
- Project Manager: Krista Hausermann, MDHHS
- Suicide Prevention Liaison: Pat Smith, MDHHS
- Project Facilitators: Amanda Menzies, Rachel Kuntzsch, and Alyssa Smith (Public Sector Consultants contracted with MDHHS)
- Project Coordinators: Chris Wojcik and Jordan Royster (Michigan Public Health Institute contracted with MDHHS)

**Number of Current Lifeline Centers in the State/Territory:**

- Active: 7
- Onboarding (in the application process): 0

**Any changes in Lifeline centers? Yes**

- If yes, please explain: At the time of the grant application, Michigan had 6 NSPL affiliates and was in the planning stages of standing up a seventh center, Michigan Crisis and Access Line (MiCAL), which will be the statewide center offering primary coverage where there is currently no NSPL coverage and secondary coverage in other areas. Common Ground, which is also a Michigan NSPL affiliate, staffs MiCAL as well as their own NSPL line.



## **Overall Background and Context**

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### [The National Suicide Prevention Lifeline and 9-8-8](#)

The National Suicide Prevention Lifeline is a 24/7 toll-free hotline for suicide prevention and mental health crisis. It is made up of a network of independently operated and funded local call centers (180+) across all 50 states. In October 2020, federal legislation designated 988 as the three-digit dialing code for the Lifeline. In July 2022, 988 will become the national three-digit dialing code for the National Suicide Prevention Lifeline, linked to the current phone number of 1-800-283-TALK (8255).

The following implementation plan was developed to guide implementation of 9-8-8 in Michigan and to act as a communication tool to stakeholders across the state. The 9-8-8 Planning Team and 9-8-8 Stakeholder Coalition spent seven months analyzing the current system, collaborating with stakeholders and partners, and preparing a strategy that fits Michigan's context and needs. After the plan is submitted on September 30, 2021, it will be reviewed by Vibrant and SAMHSA. Once the feedback is received, MDHHS will work with the 9-8-8 call centers in the state and other stakeholders as appropriate to refine the plan before submitting a final version at the end of January 2022.

This plan is based on the information available at this time. We fully expect changes to the plan given that SAMHSA and Vibrant are still finalizing 988 requirements. In addition, there are significant national and state-level changes taking place in the behavioral health system.

### [Michigan's Current Behavioral Health Crisis System](#)

Michigan's crisis services system is defined by provisions set forth in the state's Mental Health Code and Medicaid program. The Mental Health Code, codified in 1974, established a framework for community-based behavioral health services, including the assurance of a crisis services safety net for all Michiganders. This includes 24/7/365 crisis stabilization and response services for people experiencing acute emotional, behavioral, or social dysfunctions. Financing of these services was largely a state and/or local requirement. Medicaid has since become the predominant payer for crisis services, but state/local and other federal funding plays a critical role in ensuring those without Medicaid are supported by the safety net.

To effectuate crisis services under the Mental Health Code and Medicaid requirements, MDHHS contracts with 10 Medicaid Prepaid Inpatient Health Plans (PIHPs) and 46 Community Mental Health Services Programs (CMHSPs). Collectively, these entities utilize a blend of federal, state, and local funding to ensure crisis services are provided to all Michigan's 83 counties. The contracts also recommend standards for contact center staffing and service requirements. It is important to note that except for Medicaid, there is no specific line-item funding or prescribed crisis services supported by state/local funds (aside from the 24/7/365 requirement). Michigan's goal is to build on its foundation and develop a more uniform crisis services system for all Michiganders through the expansion of crisis line support, mobile crisis, and crisis stabilization and receiving units.

### [Crisis Lines](#)

There are three primary categories of crisis lines in Michigan related to mental health crisis and/or suicide prevention: CMHSP crisis lines, regional crisis lines, and Michigan Crisis and Access Line (MiCAL). Altogether there are more than 50 crisis lines. Having many lines with each offering its own unique array of services can be confusing for a person in crisis.

**CMHSP Crisis Lines:** Each of Michigan’s 46 CMHSPs has a crisis contact line, although there is significant variability in the purpose and operations of these lines. Many of the lines serve as an access line and administration line during the day. Some serve as warmlines, whereas some are only for situations where people might be at risk of hurting themselves or others. Some lines provide support for people with any type of payer while some focus on serving people who have Medicaid or are underinsured. Two CMHSPs accept NSPL calls, the other forty-four CMHSPs do not. Most CMHSPs forward their crisis line to a contracted entity afterhours and on weekends.

**Regional crisis lines:** There are six independent regional crisis lines that provide NSPL coverage for much of the state and have done so for many years. Historically, these lines have been self-sustaining and have had no formal contractual or legal relationship with the State for the purpose of answering NSPL calls. As NSPL centers, they all have formal agreements with Vibrant. All provide other services in addition to staffing crisis lines. Two are run by CMHSPs. Three of them provide afterhours coverage for CMHSPs. In 2019, prior to the announcement that the NSPL number would become 9-8-8, five of the entities offering NSPL coverage partnered with MDHHS to pursue a two-year SAMHSA grant to expand NSPL coverage in Michigan until the statewide crisis line could be implemented.

**Michigan Crisis and Access Line (MiCAL):** In 2018, the Michigan Legislature’s House of Representative’s CARES Task Force recommended the creation of a statewide crisis and access line to help all Michiganders have access to crisis support and behavioral health care. The Legislature funded this crisis line, called the Michigan Crisis and Access Line (MiCAL) in 2018 and codified it into law in January 2020. MiCAL will be a statewide line that accepts NSPL/ 9-8-8 calls, texts, and chats. Common Ground, a long-time Lifeline Affiliate and crisis services hub, was chosen as the MiCAL staffing vendor through an extensive RFP process in November of 2020. The law also requires the development of a customer relationship management system to house MiCAL and other MDHHS internal business processes. Until the establishment and implementation of MiCAL, the State of Michigan had no formal role in providing National Suicide Prevention Lifeline (NSPL) coverage in Michigan.

MiCAL, which went live in April 2021 in two pilot regions, will provide statewide crisis triage, support, information, and referral for all Michiganders, providing support through phone, text, chat, warm-handoffs, and follow-up services. MiCAL is based on the SAMHSA air traffic control model. Through coordination with PIHPs and CMHSPs, it activates face-to-face crisis intervention through mobile crisis services, pre-admission screening, and other crisis stabilization services. MiCAL is currently integrating with 211 and MiCARE (OpenBeds) to develop a comprehensive resource directory to help facilitate optimal care coordination. MiCARE houses Michigan’s legislatively mandated psychiatric bed registry.

### Suicide Prevention and Early Intervention

In addition to providing state support and resources to promote 24/7 crisis access, MDHHS provides suicide prevention-related education, training, primary prevention, early identification, and intervention activities. Through federal grants, MDHHS also provides community technical assistance via the SAMHSA youth suicide prevention grant and the recently awarded CDC-funded adult suicide prevention grant. The state’s current suicide prevention plan, which was adopted in 2005, includes a broad objective related to crisis services: “...increase the number of communities promoting the awareness and utilization of 24-hour crisis intervention services that provide a full range of crisis and referral services. These services may be locally based or linked to the national hotline.” An update of the state plan was completed by the Suicide Prevention Commission and their recommendations were released in March 2021. Available here: [Suicide Prevention Commission Initial Report](#). The findings of this report informed the development of the implementation plan.

## Future Direction of the Behavioral Health Crisis System

MDHHS is in the process of expanding community-based crisis services for all Michiganders based on SAMHSA's National Guidelines for Crisis Services with the focus on a three-component system: centralized crisis line, mobile crisis, and crisis stabilization units. As mentioned earlier, MiCAL will fill the role of the centralized crisis and access line per PA 12 of 2020. The Michigan Legislature codified crisis stabilization units into law in December 2020 through PA 402 of 2020, charging MDHHS to certify these units. MDHHS has an engaged Public Sector Consultants to develop Michigan specific models for CSUs and adult mobile crisis that will work across Michigan's diverse geographic and cultural landscape. MDHHS has contracted with other consultants to focus on children's mobile crisis. Collaboration with MiCAL and 9-8-8 will be a requirement of these models. Capacity assessment and financing for these services as a public good is also part of the model development.

## Statement of Purpose for the 9-8-8 Implementation Plan

The 9-8-8 Stakeholder Coalition approved the following statement of shared commitment.

The coalition is committed to developing a plan for 9-8-8 implementation that:

- Offers a lifesaving first response in the behavioral health and suicide prevention continuum of care as a public good.
- Provides 24/7 culturally responsive services to all Michiganders.
- Is people-focused, data-driven, evidence-based, and sustainable.

## Top state/territory priorities for change to prepare for 9-8-8 rollout in July 2022

- Priority #1: Build capacity and coordinate coverage across Michigan to achieve at least 80% in-state answer rate.
- Priority #2: Prepare for the unified technology platform by identifying necessary features, possible barriers, and solutions for the intermediate time prior rollout.
- Priority #3: Identify Operations Workgroup members to attend the ongoing meetings to continue planning and supporting the rollout of 9-8-8, as well as ensuring equitable and standardized operations.

## Monitoring for Success

A description of key metrics to be monitored on an ongoing basis by the state's 9-8-8 call centers to ensure the call center system is working for the state is provided in the Performance Measurement and Quality Assurance section following the plan.

## Key Staff

Throughout the 9-8-8 implementation plan, the lead and partner for each action step and goals is indicated. A summary of the referenced individuals and groups is offered here:

- 1) The Michigan Department of Health and Human Services (MDHHS) team is comprised of Krista Hausermann, Strategic Initiative Specialist; Pat Smith, Violence Prevention Program Coordinator; Rachel Zaguskin, Public Health Consultant; and Jon Villasurda, State Assistant Administrator.
- 2) The Operations Workgroup is made up of all six regional call centers, MiCAL, and other necessary and relevant stakeholders. The additional stakeholders invited to meeting will include representatives from 9-1-1 PSAPs, individuals with lived experiences, and other subject expertise, depending on the topic of the meeting. The individual staff and position level have not been identified at this time. An action step of the implementation plan is to identify who would be most appropriate to attend and extend an invite to that individual.

- 3) Public Sector Consultants (PSC) will include Amanda Menzies, Vice President and Scott Dzurka, Vice President.
- 4) Michigan Public Health Institute (MPHI) will include Chris Wojcik, Associate Director, and a Project Assistant.
- 5) Vibrant is the vendor of 9-8-8 and will identify the most appropriate individual to fill the needed task.

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## **Core Area 1: Ensure Statewide 24/7 Coverage for 9-8-8 Calls, Chats, and Texts**

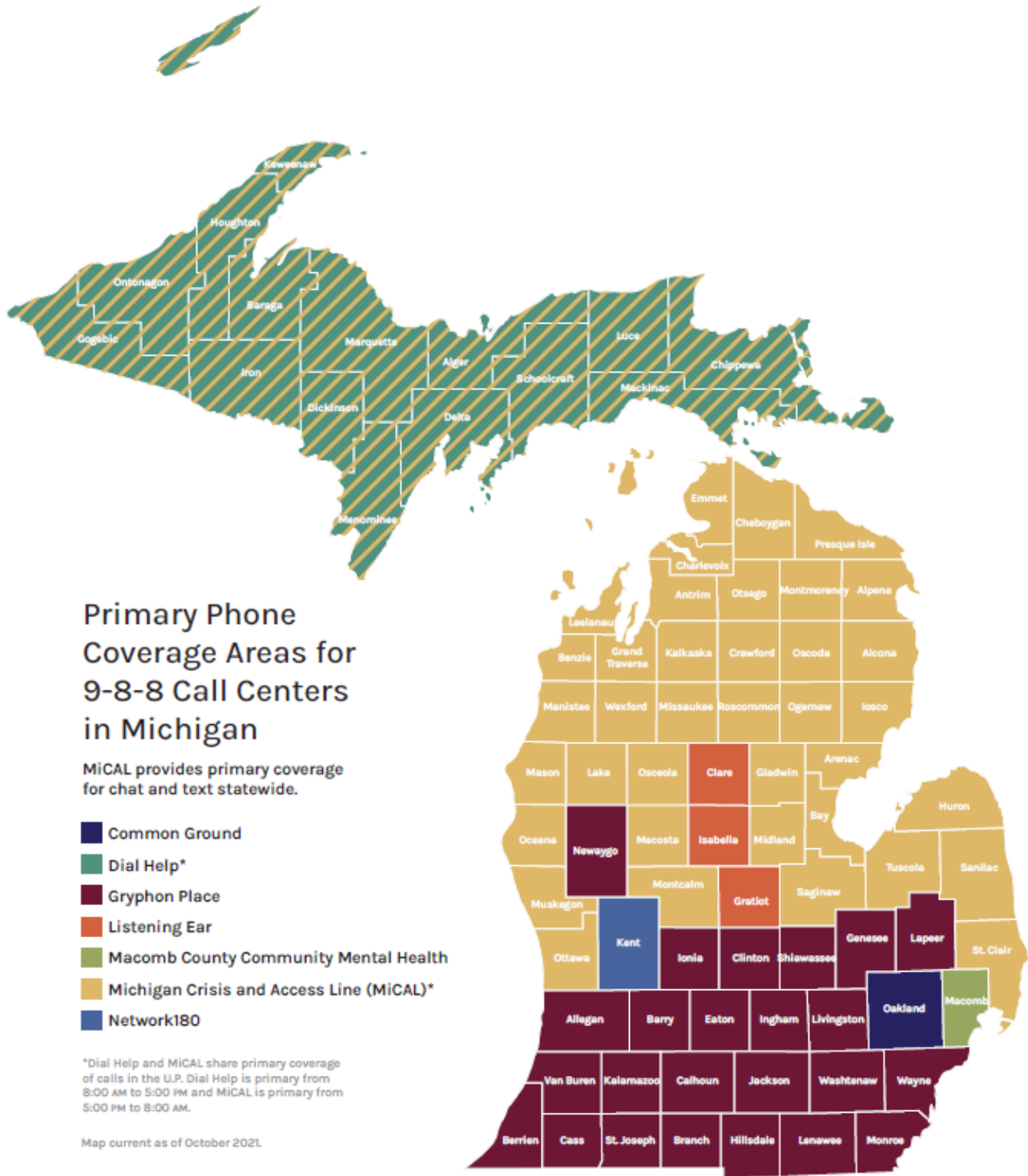
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### **Background: Current Situation, Gaps, Progress, and Proposed Approach: Statewide Coverage for 9-8-8 Contacts**

Michigan has one statewide call center and six regional call centers for a total of seven call centers. MiCAL will serve as a statewide 9-8-8 call center and will be the primary provider for any geographical locations not covered by other call centers and fill in any other service gaps, such as chats and texts or call coverage for certain times of the day. Additionally, MiCAL will offer secondary coverage to all geographical locations in Michigan. To ensure similarity of services across Michigan, the 9-8-8 plan includes coordination and standardization among the seven call centers. The coalition believes this is a critical element to Michigan's model.

As announced in the 9-8-8 Community of Practice Session 15, Vibrant is developing a national unified technology platform (UTP) that will be available to all participating 9-8-8 call centers. The MDHHS Planning Team's understanding is that Vibrant will require 9-8-8 centers to utilize or integrate with this platform. The state of Michigan will highly encourage this. Michigan will use this platform as a coordination tool for care management coordination, and follow-up. Michigan call centers will utilize this resource to coordinate care across centers. This will hopefully unify the local referral resource list, coordinate data collection and tracking, and streamline care management for callers.

# The Projected 9-8-8 Coverage Starting July 2022



| Center Name                           | Q30. Lifeline Chat? | Q31. 24/7 Lifeline Chat? | Q32. Days/Hours of Lifeline Chat | Q33. Non-Lifeline Chat? | Q34. Non-Lifeline Text? |
|---------------------------------------|---------------------|--------------------------|----------------------------------|-------------------------|-------------------------|
| Michigan Crisis and Access Line       | No                  | No                       |                                  | Yes                     | Yes                     |
| Common Ground                         | Yes                 | No                       | Every day 6 pm to 2 am           | Yes                     | Yes                     |
| Dial Help                             | No                  | N/A                      | N/A                              | Yes                     | Yes                     |
| Gryphon Place                         | No                  | N/A                      | N/A                              | No                      | No                      |
| Listening Ear                         | No                  | N/A                      | N/A                              | No                      | No                      |
| Macomb County Community Mental Health | No                  | N/A                      | N/A                              | No                      | No                      |
| Network 180                           | No                  | N/A                      | N/A                              | No                      | No                      |

**Texts and chats:** Vibrant is requiring states to have capacity to handle at least 50% of year one 9-8-8 chat/text projections (32,050 chats and 1,850 texts in Michigan).

**Current state:** Crisis text and chat is currently available in limited areas in the state. Lifeline chat services are provided by Common Ground. There is not Lifeline text coverage currently. MiCAL accepts chats and texts for the Michigan Crisis and Access Line phone number. There are limited places nationally that cover chat and text for the NSPL. For NSPL texts and chats, Michigan’s current capacity is limited to Common Ground accepting Lifeline chats.

**Future Plans:** Michigan plans to expand Lifeline chat and text with other call centers when the UTP is released in 2023. MiCAL will provide 24/7 support for text and chat statewide through its’ CRM once it is fully implemented in fall 2022. MiCAL staff will explore technological options to answer 988 texts and chats with Vibrant prior to integrating with Vibrant’s UTP to help provide instate coverage. When it is technologically possible, MiCAL will provide primary or secondary coverage for 988 texts and 988 chats based on coverage offered by the other Michigan centers. Many regional call centers plan to provide text and chat support in their regions once they have access to the 9-8-8 UTP. Staff will require training to provide this service. If regional call centers are expected to fund this training, this may limit the number of centers able to participate. Once information regarding technological requirements, training standards, costs, and total texting volume is known, additional plans will be made as needed.

**Core Area 1: Statewide Coverage for 9-8-8 Contacts**

**Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)**

**Goal 1.1a:** By July 2022, we will have statewide 24/7 primary and secondary call coverage provided by in-state Lifeline crisis centers for Lifeline/9-8-8 calls and a plan for areas of the state where there is no secondary coverage.

**Personnel/Partners:** MDHHS Planning Team, MiCAL, and all six regional call centers.

**Goal 1.1a Action Steps**

| Action Steps  | Start Date     | Due Date       | Lead and Partners  |
|---|----------------|----------------|--|
| Reach out to each center and establish which counties they will cover for 9-8-8 calls and the hours of operation.     | June 2021      | September 2021 | Lead: MDHHS Planning Team<br>Partners: MiCAL and regional call centers         |
| Coordinate with MiCAL to establish 9-8-8 call presence in counties not covered by regional call center.               | August 2021    | July 2022      | Lead: MiCAL and MDHHS Planning Team  |
| Work with MiCAL to provide secondary call coverage in the counties where regional call centers have primary coverage. | September 2021 | July 2022      | Lead: MiCAL and MDHHS Planning Team  |
| Keep consistent communication lines open with regional call center to adapt coverage model as needed.                 | October 2021   | N/A            | Lead: MiCAL<br>Partners: Regional call centers                                 |
| Identify areas where there is no secondary call coverage and plan to ensure calls are answered.                       | September 2021 | October 2021   | Lead: MDHHS<br>Partners: Regional Call Centers                                 |
| Discuss the status of 9-8-8 call coverage at Operations Workgroup meetings and adapt plan as needed.                  | October 2021   | July 2022      | Lead: Regional Call Centers and MiCAL<br>Partners: MPH; MDHHS, 9-8-8 Coalition |

**Please rate how certain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.**

Not at all certain      Somewhat certain      Moderately certain      Very certain      Completely certain

**Goal 1.1b** By October 2022, we will have statewide 24/7 **text and chat** coverage provided by in-state Lifeline crisis centers.

**Personnel/Partners:** MDHHS Planning Team, Michigan Crisis and Access Line (MiCAL), and all six regional call centers.

**Goal 1.1b Action Steps**

| Action Steps   | Start Date     | Due Date       | Lead and Partners  |
|--|----------------|----------------|--|
| Consult with Vibrant on the technical requirements to provide 988 text and chat prior to the operation of the UTP.       | September 2021 | October 2021   | Lead: MDHHS Planning Team  |
| Reach out to each center to establish which counties they will cover for 9-8-8 text and chat and the hours of operation. | June 2021      | September 2021 | Lead: MDHHS Planning Team<br>Partners: MiCAL and regional call centers |



| Action Steps   | Start Date     | Due Date     | Lead and Partners  |
|--|----------------|--------------|--|
| Coordinate with MiCAL to establish 9-8-8 text and chat presence in counties not covered by regional call centers.              | August 2021    | July 2022    | Lead: MiCAL and MDHHS Planning Team  |
| Work with MiCAL to provide secondary text and chat coverage in the counties where regional call centers have primary coverage. | September 2021 | October 2022 | Lead: MiCAL and MDHHS Planning Team  |
| Keep consistent communication lines open with regional call center to adapt text and chat coverage model as needed.            | October 2021   | N/A          | Lead: MiCAL<br>Partners: Regional call centers                                 |
| Discuss the status of 9-8-8 text and chat coverage at Operations Workgroup meetings and adapt plan as needed.                  | October 2021   | July 2022    | Lead: Regional Call Centers and MiCAL<br>Partners: MPH; MDHHS, 9-8-8 Coalition |

Please rate how certain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain       Somewhat certain       Moderately certain       Very certain       Completely certain

**Core Area 1: Statewide Coverage for 9-8-8 Contacts**

**Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)**

**Goal 1.2a:** By the end of 2023, we will have accomplished a coordinated and standardized 9-8-8 system in Michigan.

**Personnel/Partners:** Michigan Crisis and Access Line (MiCAL) and all six regional call centers.

**Goal 1.2a Action Steps**

| Action Steps   | Start Date | Due Date | Lead and Partners  |
|--|------------|----------|--|
| Establish consensus around the standards that all centers will work towards in Michigan. | July 2022  | N/A      | Lead: MiCAL and MDHHS Planning Team                      |
| Explore the integration or adoption of the UTP in all call centers.                      | July 2022  | Unknown  | Lead: MiCAL and MDHHS Planning Team<br>Partners: Vibrant |

Please rate how certain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain       Somewhat certain       Moderately certain       Very certain       Completely certain

**Goal 1.2b:** By the end of 2023, we will have explored additional options for accessing and utilizing 9-8-8.

**Personnel/Partners:** Michigan Crisis and Access Line (MiCAL) and all six regional call centers.

**Goal 1.2b Action Steps**

| Action Steps   | Start Date   | Due Date | Lead and Partners  |
|--|--------------|----------|--|
| Explore the possibility of adding video conferencing options for 9-8-8 contacts. | January 2023 | Unknown  | Lead: MiCAL and MDHHS Planning Team<br>Partners: Vibrant |

**Please rate how certain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.**

Not at all certain

Somewhat certain

Moderately certain

Very certain

Completely certain

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## **Core Area 2: Secure Adequate, Diversified, and Sustained Funding Streams for Lifeline**

### **Member Centers**

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#### **Background: Current Situation, Gaps, Progress, and Proposed Approach: Adequate and Diversified Funding**

**Current situation:** In December of 2018, the Michigan Legislature established and provided funding for MiCAL, which was codified into law in January of 2020 through PA 12 of 2020. The purpose of MiCAL closely mirrors the requirements for 9-8-8 except that MiCAL also supports people experiencing crises due to substance use disorders and will eventually provide afterhours crisis coverage for most CMHSPs. MiCAL is fully funded for the next fiscal year (October 1, 2021 through September 30, 2022) to provide statewide crisis and warmline coverage and will be funded on an ongoing basis through state general fund and Medicaid dollars. The six regional NSPL centers, which have not historically received state funding for responsibilities related to their role as Lifeline affiliates but have contracted directly with Vibrant and self-funded their NSPL coverage, also plan to continue accepting NSPL/9-8-8 calls with existing funding sources. Five of the regional NSPL centers have capacity-building grants from SAMHSA through the first part of 2022 to support readiness to meet increased 9-8-8 call volume. Thus, there is no immediate need to identify or seek additional funding for NSPL/9-8-8 calls.

MDHHS based projected call volume for next year on a formula using Michigan data from NSPL, CMHSP crisis lines and the Michigan Warmline, utilizing other states' call volume for comparative values, with an estimated increase of 20% due to 988. The Erlang Calculator was used to translate call volume into a staffing plan and budget. Any funding gaps will be due to 9-8-8 call volume exceeding projections.

**Future Plans:** MDHHS intends to develop a comprehensive funding plan for three key crisis services: Crisis line, mobile crisis, and crisis stabilization units. MDHHS, through a contractual relationship with Public Sector Consultants, is developing models for mobile crisis and CSUs. Part of this work is assessing capacity needs, funding needs, and potential funding streams (i.e., a 9-8-8 surcharge, enhanced match for mobile crisis, and Mental Health Block Grant dollars). As part of this plan MDHHS is exploring the most efficient and effective ways to provide and fund crisis services for Michiganders. For example, based on information from Vibrant, a single call center model brings with it significant cost and workforce savings.

#### **Core Area 2: Adequate and Diversified Funding for Lifeline Centers**

##### **Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)**

**Goal 2.1a:** By July 2022 in Phase 1, an annual assessment process will be developed to ensure MiCAL has adequate funds to meet increasing 9-8-8 call volume.

**Personnel/Partners:** MDHHS Behavioral Health and Developmental Disabilities Administration and MiCAL staffing vendor

#### **Goal 2.1a Action Steps**

| Action Steps  | Start Date     | Due Date      | Lead and Partners                    |
|---|----------------|---------------|--------------------------------------|
| Develop annual assessment process for staffing needs based on call volume.      | October 2021   | February 2022 | Lead: MDHHS BHDDA<br>Partners: MiCAL |
| Conduct annual assessment of call volume and staffing needs (occur every year). | March 2022     | April 2022    | Lead: MDHHS BHDDA<br>Partners: MiCAL |
| Identify potential additional funding sources for future increased need.        | September 2021 | February 2022 | Lead: MDHHS BHDDA<br>Partners: PSC   |

Please rate how certain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain      Somewhat certain      Moderately certain      Very certain      Completely certain

**Core Area 2: Adequate and Diversified Funding for Lifeline Centers**

**Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)**

**Goal 2.2a:** An annual assessment will be conducted to ensure MiCAL has adequate funds to meet increasing 9-8-8 call volume.

**Personnel/Partners:** MDHHS, MiCAL, and PSC

**Goal 2.2a Action Steps**

| Action Steps   | Start Date     | Due Date      | Lead and Partners                         |
|--|----------------|---------------|---|
| Conduct annual assessment of call volume and staffing needs.             | March 2023     | Ongoing       | Lead: MDHHS BHDDA<br>Partners: MiCAL      |
| Identify potential additional funding sources for future increased need. | September 2022 | February 2023 | Lead: MDHHS BHDDA<br>Partners: PSC        |
| Assess funding needs that may result from diverting 9-1-1 calls to 9-8-8 | September 2022 | February 2023 | Lead: MDHHS BHDDA<br>Partners: PSC, 9-1-1 |

Please rate how certain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain      Somewhat certain      Moderately certain      Very certain      Completely certain

## **Core Area 3: Expand and Sustain Centers' Capacity to Maintain Target In-State Answer Rates for Current and Projected Call, Text, and Chat Volume**

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### **Background: Current Situation, Gaps, Progress, and Proposed Approach: Capacity for Target Answer Rates**

**Background:** Michigan's statewide call volume during the January-March 2021 quarter was 10,893 calls. Michigan's in-state answer rate during that period was 79.98% of calls in-state. MiCAL began rolling out across Michigan in May 2021. Thus, while Michigan is just below the mark of 80% (a milestone set by Vibrant) MiCAL's rollout is focusing on regions with no primary coverage. The 80% in-state answer rate will be achieved soon if it has not already. The five counties with the lowest in-state answer rates are: Oakland (70%), Muskegon (74%), Shiawassee (74%), Montcalm (74%), and Branch (74%). The 9-8-8 Stakeholder Coalition underscored the need to ensure adequate capacity, so callers are not put on hold when they are experiencing a crisis.

**Proposed Approach:** Michigan's regional centers have identified areas for which they would like to provide primary call coverage. MiCAL will function as Michigan's safety net for 9-8-8, providing secondary coverage in areas covered by other centers and primary coverage for uncovered areas. All participating 9-8-8 call centers in Michigan are requested to provide two months' notice to Vibrant and the other call centers if they are changing their service offerings to support transition planning, thereby reducing negative impact on Michigan callers, chatters, and texters. Special technology is needed to answer 988 chats and texts which will be provided through Vibrant's UTP, slated to be rolled out in 2023. Once Michigan call centers have adopted this platform, they will have the technology needed to answer chats and texts. In the meantime, Michigan's 988 Planning Team will work with Vibrant to understand the current technical requirements for answering 988 texts and chats and if it is possible for MiCAL to meet those requirements prior to the UTP being released. All Michigan call centers offering text and chat services will work together to monitor demand and optimize performance. Vibrant states that it takes three to four times longer to support a texter or chatter. It also takes special training. Each regional call center will develop its own plan for capacity building as each call center is unique regarding the demographics served and the other lines of business performed.

**Core Area 3: Capacity for Target In-State/Territory Answer Rates**

**Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)**

**Goal 3.1a:** By July 2022, Michigan will have achieved and maintained an 80% or higher in-state answer rate for Lifeline calls (projected by NSPL to be 95,300).

**Personnel/Partners:** MiCAL, regional call centers, and MDHHS Planning Team.

**Goal 3.1a Action Steps**

| Action Steps  | Start Date   | Due Date | Lead and Partners                     |
|---|--------------|----------|---------------------------------------|
| Monitor in-state answer rate and review model at the Operations Workgroup meetings. | January 2022 | Ongoing  | Lead: Regional call centers and MiCAL |

**Please rate how certain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.**

Not at all certain       Somewhat certain       Moderately certain       Very certain       Completely certain

**Core Area 3: Capacity for Target In-State/Territory Answer Rates**

**Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)**

**Goal 3.2a:** By July 2022, Michigan will have achieved and maintained a 90% or higher in-state answer rate for Lifeline/9-8-8 calls.

**Personnel/Partners:** MiCAL and regional call centers

**Goal 3.2a Action Steps**

| Action Steps  | Start Date | Due Date | Lead and Partners                     |
|---|------------|----------|---------------------------------------|
| If needed, the Operations Workgroup will create a plan to sustain 90% in-state answer rate. | July 2023  | Ongoing  | Lead: Regional call centers and MiCAL |

**Please rate how certain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.**

Not at all certain       Somewhat certain       Moderately certain       Very certain       Completely certain

## **Core Area 4: Support Crisis Centers in Meeting Lifeline’s Operational Standards, Requirements, and Performance Metrics**

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### **Background: Current Situation, Gaps, Progress, and Proposed Approach: Lifeline Standards and Requirements**

**Current Situation:** The six regional call centers and MiCAL have committed to developing common standards, using the 9-8-8 requirements as a baseline. The MDHHS 9-8-8 Planning Team reviewed the published operational, clinical, and performance standards. However, this discussion raised many questions regarding training, costs, accreditation similarities and differences, and more. Each call center has their own training curriculum and requirements. Some of the call centers’ training is proprietary and cannot be shared. Individuals with lived experience noted that this was problematic because when a person in crisis calls the care delivered may be inconsistent. Therefore, the MDHHS Planning team is working with all call centers to identify the necessary training areas and encouraging each center to support training on the topic.

**Proposed Approach:** Per the 9-8-8 community of practice sessions on clinical and operational standards, Vibrant is likely to publish new guidance on call center training requirements and other protocols in the coming months. Once the operational, clinical, and performance standards are finalized and made available, the Operations Workgroup will create a plan to support the alignment of all call centers with Lifeline’s key clinical standards. The 9-8-8 Stakeholder Coalition and the Capacity and Coordination sub-group emphasized the need for training for call center operators and supervisors to ensure consistent, high-quality experiences for people who reach out to 9-8-8 for support. They also noted the need to provide support to call center operators due to the risk of secondary trauma from their interactions with callers in crisis. Michigan call centers will explore the possibility of adopting the UTP being developed by Vibrant (or develop an API to integrate their existing system with the UTP). When more information on the platform is released, the stakeholder group will discuss timelines, building APIs or adopting the platform all together, and integrating with other services the call centers provide. Currently, four of the six regional centers use iCarol and two call centers use internally built and managed databases. Additionally, MiCAL uses a customized platform built in Salesforce software.

Performance measurement and quality assurance is a separate section at the end of the implementation plan.

**Core Area 4: Lifeline Standards and Requirements**

**Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)**

**Goal 4.1a:** Review all published materials and identify questions to ask Vibrant by January 2022.

**Personnel/Partners:** MDHHS Planning Team, MiCAL, and regional call centers

**Goal 4.1a Action Steps**

| Action Steps   | Start Date  | Due Date     | Lead and Partners  |
|--|-------------|--------------|--|
| Review all currently available materials on the operational, clinical, and performance standards.                        | July 2021   | July 2021    | Lead: MDHHS Planning Team<br>Partners: Regional call centers and MiCAL |
| Analyze accreditation organizations’ standards to pinpoint similarities and differences in Michigan’s service model.     | August 2021 | January 2022 | Lead: MDHHS Planning Team<br>Partners: Regional call centers and MiCAL |
| Submit questions and points needing clarification to Vibrant regarding operational, clinical, and performance standards. | July 2021   | Ongoing      | Lead: MDHHS Planning Team and Vibrant                                  |

**Please rate how certain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.**

Not at all certain                  Somewhat certain                  Moderately certain                  Very certain                  Completely certain

**Core Area 4: Lifeline Standards and Requirements**

**Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)**

**Goal 4.2a:** By July 2023, develop a plan to monitor the quality of Michigan’s crisis system, provide support for maintaining high standards, and increase quality for specific populations.

**Personnel/Partners:** MiCAL and the six regional call centers

**Goal 4.2a Action Steps**

| Action Steps  | Start Date | Due Date | Lead and Partners                     |
|---|------------|----------|---------------------------------------|
| Review new materials published by Vibrant.                      | Unknown    |          | Lead: Regional call centers and MiCAL |
| Create and implement plan for alignment and standardization.    | Unknown    |          | Lead: Regional call centers and MiCAL |
| Engage target populations to identify ways to improve services. | July 2022  | 2025     | Lead: Regional call centers and MiCAL |

**Please rate how certain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.**

Not at all certain                  Somewhat certain                  Moderately certain                  Very certain                  Completely certain



**Goal 4.2b:** By January 2023, Michigan will have analyzed the following factors related to adopting the unified platform: 1) barriers, 2) state/territory-specific needs, and 3) adoption timeline.

**Personnel/Partners:** MDHHS (TBA staff), MiCAL, and the six regional call centers

**Goal 4.2b Action Steps**

| Action Steps   | Start Date | Due Date     | Lead and Partners  |
|--|------------|--------------|--|
| Compile a list of state-specific needs and potential barriers for implementation of the UTP. | July 2022  | January 2023 | Lead: Regional call centers and MiCAL                                |
| Communicate with Vibrant about timeline for rollout of the UTP and prepare for this.         | July 2022  | unknown      | Lead: MDHHS Planning Team, Regional call centers, MiCAL, and Vibrant |

**Please rate how certain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.**

Not at all certain       Somewhat certain       Moderately certain       Very certain       Completely certain

**Goal 4.2c:** By January 2023, Michigan will identify and implement strategies to support call center operators to address secondary trauma.

**Personnel/Partners:** Vibrant, MiCAL, and the six regional call centers

**Goal 4.2c Action Steps**

| Action Steps   | Start Date     | Due Date | Lead and Partners                     |
|--|----------------|----------|---------------------------------------|
| Identify programs and/or best practices for preventing and addressing secondary trauma; including strategies already in use by Michigan centers. | September 2022 | unknown  | Lead: Regional call centers and MiCAL |
| Share information about secondary trauma and strategies for addressing it with 9-8-8 call centers  | January 2023   | unknown  | Lead: Regional call centers and MiCAL |

**Please rate how certain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.**

Not at all certain       Somewhat certain       Moderately certain       Very certain       Completely certain

## **Core Area 5: Convene a Coalition of Key Stakeholders to Advise on 9-8-8 Planning and Implementation**

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### **Background: Current Situation, Gaps, Progress, and Proposed Approach: 9-8-8 Stakeholder Coalition**

Michigan involved several stakeholder groups in development of the implementation plan, including the MDHHS Planning Team, 9-8-8 Stakeholder Coalition, people with lived experience, and topic-specific subgroups.

**MDHHS 9-8-8 Planning Team:** The MDHHS 9-8-8 Planning Team included staff from MDHHS BHDDA and the Public Health Administration (PHA). BHDDA is the state's lead for mental health and substance abuse services (including crisis intervention services), while PHA leads population health and suicide prevention activities. Collectively, MDHHS provides state-level coordination, education, and information sharing related to suicide prevention. This includes serving as the implementation lead for two major federal suicide prevention grants (one with SAMHSA and one with CDC); working with Vibrant on implementation of a Lifeline State Capacity Building grant; providing technical assistance and education on suicide prevention to local communities and agencies; and hosting a repository of publicly available suicide prevention resources on the MDHHS website. Due to the continued increase in suicide deaths in Michigan over the past two decades, the Governor signed Public Act 177 in December 2019 establishing the Suicide Prevention Commission, which is managed by MDHHS and charged with developing recommendations for state coordination on suicide data collection and prevention. Additionally, staff from PSC facilitated the 9-8-8 stakeholder coalition meetings and drafted the implementation plan. Staff from Michigan Public Health Institute (MPHI) coordinated the initiative and offered day-to-day project management.

**9-8-8 Stakeholder Coalition:** To optimally design Michigan's crisis services system, MDHHS invited a diverse stakeholder coalition to provide input into the implementation plan. This included representatives from Michigan's six current National Suicide Prevention Lifeline Affiliates, local suicide prevention groups, Families Against Narcotics, persons with lived experience, and peer support representatives. MDHHS worked with individuals employed by key community partner organizations, such as its PIHPs and CMHSPs, who have background in suicide prevention and/or crisis services systems' work. A full list of coalition members and organizations can be found in Appendix B. The coalition met monthly from March through September via Zoom.

## Coalition Meeting Schedule and Topics Discussed

| Meeting Date       | Topics Discussed  | Number of Coalition Member Attendees |
|--------------------|---|--------------------------------------|
| March 30, 2021     | Background and overview of the planning process             | 26                                   |
| April 20, 2021     | Vision for 9-8-8 in Michigan                                | 28                                   |
| May 18, 2021       | Follow-up services; input from people with lived experience | 30                                   |
| June 24, 2021      | Resources   | 24                                   |
| July 29, 2021      | Communication   | 22                                   |
| August 26, 2021    | Review of final draft plan                                  | 21                                   |
| September 30, 2021 | Next steps  |                                      |

**People with lived experience:** Two listening sessions were held with people who have experienced suicidal thoughts or behaviors, accessed crisis services, contacted a crisis line, or lost a loved one to suicide. Sessions were held on April 29 and May 4 with 25 attendees and 6 attendees, respectively. Participants shared what works well in the current system and what has not worked well. Participants were asked what kind of response they would want for themselves or a loved one if they called 9-8-8. The discussion also included a focus on what features 9-8-8 should include. Participants also shared specific populations and cultural characteristics that 9-8-8 needs to be prepared to support.

### Topic Specific Sub-groups

***Capacity and Coordination:*** The capacity and coordination group comprised the six regional 9-8-8 call centers, MiCAL, and the MDHHS 9-8-8 Planning Team. Two sub-group meetings were held on June 10 and July 27, as well as meetings with each of the individual call centers. During these meetings, the group uplifted the need for 9-8-8 to have an ongoing Operations Workgroup to support alignment among centers as well as quality improvement efforts. Additional recommendations the group identified include standardize training; review the accrediting organizations' standards and align Michigan's efforts; and aim to share community referral resources.

***Coordination with 9-1-1 and other emergency services:*** As of June 1, 2020, there were 136 primary public safety answering points (PSAPs) in Michigan operating at various levels: cities/municipalities (n = 61), county (n = 64), multi-county (n = 5), statewide (n= 3), and universities (n= 3). A PSAP is a 24-hour, seven days a week public safety emergency and non-emergency entity that responds to calls for service for police, fire, and/or emergency medical services. Michigan does not have the authority to place requirements on PSAPs but can collaborate with them to develop a mutually beneficial plan for coordination between 9-1-1 and 9-8-8.

Michigan appointed Joni Harvey, the State 9-1-1 Administrator, to pull together 9-1-1 representatives and the Governor's Mental Health Diversion Council to create a best practices document, which will outline high level activities for 9-1-1 and 9-8-8 integration. The group met and agreed to develop the best practices and then get approval from the State Nine-One-One Committee (SNC). Individual communities will then have to decide how to implement the best practices locally. To ensure that the best practices are comprehensive and effective the first time developed, the group decided that it would be best to wait to develop the statewide best practices until additional information is released at the federal level. All stakeholders have agreed to participate in this work when the information is available.

**9-8-8 Implementation Rollout Stakeholder Group:** Additionally, Michigan identified key stakeholders for 9-8-8 rollout: the six regional 9-8-8 call centers and MiCAL, MDHHS, and other relevant stakeholders who volunteer to be a part of the group. The Operations Workgroup will meet on a to review any available data on call metrics and discuss any challenges faced by call centers in meeting the needs of callers.

**Core Area 5: 9-8-8 Stakeholder Coalition**

**Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)**

**Goal 5.1a:** The regional call centers, MiCAL, and MDHHS will continue to meet through June 2022 and will have accomplished priority planning and preparation tasks for the state in Phase 1.

**Personnel/Partners:** Regional call centers, MiCAL, MDHHS (Krista Hausermann and Pat Smith), and 9-1-1 Regional PSAPs.

**Goal 5.1a Action Steps**

| Action Steps  | Start Date   | Due Date     | Lead and Partners   |
|---|--------------|--------------|---|
| Establish who from the centers would be most appropriate to attend Operations Workgroup meetings. | August 2021  | January 2022 | Lead: Regional call centers and MiCAL                                       |
| Host the Operations Workgroup with clearly defined agendas.                                       | October 2021 | Ongoing      | Lead: MDHHS and MPHI<br>Partners: Regional call centers, MiCAL, 9-1-1 PSAPs |

**Please rate how certain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.**

Not at all certain      Somewhat certain      Moderately certain      Very certain      Completely certain

**Goal 5.1b:** The regional call centers, MiCAL, and MDHHS will continue explore options on how to connect with ongoing stakeholder feedback in Phase 1.

**Personnel/Partners:** Regional call centers, MiCAL, and MDHHS (Krista Hausermann and Pat Smith)

**Goal 5.1b Action Steps**

| Action Steps   | Start Date   | Due Date     | Lead and Partners                     |
|--|--------------|--------------|---------------------------------------|
| Explore options to maintain connections with stakeholders for ongoing feedback.  | August 2021  | January 2022 | Lead: Regional call centers and MiCAL |
| Engage members of specific populations, including those with lived experience and historically marginalized groups, to identify ways to better meet their needs. | January 2022 | Ongoing      | Lead: Regional call centers and MiCAL |

**Please rate how certain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.**

Not at all certain      Somewhat certain      Moderately certain      Very certain      Completely certain  
                                                                                       

**Core Area 5: 9-8-8 Stakeholder Coalition**

**Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)**

**Goal 5.2a:** Continue to hold Operations Workgroup meetings to review the 9-8-8 model, the standard of care, and any other topics needed.

**Personnel/Partners:** Regional call centers, MiCAL, and MDHHS (Krista Hausermann and Pat Smith)

**Goal 5.2a Action Steps**

| Action Steps   | Start Date | Due Date | Lead and Partners  |
|--|------------|----------|--|
| Hold the Operations Workgroup meetings with clearly defined agendas. | July 2022  | Ongoing  | Lead: MPHI, Regional call centers, and MiCAL<br>Partners: 9-1-1 Regional PSAPs |

**Please rate how certain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.**

Not at all certain      Somewhat certain      Moderately certain      Very certain      Completely certain

## **Core Area 6: Maintain a Comprehensive, Updated Listing of Resources, Referrals, and Linkages; Plan for Expanded Services**

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### **Background: Current Situation, Gaps, Progress, and Proposed Approach: Comprehensive Resource Listings; Plan for Expanded Services**

**Resource Listing Proposed Approach:** MiCAL is collaborating with Michigan 2-1-1 to ensure access to a wide variety of referral sources and services. Michigan 2-1-1 actively maintains a database of over 36,700 programs and services across the state related to behavioral and physical healthcare, social determinants of health, and other services. MiCAL and the regional call centers will have direct access to this database to identify appropriate resources and make referrals for 9-8-8 contacts.

In addition, the Michigan Department of Licensing and Regulatory Affairs (LARA) is rolling out OpenBeds, which is a referral platform/registry for mental health and substance use disorder providers called MiCARE. With access to MiCARE, MiCAL and the regional call centers will have up-to-date information about the availability of these services. MiCARE, which will be rolled out across Michigan by January 2022, includes a psychiatric inpatient bed registry.

The 9-8-8 Stakeholder Coalition emphasized the importance of peers in connecting people with appropriate services due to their personal, lived experience and noted they are a cost-effective resource. They also noted that call center operators should provide some direction to the callers to help them understand the next step and how the resource will support them.

**Background for Expanded Services:** Michigan is implementing many initiatives around behavioral health crisis, including statewide mobile crisis and crisis stabilization, which will coordinate with MiCAL. These services are in the early planning stages so there is not much known at this point. MDHHS will ensure coordination between MiCAL and the other service systems. The 9-8-8 Stakeholder Coalition noted that when calls to 9-8-8 require an in-person response, call center operators should use alternatives to a police response whenever possible. As aforementioned, there is a specific sub-committee working on the 911 coordination by developing a best practices guide. However, until federal recommendations and information are released, Michigan's work on this has been paused.

**Core Area 6: Comprehensive Resource Listings; Plan for Expanded Services**

**Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)**

**Goal 6.1a:** By July 2022 each call center in Michigan will have up-to-date referral resources for people in crisis that include the minimum required resources, referrals, and linkages through 211, OpenBeds, and local listings.

**Personnel/Partners:** Regional call centers, MiCAL, 211, and MDHHS (Krista Hausermann and Pat Smith)

**Goal 6.1a Action Steps**

| Action Steps   | Start Date    | Due Date  | Lead and Partners  |
|--|---------------|-----------|--|
| Update the Michigan 211 registry with any local resources that regional call centers have contacts with.   | August 2021   | July 2022 | Lead: Michigan 211<br>Partners: Regional call centers and MiCAL      |
| Present the OpenBeds platform at Operations Workgroup meeting.   | January 2022  | July 2022 | Lead: OpenBeds and LARA<br>Partners: Regional call centers and MiCAL |
| Sign up the 988 centers as users of OpenBeds.  | February 2022 | July 2022 | Lead: OpenBeds and LARA<br>Partners: Regional call centers           |
| Identify existing reports that demonstrate 9-8-8 effectiveness to review at Operations Workgroup Meetings. | March 2022    | Ongoing   | Lead: Regional call centers, MiCAL, and MDHHS                        |

**Please rate how certain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.**

Not at all certain       Somewhat certain       Moderately certain       Very certain       Completely certain

**Goal 6.1b:** By July 2022, discuss initial considerations about the potential for expanded center services.

**Personnel/Partners:** Regional call centers, MiCAL, 9-1-1, and MDHHS (Krista Hausermann and Pat Smith)

**Goal 6.1b Action Steps**

| Action Steps  | Start Date   | Due Date  | Lead and Partners                             |
|---|--------------|-----------|---|
| Discuss crisis services linkages at Operations Workgroup meetings.      | January 2022 | unknown   | Lead: Regional call centers, MiCAL, and MDHHS |
| Review the national work around 911 to inform the best practices guide. | January 2022 | July 2022 | Lead: 911 coordination workgroup              |
| Develop a pilot for real-time coordination of mobile crisis response.   | March 2022   | July 2022 | Lead: MiCAL                                   |

**Please rate how certain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.**

Not at all certain       Somewhat certain       Moderately certain       Very certain       Completely certain

**Core Area 6: Comprehensive Resource Listings; Plan for Expanded Services**

**Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)**

**Goal 6.2a:** By 2024 (or when Vibrant determines the timeline), explore maximizing the use of the UTP to house required resources, referrals, and linkages.

**Personnel/Partners:** Vibrant, 211, MiCARE, Regional call centers, and MiCAL

**Goal 6.2a Action Steps**

| Action Steps  | Start Date | Due Date | Lead and Partners  |
|---|------------|----------|--|
| Work with Vibrant to understand if and how Michigan resources and referrals might be housed in the UTP. | unknown    | unknown  | Lead: Vibrant<br>Partners: Regional call centers and MiCAL |

**Please rate how certain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.**

Not at all certain      Somewhat certain      Moderately certain      Very certain      Completely certain

**Goal 6.2b:** By 2024 (or when national information is released), explore coordinating with the 911 PSAPs.

**Personnel/Partners:** Vibrant, Michigan 9-1-1, Regional PSAPs, Regional call centers, and MiCAL

**Goal 6.2b Action Steps**

| Action Steps   | Start Date | Due Date | Lead and Partners  |
|--|------------|----------|--|
| Integrate best practices and requirements from federal level into the 9-1-1 and 9-8-8 coordination plan. | 2023       | Ongoing  | Lead: Vibrant or other federal agencies<br>Partners: Michigan 9-1-1 (Joni Harvey), regional PSAPs, Regional call centers and MiCAL |
| Create plan for coordinating with the 9-1-1 PSAPs for education/call transition processes.               | unknown    | unknown  | Lead: Michigan 9-1-1 (Joni Harvey), regional PSAPs, Regional call centers and MiCAL  |
| Work with regional 9-1-1 PSAPs and regional call centers to integrate a coordinated system.              | unknown    | unknown  | Lead: Michigan 9-1-1 (Joni Harvey), regional PSAPs, Regional call centers and MiCAL  |

**Please rate how certain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.**

Not at all certain      Somewhat certain      Moderately certain      Very certain      Completely certain



## **Core Area 7: Ensure All Michigan Centers Can Provide Best Practice Follow-Up to 9-8-8 Callers/Texters/Chatters**

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### **Background: Current Situation, Gaps, Progress, and Proposed Approach: Provide Follow-Up Services**

**Background:** Vibrant offers best practices on follow-up, which includes requiring the counselor to ask for consent to enroll the individual into the follow-up program. A sample consent form developed by Vibrant is Appendix C. Individuals verbally consenting to follow-up should receive a minimum of two follow-up calls, with the first contact occurring between 24 and 72 hours. There should be at least three attempts to contact the individual if they cannot be reached. One of these contacts should occur on a different day. At minimum, each follow-up should assess the individual's current well-being and suicide risk, review and update the safety plan as needed, coordinate care with other providers, and increase connection to needed services. Vibrant states that staff performing follow-up should receive counselor training if they have not already.

In 2021, Vibrant published *Crisis Center Guidance: Follow-up with Callers and Those Discharged from Emergency Department and Inpatient Settings*. A recommendation from the report is to integrate follow-up into the program, by training “as many staff and volunteers as possible to be able to provide follow-up.” In the Community of Practice hosted by Vibrant on Best Practice in Follow Up, Vibrant indicated that any staff or volunteers who might have a role in completing follow-up calls should receive counselor training. Any additional training requirements or specific content regarding follow-up was not indicated. Therefore, Michigan relies on each center to determine this for their staff.

**Current Situation:** All but one regional call center currently offers follow-up services for NSPL. MiCAL will also provide follow-up services following Vibrant's best practices. Follow-up will need to be expanded and standardized across the state. Once Vibrant releases the final requirements around follow-up, additional considerations for follow-up in Michigan will be discussed.

**Proposed Approach:** Each regional call center and MiCAL will provide follow-up services to the callers they serve as described above to ensure continuity of care for that caller.

**Future Areas of Growth:** Additional planning and implementation over the next three-years will be done in the following areas:

- Support emergency departments in their follow-up protocol.
- Invite call centers to perform safety checks within 24 hours to individuals in-need of additional support but who declined or did not need to go to the emergency department.
- Ensure follow-up systems fit both urban and rural settings.
- Tailor follow-up strategies to different populations (e.g., older adults, youth, non-English speaking populations)
- Engage Michigan's tribal community to develop appropriate follow-up strategies

### Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)

**Goal 7.1a:** By July 2022 Michigan call centers will collectively be ready to handle a minimum of 50% or higher follow-up / outbound call volume projected for people who need the follow-up service in their 9-8-8 Year 1 Cost and Volume Projections report (4,800 calls).

**Personnel/Partners:** Regional call centers and MiCAL

#### Goal 7.1a Action Steps

| Action Steps  | Start Date   | Due Date      | Lead and Partners  |
|---|--------------|---------------|--|
| Provide clear guidelines for the follow-up service protocol to all call centers.                          | July 2021    | Unknown       | Lead: Planning Team<br>Partners: Regional call centers and MiCAL |
| Communicate with Vibrant on whether specific training is required for staff providing follow-up services. | October 2021 | December 2021 | Lead: Planning Team<br>Partners: Vibrant                         |
| Provide the necessary training to staff providing follow-up services (if required).                       | January 2022 | July 2022     | Lead: Vibrant<br>Partners: Regional call centers and MiCAL       |

Please rate how certain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain

Somewhat certain

Moderately certain

Very certain

Completely certain

### Core Area 7: Provide Follow-Up Services

### Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)

**Goal 7.2a:** By 2024 (or when Vibrant determines the timeline), Michigan will have specified which center(s) will collectively be ready to handle a minimum of 100% or higher follow-up / outbound call volume projected for people who need the follow-up in their 9-8-8 Year 1 Cost and Volume Projections report.

**Personnel/Partners:** Regional call centers and MiCAL

#### Goal 7.2a Action Steps

| Action Steps   | Start Date                    | Due Date                                       | Lead and Partners  |
|--|-------------------------------|--|--|
| Explore implementing the UTP (or build an API) so that all systems are integrated. | Beginning of 2023 (or sooner) | End of 2023 (or the timeline Vibrant lays out) | Lead: Vibrant<br>Partners: Regional call centers and MiCAL |
| Ensure that caller records can be accessed by any call center in the state.        | End of 2023                   |  | Lead: Regional call centers and MiCAL<br>Partners: Vibrant |
| Identify which center(s) will handle follow-up calls.                              | End of 2023                   |  | Lead: Regional call centers and MiCAL<br>Partners          |

**Please rate how certain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.**

Not at all certain

Somewhat certain

Moderately certain

Very certain

Completely certain

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## **Core Area 8: Plan and Implement Marketing for 9-8-8 in Michigan**

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### **Background: Current Situation, Gaps, Progress, and Proposed Approach: Marketing and Communications Plan**

**Background:** Michigan’s Suicide Prevention Commission released its Initial Report in March 2021, outlining populations at higher risk for suicide. Males are at greater risk of death by suicide and females have more suicide attempts. The highest suicide rate per capita in 2018 (57.8 per 100,000) was among elderly aged 85 and older. The white population has the highest suicide rate of all racial groups. The northeastern half of the Lower Peninsula and eastern portion of the Upper Peninsula have the highest age-adjusted suicide rates. The highest number of suicides occurred among women ages 19-64 who are working in medical/healthcare related professions or are homemakers. The highest number of suicides among men within the same age range held jobs in construction, automotive, and food/hospitality related businesses. Veterans and active military/service members are at a higher risk; however, this report does not provide Michigan-specific data for this population. Other high-risk populations in the U.S. include correction officers, criminal justice-involved, emerging adults, first responders, health care contacts, homeless, LGBTQ+ youth, loss survivors, middle aged men, and veterans.

**Proposed Approach:** The Michigan 9-8-8 Stakeholder Coalition developed a list of potential populations to target in communication campaigns and partners to facilitate these connections. The list can be found in Appendix D.

The coalition also raised the following points about creating a communications campaign for 9-8-8.

- It is important to not just use social media and internet-based communication campaigns. There are individuals without internet capacity and individuals who do not use the internet, like older adults.
- Communication messages should be tailored to target audiences.
- Some people are going to want the simple number while others need to have details regarding the resource. It is important to create both communication campaigns to address both needs.
- Messaging will need to help clarify what types of crises the 9-8-8 line can help with.

The coalition offered the following communication strategies for consideration:

- The creation of small resource cards that could be handed out at places social services agencies, foodbanks, social security offices, unemployment, and other locations where target populations are likely to be.
- Using personal stories from survivors or family members.
- Using existing resources (e.g., The Suicide Prevention Alliance) to develop messages for target populations.
- Including churches as a key partner in dissemination of 9-8-8 information.
- Maximizing free channels of communication such as word of mouth and partners in the field.

MDHHS will rely heavily on interested partners and stakeholders to disseminate information about 9-8-8 to their constituents and members. Therefore, a budget has not been developed for Michigan’s 9-8-8 Marketing and Communications plan. The diverse group of dedicated

stakeholders have already identified channels and opportunities to promote the use of 9-8-8. These cost-free channels are more likely to reach target audiences than broad-based print, radio, or television campaigns. In addition, 9-8-8 will be included in all materials and heavily promoted as part of MiCAL’s marketing strategy.

**Core Area 8: Marketing and Communications Plan for 9-8-8**

**Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)**

**Goal 8.1a:** By July 2022, Michigan will continue to work on and finalize the following:

- Key goals of a statewide 9-8-8 messaging campaign
- Key messaging audiences within the state.
- Key public messaging channels for 9-8-8 message dissemination.
- A state agency 9-8-8 public relations point of contact to work with Vibrant Communications.

**Personnel/Partners:** Regional call centers, MiCAL, MDHHS communications staff, and other stakeholders as identified

**Goal 8.1a: Action Steps**

| Action Steps  | Start Date   | Due Date     | Lead and Partners   |
|---|--------------|--------------|---|
| Continue to identify community partners to help with public messaging for 9-8-8.          | August 2021  | July 2022    | Lead: Regional call centers, MiCAL, MDHHS<br>Partners: other stakeholders as identified |
| Identify the public relations contact to work with Vibrant.                               | October 2021 | July 2022    | Lead: MDHHS<br>Partners: Vibrant  |
| Collaborate with community partners to create specific targeted communications campaigns. | October 2021 | January 2022 | Lead: MDHHS<br>Partners: other stakeholders as identified                               |
| Consult with Vibrant on any Michigan-specific communication campaigns.                    | October 2021 | Unknown      | Lead: MDHHS and Vibrant<br>Partners: other stakeholders as identified                   |

**Please rate how certain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.**

Not at all certain      Somewhat certain      Moderately certain      Very certain      Completely certain

**Goal 8.1b:** By July 2022 Michigan will have developed a plan to transition all uses of the 1-800-273-8255 phone number in existing promotional materials to 9-8-8 by the end of December 2022.

**Personnel/Partners:** Vibrant, MDHHS (to be determined), and the identified public relations (PR) point of contact

**Goal 8.1b Action Steps**

| Action Steps   | Start Date   | Due Date      | Lead and Partners                              |
|--|--------------|---------------|--|
| Work with Vibrant and the identified public relations point of contact to transition all uses of the 1-800-273-8255 phone number in existing promotional materials to 9-8-8. | January 2022 | December 2022 | Lead: PR point of contact<br>Partners: Vibrant |

Please rate how certain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain       Somewhat certain       Moderately certain       Very certain       Completely certain

**Core Area 8: Marketing and Communications Plan for 9-8-8**

**Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)**

**Goal 8.2a:** By July 2023 Michigan will have:

- Engaged target audiences through focus groups or other strategies to obtain feedback and input on message effectiveness for target audiences.
- Finalized customization of national level messaging materials.
- Finalized messaging for how 9-8-8 aligns/embeds with existing state and local crisis lines not affiliated with 9-8-8.
- Developed a plan for tracking metrics and public messaging campaign impacts.

**Personnel/Partners:** Regional call centers, MiCAL, MDHHS (to be determined), and other stakeholders as identified

**Goal 8.2a Action Steps**

| Action Steps  | Start Date | Due Date | Lead and Partners  |
|---|------------|----------|--|
| Work with partners to engage key audiences in focus groups to ensure feedback and input.  | July 2022  | Unknown  | Lead: Regional call centers, MiCAL, and other stakeholders as identified |
| Leverage existing materials for any cultural or linguistic modifications.   | July 2022  | Unknown  | Lead: Regional call centers, MiCAL, and other stakeholders as identified |
| Develop a plan for tracking metrics and public messaging impact.  | July 2022  | Unknown  | Lead: Regional call centers, MiCAL, and other stakeholders as identified |
| Engage the regional call centers, MiCAL, MDHHS, and other stakeholders as identified to finalize how to best use the Federal 9-8-8 materials within Michigan. | July 2022  | Unknown  | Lead: Regional call centers, MiCAL, and other stakeholders as identified |

| Action Steps   | Start Date | Due Date | Lead and Partners   |
|--|------------|----------|---|
| Engage the regional call centers, MiCAL, MDHHS, and other stakeholders identify existing materials and marketing campaigns to which the 9-8-8 number can be added. | July 2022  | Unknown  | Lead: MDHHS, Regional call centers, MiCAL, and other stakeholders as identified |

**Please rate how certain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.**

Not at all certain

Somewhat certain

Moderately certain

Very certain

Completely certain

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## Performance Measurement and Quality Assurance

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### **Proposed Approach: Performance Measurement and Quality Assurance**

**Proposed Approach:** As aforementioned, Michigan call centers will use or integrate with the UTP, which will streamline and coordinate data sharing. The Operations Workgroup will meet on a basis and review data collected. In addition, an annual survey with people who have contacted 9-8-8 will be conducted to assess their experiences and level of satisfaction, as well as identify areas of improvement.

The key indicators table below is based on Vibrant’s available materials. The Operations Workgroup will edit and expand upon these indicators as needed. The six regional call centers and MiCAL will collaborate to achieve the key indicators. Lifeline states that when a call center has an answer rate less than 80% for two consecutive quarters, Lifeline will work with the center to explore quality improvement plans, and the state will play a supportive role in this.

In addition, a timeline for all 9-8-8 planning and implementation actions, which can be found in Appendix E, will allow the state to monitor ongoing progress.

### Key Indicators

| Program Area                                 | Key Indicator   | Definition  |
|--|---|---|
| Basic Call Metrics                           | Total number of Lifeline calls per month  | All calls received on the local Lifeline termination number during the month being reported. This includes all abandoned, no answer, and busy calls.  |
|  | Total number of Lifeline calls answered per month   | All calls answered on the local Lifeline termination number by a crisis counselor.  |
|  | Answer rate for Lifeline calls per month  | “Total number of Lifeline calls answered this month” divided by “Total number of Lifeline calls received this month”. Enter as a percentage.  |
|  | Average speed (in seconds) to answer Lifeline calls per month   | From the call center’s phone system pull a report on average speed of answer for calls answered on the local Lifeline termination number. Lifeline’s milestone is that centers answer 90% of calls in 30 seconds.         |
|  | Average Handle Time of Lifeline calls per month   | On average, the total amount of time a crisis counselor spends on a call, including talk time, any hold time after the call has started, and after-call work, such as documentation.                                      |
| Caller Background Information / Demographics | Total number of Lifeline calls by gender  | Male, female, transgender/ non-binary, and gender unknown   |
|  | Total number of calls by age  | Age categories: 12 and under, 13-24, 25-34, 35-44, 45-54, 55-64, 65-84, 85 and older, age unknown   |
|  | Total number of Lifeline calls by military  | Number of active military and number of veterans  |
|  | Number of callers this month who meet the following criteria: <ul style="list-style-type: none"> <li>• Current thoughts of suicide</li> </ul> | <ul style="list-style-type: none"> <li>• Current thoughts of suicide – Total number of callers who experienced thoughts of killing themselves within the last 24 hours. This includes at the time of the call.</li> </ul> |



|                                      |   |   |
|--------------------------------------|---|---|
| <p>Callers by Suicide Experience</p> | <ul style="list-style-type: none"> <li>• Suicidal ideation in recent</li> <li>• Prior suicide attempt survivors attempted to end their lives in the past</li> <li>• Suicide loss survivors</li> <li>• Third-party callers concerned about another individual with suicidal ideation</li> <li>• Assessment of suicidal ideation was not applicable</li> <li>• The presence of suicidal ideation could NOT be assessed.</li> </ul>  | <ul style="list-style-type: none"> <li>• Suicidal ideation in recent past - The total number of callers who did not have suicidal ideation within 24 hours of the call but did have suicidal ideation within 2 months prior to the call.</li> <li>• Prior suicide attempt survivors – Total number of callers this month who disclose that they have attempted to end their lives in the past.</li> <li>• Suicide loss survivors – Total number of callers who disclose that they have lost someone to suicide.</li> <li>• Third-party callers concerned about another individual with suicidal ideation – The total number of callers who called the Lifeline because they are concerned about a person at risk of killing themselves.</li> <li>• Assessment of suicidal ideation was not applicable – Total number of calls where suicidal ideation information was not gathered because the call was a wrong number, hang up, or inappropriate call.</li> <li>• No experience with suicide or Unknown – Total number of calls where the caller had no experience with suicide.</li> <li>• The presence of suicidal ideation could NOT be assessed. Total number of calls where no information was gathered regarding the caller or person at risk’s suicidal ideation history or current state. This includes third party callers who do not know if the person at risk current state or suicidal ideation history.</li> </ul> |
|                                      | <p>Total number of (first party) Lifeline calls this month where:</p> <ul style="list-style-type: none"> <li>• At imminent risk for suicide</li> <li>• Emergency rescue was not needed because caller was NOT at imminent risk for suicide</li> <li>• Voluntary emergency rescue was dispatched</li> <li>• Involuntary emergency rescue was dispatched</li> <li>• Emergency rescue was dispatched but the individual could not be located</li> <li>• Emergency rescue was NOT needed because imminent risk for suicide was reduced</li> </ul> | <ul style="list-style-type: none"> <li>• Caller was at imminent risk for suicide – An individual is determined to be at imminent risk of suicide if the Crisis Counselor responding to the call believes, based on information gathered during the exchange, that there is a close temporal connection between the individual’s current risk status and actions that could lead to their suicide. The risk must be present in the sense that it creates an obligation and immediate pressure on the Crisis Counselor to take urgent actions to reduce the individual’s risk; that is, if no actions are taken, the Crisis Counselor believes that the individual is likely to seriously harm or kill themselves. Imminent Risk may be determined if an individual state (or is reported to have stated by a person believed to be a reliable informant) both a desire and intent to die and has the capability of carrying through their intent.</li> <li>• Emergency rescue was not needed because caller was NOT at imminent risk for suicide – Total number of calls this month where the caller was not at imminent risk. See definitions above.</li> <li>• Voluntary emergency rescue was dispatched – Total number of calls this month where the Crisis Counselor and/or caller contacted emergency services with the caller’s permission.</li> </ul>   |
|                                      | <p>Total number of third-party Lifeline calls this month where:</p> <ul style="list-style-type: none"> <li>• At imminent risk for suicide</li> <li>• Emergency rescue was not needed because caller was NOT at imminent risk for suicide</li> <li>• Voluntary emergency rescue was dispatched</li> <li>• Involuntary emergency rescue was dispatched</li> </ul>   | <ul style="list-style-type: none"> <li>• Involuntary emergency rescue was dispatched – Total number of calls where the Crisis Counselor dispatched emergency services without the caller’s permission. See definitions above.</li> <li>• Emergency rescue was dispatched but the individual could not be located – Total number of calls where either voluntary or involuntary emergency rescue was implemented but the caller could not be found. Calls counted in both “Voluntary emergency rescue was dispatched” and “Involuntary emergency rescue was dispatched” are included in this number.</li> <li>• Emergency rescue was NOT needed because imminent risk for suicide was reduced – Total number of calls in which the caller was at imminent risk for suicide and the Crisis Counselor was able to work with the caller to deescalate the situation and create a collaborative safety</li> </ul>  |

|                           |  |  |
|---------------------------|--|--|
|                           | <ul style="list-style-type: none"> <li>Emergency rescue was dispatched but the individual could not be located</li> <li>Emergency rescue was NOT needed because imminent risk for suicide was reduced</li> </ul> | plan so that emergency rescue was not necessary. This includes calls where Mobile Crisis Units were contacted. |
| Follow-Up Program         | Number of people screened for follow-up  |  |
|                           | Number of people eligible for follow-up.   |  |
|                           | Number enrolled  |  |
|                           | Number of people successfully contacted.   |  |
|                           | Number of people linked to referral or other resources.  |  |
|                           | Average number of contacts made per individual   |  |
|                           | Total number of contacts for the follow-up program   |  |
|                           | During the time the individual was a participant in the program (a) were they admitted to the hospital or an inpatient setting, and/or (b) did they attempt suicide?   |  |
|                           | Self-reporting on whether the individual accessed referral services or other services  |  |
|                           | Satisfaction of the program on a 1-5 scale   |  |
| Reassess suicidal intent. |  |  |

**Performance Measurement and Quality Assurance**

**Phase 1 Goals and Action Steps: Pre-Launch (Oct 1, 2021 – June 30, 2022)**

**Goal 9.1a:** By July 2022, Michigan Call Centers will have developed a plan to monitor the performance and assure quality improvement of the 9-8-8 service.

**Personnel/Partners:** Regional call centers, MiCAL, and other stakeholders as identified

**Goal 9.1a: Action Steps**

| Action Steps  | Start Date   | Due Date  | Lead and Partners   |
|---|--------------|-----------|---|
| Work with the Operations Workgroup to identify who needs to be involved in conversations to develop a plan for monitoring and evaluation. | October 2021 | July 2022 | Lead: Regional call centers and MiCAL<br>Partners: MDHHS and other stakeholders as identified |
| Develop plan for monitoring and evaluation of the 9-8-8 service.  | October 2021 | July 2022 | Lead: Regional call centers and MiCAL<br>Partners: MDHHS and other stakeholders as identified |

Please rate how certain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain       Somewhat certain       Moderately certain       Very certain       Completely certain

**Performance Measurement and Quality Assurance**  
**Phase 2 Goals and Action Steps: One Year Post-Launch (July 1, 2022 – June 30, 2023)**

**Goal 9.2a:** By the end of 2023 Michigan Call Centers will have implemented the performance measurement plan and monitor the quality of service.

**Personnel/Partners:** Regional call centers, MiCAL, MDHHS, and other stakeholders as identified

**Goal 9.2a Action Steps**

| Action Steps  | Start Date | Due Date | Lead and Partners  |
|---|------------|----------|--|
| Review the data collected within the UTP and assess for areas of improvement.   | July 2023  | Ongoing  | Lead: Regional call centers, MiCAL, MDHHS, and other stakeholders as identified<br>Partners: |
| Conduct annual survey with individuals who have used the service to assess experience, satisfaction, and identify areas of improvement. | July 2023  | Ongoing  | Lead: MDHHS<br>Partners: Regional call centers, MiCAL, and other stakeholders as identified  |

Please rate how certain you are that you can accomplish this goal by the deadline you have indicated by clicking on one of the boxes below.

Not at all certain       Somewhat certain       Moderately certain       Very certain       Completely certain

## **Appendix A**

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*This is an additional Excel file identifying coverage in Michigan by county. The information is presented in the map located in Core Component 1. If you would like to see the excel, please reach out to [MPCIP-Support@mphi.org](mailto:MPCIP-Support@mphi.org).*

## **Appendix B**

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### List of Coalition Members

| <b>Perspective</b>                       | <b>Agency/Organization</b>  | <b>Name of Representative(s)</b>                   |
|--|---|--|
| Hospital Healthcare System               | Ascension Hospital System   | Selena Schmidt                                     |
| Lived Experience                         | Behavioral Health Advisory Council  | Marianne Huff                                      |
| Youth                                    | Child and Adolescent Health Center Program  | Taggert Doll; Gina Zerka                           |
| Community Mental Health                  | Community Mental Health Association   | Robert Sheehan                                     |
| Lived Experience                         | CNS Healthcare—Anti Stigma  | Malkia Newman                                      |
| NSPL Affiliate/ MiCAL                    | Common Ground/MiCAL   | Rosa Thomas  |
| Community Mental Health                  | Detroit Wayne Mental Health Authority dba Detroit-Wayne Integrated Health Network     | Andrea Smith                                       |
| NSPL Affiliate                           | Dial Help   | Kristine Putz                                      |
| Substance Use Disorder Advocacy Group    | Families Against Narcotics  | Lori Ziolkowski                                    |
| LGBTQ+                                   | Affirmations LGBTQ+ Community Center  | Kathleen Redmon                                    |
| NSPL Affiliate                           | Gryphon Place   | Maricela Alcala; Emily Schwartz; Jacquis Robertson |
| Inpatient Psychiatry                     | Harbor Oaks Hospital  | Briana Jacob                                       |
| Emergency Medicine                       | Henry Ford Health System  | Dr. Jennifer Peltzer-Jones                         |
| Advocacy Group                           | Justice in Mental Health Organization (JiMHO)   | Brian Wellwood                                     |
| Tribal                                   | Little Traverse Bay Bands of Odawa Indians  | Randy Koch   |
| NSPL Affiliate                           | Listening Ear   | Nick Goike   |
| NSPL Affiliate                           | Macomb County Community Mental Health   | Stephanie Lange; Andrea Gross; Diana Ray           |
| Upper Peninsula/ Local Health Department | Marquette County Health   | Sarah Derwin                                       |
| Behavioral Health State Level            | MDHHS, BDDHA  | Dr. Debra Pinals                                   |
| Behavioral Health State Level            | MDHHS, BDDHA  | Amy Kanouse  |
| Older Adults                             | MDHHS, Health Promotion & Active Aging Section in the Aging and Adult Services Agency | Sally Steiner                                      |
| Veterans                                 | MDHHS, Veteran Liaison  | Brian Webb   |
| Veterans                                 | Michigan Veterans Affairs Agency  | Julie Cortright                                    |

|  |   |   |
|--|---|---|
| Law Enforcement                        | MI Association of Chiefs of Police                  | Chief Bob Stevenson                         |
| Education/ Youth                       | MI Department of Education                          | Mike Leathead                               |
| Law Enforcement                        | MI Sheriff's Association                            | Sheriff Matt Saxton; Sheriff Steven Kempker |
| Lived Experience                       | Michigan Peer Warmline                              | Mary Beth Franks                            |
| 9-1-1 Emergency Communications         | Michigan State Police—State 9-1-1 Office            | Joni Harvey                                 |
| Domestic and Sexual Violence Victims   | MSP, Survivor-Centered Advocate program             | Megan Calamita                              |
| 2-1-1                                  | Michigan 2-1-1                                      | Jennie Pollak; Hassan Hammoud               |
| NSPL Affiliate                         | Network 180   | Kristin Spykerman; Dawn Rasmussen           |
| Local Suicide Prevention Group         | Oakland Suicide Prevention Group                    | Kat Polmear; Hanna Cassie                   |
| Substance Use Disorder Advocacy Group  | Office of Recovery Oriented Systems of Care (OROSC) | Larry Scott                                 |
| Suicide Prevention/ Aftercare Advocate | Suicide Resource and Response Network               | Barb Smith                                  |
| Psychology                             | U of M Psychologist                                 | Dr. Cindy Ewell Foster                      |

## Appendix C

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### Lifeline Sample Consent Form for Follow-Up Program

We are concerned about you and we want to help you stay safe. Would it be okay for someone from our crisis center (Crisis Center Name) to call you and see how you are doing? Making these follow-up calls is an important part of our services. We have found that these follow-up contacts can help keep people safe and feel supported until they are feeling better (and/or linked to treatment services). Would it be okay for us to contact you in (time period to be decided by the crisis worker completing this form)?

\_\_YES \_\_NO

1. Name of client: \_\_\_\_\_
2. Name of crisis counselor completing this form: \_\_\_\_\_
3. Date of Referral: \_\_/\_\_/\_\_

Safety plan is complete and in the caller's record. (If not, fill the below information)

4. Telephone #: \_\_\_\_\_  
Phone for? (circle): Home#    Cell#    Office#
5. Best day(s) and times to call: \_\_\_\_\_
6. Preferred language for follow-up call: \_\_\_\_\_
7. Do you have an answering machine or voicemail on this telephone? \_\_YES \_\_NO  
If "Yes:"  
If you are not able to answer when we call, is it okay for us to leave a message?  
\_\_ Do NOT Leave a Message  
\_\_ Leave a Hotline Message  
\_\_ Leave a Different Message (Details): \_\_\_\_\_

8. If someone else answers when (Crisis Center Name) calls, is it okay for them to leave a message with the person who answers the phone? \_\_ YES \_\_ NO \_\_ No one else will answer  
If "Yes:"  
\_\_ Do NOT Leave a Message  
\_\_ Leave a Hotline Message  
\_\_ Leave a Different Message (Details): \_\_\_\_\_

The information you have provided here, and any other information exchanged between you and the (Crisis Center Name) staff is strictly confidential. If the (Crisis Center Name)

wishes to share your information with others that can assist in your care, we must obtain your permission to do so. The only exception to this rule is if your life (or the life of others) is in danger. In this case, the (Crisis Center Name) may only share information about you with individuals or agencies that they believe can assure your immediate safety.

When a staff member from the (Crisis Center Name) calls you, they will ask you questions about how you are doing, how safe you are feeling at the time, and what actions you are taking to keep yourself safe. They will see what kind of help you may still need at the time, and do whatever they can do to help you.

You are also free to contact the (Crisis Center Name) directly at any time during or after your involvement in this follow up program to obtain more help.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

DRAFT



## **Appendix D**

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### List of Organizations and Contact Information for Communication Campaign Partnerships

| <b>Organization/ Perspective/ Population</b>         | <b>Contact Name (if available)</b>                         | <b>Contact Email (if available)</b>  |
|--|--|--|
| 911  | Joni Harvey, State 911 Administrator                       | <a href="mailto:harveyj6@michigan.gov">harveyj6@michigan.gov</a>   |
| Affirmations LGBTQ+ Community Center                 | Kathleen Redmon, Director of Programs                      | <a href="mailto:kredmon@goaffirmations.org">kredmon@goaffirmations.org</a>   |
| Alcoholics Anonymous                                 |  |  |
| Arc Michigan   |  | <a href="mailto:info@arcmi.org">info@arcmi.org</a>   |
| Barber shops, beauty salons, and nail salons         |  |  |
| Behavioral Health Learning Collaborative of Michigan |  |  |
| Boys and Girls Clubs                                 |  |  |
| Business groups                                      |  |  |
| Child and adolescent health center (CAHC) programs   | Taggart Doll and Gina Zerka                                | <a href="mailto:DollT@michigan.gov">DollT@michigan.gov</a><br><a href="mailto:zerkag@michigan.gov">zerkag@michigan.gov</a> |
| CMH Club Houses                                      |  |  |
| Community mental health service programs (CMHSPs)    | Robert Sheehan, CEO of Community Mental Health Association | <a href="mailto:rsheehan@cmham.org">rsheehan@cmham.org</a>   |
| Domestic violence shelters                           |  |  |
| Emergency rooms                                      |  |  |
| Employee Assistant Programs (EAPs)                   |  |  |
| Epilepsy Foundation of Michigan                      |  | <a href="mailto:ContactUs@efa.org">ContactUs@efa.org</a>   |
| Faith based institutions                             |  |  |
| Families Against Narcotics                           | Lori Ziolkowski  | <a href="mailto:loriozolkowski@delta.edu">loriozolkowski@delta.edu</a>   |
| Foodbanks  |  |  |
| Gun ranges   |  |  |
| Homeless shelters                                    |  |  |
| Housing providers                                    |  |  |
| Little Traverse Bay Bands of Odawa Indians           | Randy Koch, Behavioral Health Manager                      | <a href="mailto:rkoch@ltbbodawa-nsn.gov">rkoch@ltbbodawa-nsn.gov</a>   |
| Michigan Association of Broadcasters                 |  | <a href="mailto:mab@michmab.com">mab@michmab.com</a>   |
| Michigan Association of Chiefs of Police             | Chief Bob Stevenson, Director                              | <a href="mailto:rstevenson@michiganpolicechiefs.org">rstevenson@michiganpolicechiefs.org</a>                               |
| Michigan College of Emergency Physicians             | Dr. Pamela Coffey  | <a href="mailto:pcoffey@epmg.com">pcoffey@epmg.com</a>   |

|  |  |  |
|--|--|--|
| Michigan Department of Education                                       | Mike Leathead, School Behavioral Health Education Consultant | <a href="mailto:LeatheadM@michigan.gov">LeatheadM@michigan.gov</a>   |
| Michigan Medical Association   |  |  |
| Michigan Psychiatrist Association                                      | Dr. Carmen McIntyre Leon                                     | <a href="mailto:McIntyreC1@michigan.gov">McIntyreC1@michigan.gov</a>   |
| Michigan Psychological Association                                     |  |  |
| MSP, Survivor-Centered Advocate Program                                | Megan Calamita   | <a href="mailto:calamitam@michigan.gov">calamitam@michigan.gov</a>   |
| Michigan Social Work Association                                       |  |  |
| Michigan Sheriffs Association  | Sheriff Matt Saxton<br>Sheriff Steven Kempker                | <a href="mailto:skempker@miottawa.org">skempker@miottawa.org</a> ;<br><a href="mailto:msaxton@misheriff.org">msaxton@misheriff.org</a> |
| Michigan Veterans Affairs Agency                                       | Julie Cortright  | <a href="mailto:CortrightJ1@michigan.gov">CortrightJ1@michigan.gov</a>   |
| Michigan Works   |  |  |
| Narcotics Anonymous  |  |  |
| National Alliance on Mental Illness- Michigan                          |  |  |
| OK2SAY   | Mary Drew  | <a href="mailto:DrewM3@michigan.gov">DrewM3@michigan.gov</a>   |
| Peer run drop-in centers   |  |  |
| Peer runs groups for mental health, physical health, or other purposes |  |  |
| School counselors  |  |  |
| School IDs   |  |  |
| Schools  |  |  |
| Senior centers   |  |  |
| Social security offices  |  |  |
| St. Vincent  |  |  |
| The Jed Foundation   | Manuela McDonough,<br>Director of Public Relations at JED    | <a href="mailto:manuela@jedfoundation.org">manuela@jedfoundation.org</a>   |
| Trevor Project   |  |  |
| University Health Centers  |  |  |
| Veteran centers  |  |  |
| Veterans groups  |  |  |

## Appendix E

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### Michigan 9-8-8 Planning and Implementation Timeline

#### Phase 1

| Goal | Action Steps  | Start Date     | Due Date       |
|------|---|----------------|----------------|
| 1.1a | Reach out to each center and establish which counties they will cover for 9-8-8 calls and the hours of operation.                                 | June 2021      | September 2021 |
| 1.1b | Reach out to each center to establish which counties they will cover for 9-8-8 text and chat and the hours of operation.                          | June 2021      | September 2021 |
| 4.1a | Review all currently available materials on the operational, clinical, and performance standards.   | July 2021      | July 2021      |
| 4.1a | Submit questions and points needing clarification to Vibrant regarding operational, clinical, and performance standards.                          | July 2021      | Ongoing        |
| 7.1a | Provide clear guidelines for the follow-up service protocol to all call centers.  | July 2021      | Unknown        |
| 4.1a | Compare and analyze accreditation organizations' requirements and standards to pinpoint similarities and differences in Michigan's service model. | August 2021    | January 2022   |
| 5.1a | Establish who from the centers would be most appropriate to attend Operations Workgroup meetings.   | August 2021    | January 2022   |
| 5.1b | Explore options to maintain connections with stakeholders for ongoing feedback.   | August 2021    | January 2022   |
| 1.1a | Coordinate with MiCAL to establish 9-8-8 call presence in counties not covered by regional call center.   | August 2021    | July 2022      |
| 1.1b | Coordinate with MiCAL to establish 9-8-8 text and chat presence in counties not covered by regional call centers.                                 | August 2021    | July 2022      |
| 6.1a | Update the Michigan 211 registry with any local resources that regional call centers have contacts with.  | August 2021    | July 2022      |
| 8.1a | Continue to add to the list of community partners to collaborate with and disseminate information to regarding the public messaging for 9-8-8.    | August 2021    | July 2022      |
| 1.1a | Identify areas where there is no secondary coverage and plan to ensure calls are answered.  | September 2021 | October 2021   |
| 1.1b | Consult with Vibrant on the technical requirements to provide 988 text and chat prior to the operation of the unified platform                    | September 2021 | October 2021   |
| 2.1a | Identify potential additional funding sources for future increased need.  | September 2021 | February 2022  |

| Goal | Action Steps  | Start Date     | Due Date      |
|------|---|----------------|---------------|
| 1.1a | Work with MiCAL to provide secondary coverage for 9-8-8 calls in the counties where regional call centers have primary coverage.          | September 2021 | July 2022     |
| 1.1b | Work with MiCAL to provide secondary coverage for text and chat in the counties where regional call centers have primary coverage.        | September 2021 | October 2022  |
| 6.1b | Discuss the linkages with mobile crisis, warm transfer, and others at Operations Workgroup meetings.                                      | January 2022   | unknown       |
| 7.1a | Communicate with Vibrant on whether specific training is required for staff providing follow-up services.                                 | October 2021   | December 2021 |
| 8.1a | Collaborate with community partners to create specific targeted communications campaigns.   | October 2021   | January 2022  |
| 2.1a | Develop annual assessment process for staffing needs based on call volume.  | October 2021   | February 2022 |
| 1.1a | Discuss the status of 9-8-8 call coverage at Operations Workgroup meetings and adapt plan as needed.                                      | October 2021   | July 2022     |
| 1.1b | Discuss the status of 9-8-8 text and chat coverage at Operations Workgroup meetings and adapt plan as needed.                             | October 2021   | July 2022     |
| 6.1b | Develop a pilot to ensure real-time coordination of mobile crisis response.   | March 2022     | July 2022     |
| 8.1a | Identify the public relations contact to work with Vibrant.   | October 2021   | July 2022     |
| 9.1a | Work with the Operations Workgroup to identify who needs to be involved in conversations to develop a plan for monitoring and evaluation. | October 2021   | July 2022     |
| 9.1a | Develop plan for monitoring and evaluation of the 9-8-8 service.  | October 2021   | July 2022     |
| 8.1a | Consult with Vibrant on any Michigan-specific communication campaigns.  | October 2021   | Unknown       |
| 5.1a | Host the Operations Workgroup with clearly defined agendas.   | October 2021   | Ongoing       |
| 1.1a | Keep consistent communication lines open with regional call center to adapt 9-8-8 call coverage model as needed.                          | October 2021   | N/A           |
| 1.1b | Keep consistent communication lines open with regional call center to adapt 9-8-8 text and chat coverage model as needed.                 | October 2021   | N/A           |
| 6.1a | Present the OpenBeds platform at Operations Workgroup meeting.  | January 2022   | July 2022     |
| 7.1a | Provide the necessary training to staff providing follow-up services (if required).   | January 2022   | July 2022     |

| Goal | Action Steps   | Start Date    | Due Date      |
|------|--|---------------|---------------|
| 6.1b | Review the national work around 9-1-1 to inform the best practices guide.  | January 2022  | July 2022     |
| 8.1b | Work with Vibrant and the identified public relations point of contact to transition all uses of the 1-800-273-8255 phone number in existing promotional materials to 9-8-8.               | January 2022  | December 2022 |
| 3.1a | Monitor in-state answer rate and review model at the Operations Workgroup meetings.  | January 2022  | Ongoing       |
| 5.1b | Engage members of specific populations served to identify ways to improve services to better meet their needs, including those with lived experience and historically marginalized groups. | January 2022  | Ongoing       |
| 6.1a | Sign up the 9-8-8 centers as users of OpenBeds.  | February 2022 | July 2022     |
| 6.1a | Identify existing reports that determine how effective the process is working to be reviewed at the Operations Workgroup Meetings.   | March 2022    | Ongoing       |

## Phase 2

| Goal | Action Steps   | Start Date | Due Date     |
|------|--|------------|--------------|
| 5.2a | Hold the Operations Workgroup meetings with clearly defined agendas.   | July 2022  | Ongoing      |
| 1.2a | Establish consensus around the standards that all centers will work towards in Michigan.   | July 2022  | N/A          |
| 4.2b | Compile a list of state-specific needs and potential barriers for implementation of the UTP.   | July 2022  | January 2023 |
| 4.2b | Communicate with Vibrant about timeline for rollout of UTP and prepare for this.   | July 2022  | Unknown      |
| 1.2a | Explore the integration or adoption of the UTP in all call centers.  | July 2022  | Unknown      |
| 8.2a | Work with partners to engage key audiences in focus groups to ensure feedback and input.   | July 2022  | Unknown      |
| 8.2a | Engage the regional call centers, MiCAL, MDHHS, and other stakeholders identify existing materials and marketing campaigns to which the 9-8-8 number can be added. | July 2022  | Unknown      |
| 8.2a | Leverage existing materials for any cultural or linguistic modifications.  | July 2022  | Unknown      |
| 8.2a | Develop a plan for tracking metrics and public messaging impact.   | July 2022  | Unknown      |
| 8.2a | Engage the regional call centers, MiCAL, MDHHS, and other stakeholders as identified to finalize how to best use the Federal 9-8-8 materials within Michigan.      | July 2022  | Unknown      |
| 4.2a | Collaborate with centers to engage members of specific populations served to identify ways to improve services to better meet their needs.                         | July 2022  | 2025         |

| Goal | Action Steps   | Start Date                    | Due Date                                       |
|------|--|-------------------------------|--|
| 2.2a | Identify potential additional funding sources for future increased need.   | September 2022                | February 2023                                  |
| 2.2a | Assess funding needs that may result from diverting 9-1-1 calls to 9-8-8   | September 2022                | February 2023                                  |
| 4.2c | Identify programs and/or best practices for preventing and addressing secondary trauma; including strategies already in use by Michigan centers. | September 2022                | unknown  |
| 7.2a | Explore implementing the UTP (or build an API) so that all systems are integrated.   | Beginning of 2023 (or sooner) | End of 2023 (or the timeline Vibrant lays out) |
| 4.2c | Share information about secondary trauma and strategies for addressing it with 9-8-8 call centers  | January 2023                  | unknown  |
| 1.2b | Explore the possibility of adding video conferencing options for 9-8-8 contacts.   | January 2023                  | Unknown  |
| 2.2a | Conduct annual assessment of call volume and staffing needs (occur every year).  | March 2023                    | Ongoing  |
| 3.2a | If needed, the Operations Workgroup will create a plan to sustain 90% in-state answer rate.  | July 2023                     | Ongoing  |
| 9.2a | Review the data collected within the UTP and assess for areas of improvement.  | July 2023                     | Ongoing  |
| 9.2a | Conduct annual survey with individuals who have used the service to assess experience, satisfaction, and identify areas of improvement.          | July 2023                     | Ongoing  |
| 6.2b | Integrate best practices and requirements from federal level into the 9-1-1 and 9-8-8 coordination plan.   | 2023                          | Ongoing  |
| 7.2a | Ensure that caller records can be accessed by any call center in the state.  | End of 2023                   | Unknown  |
| 7.2a | Identify which center(s) will handle follow-up calls.  | End of 2023                   | Unknown  |
| 4.2a | Review new materials published by Vibrant.   | Unknown                       | Unknown  |
| 4.2a | Create plan for alignment and standardization.   | Unknown                       | Unknown  |
| 4.2a | Implement plan for alignment and standardization.  | Unknown                       | Unknown  |
| 6.2a | Work with Vibrant to understand if and how Michigan resources and referrals might be housed in the UTP.  | Unknown                       | Unknown  |
| 6.2b | Create plan for coordinating with the 9-1-1 PSAPs for education/call transition processes.   | Unknown                       | Unknown  |
| 6.2b | Work with regional 9-1-1 PSAPs and regional call centers to integrate a coordinated system.  | Unknown                       | Unknown  |

# **Building a Crisis Services System for All Michiganders: 988's & MiCAL's Role**

Michigan Suicide Prevention Commission  
November 19, 2021



I am in crisis tell me where to go?,  
how can I get help?,  
what should I do?.....





# Michigan's Default Crisis Services System

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## Emergency Departments

- ❖ At least three years in a row, the number one reason for Emergency Room visits is psychiatric care.\*5
- ❖ There were 165,712 visits in 2020, and over 200,00 in both 2018 and 2019.

## Law Enforcement

- ❖ The percent of law enforcement contacts involving mental health range from 1% to 17 % dependent upon the source. \*1,3,4
- ❖ In 2019 in Michigan, there were approximately 8.6 million 911 calls for law enforcement and EMS.\*2 If only 2% of those calls related to mental health, that would be more than 172,000 calls.

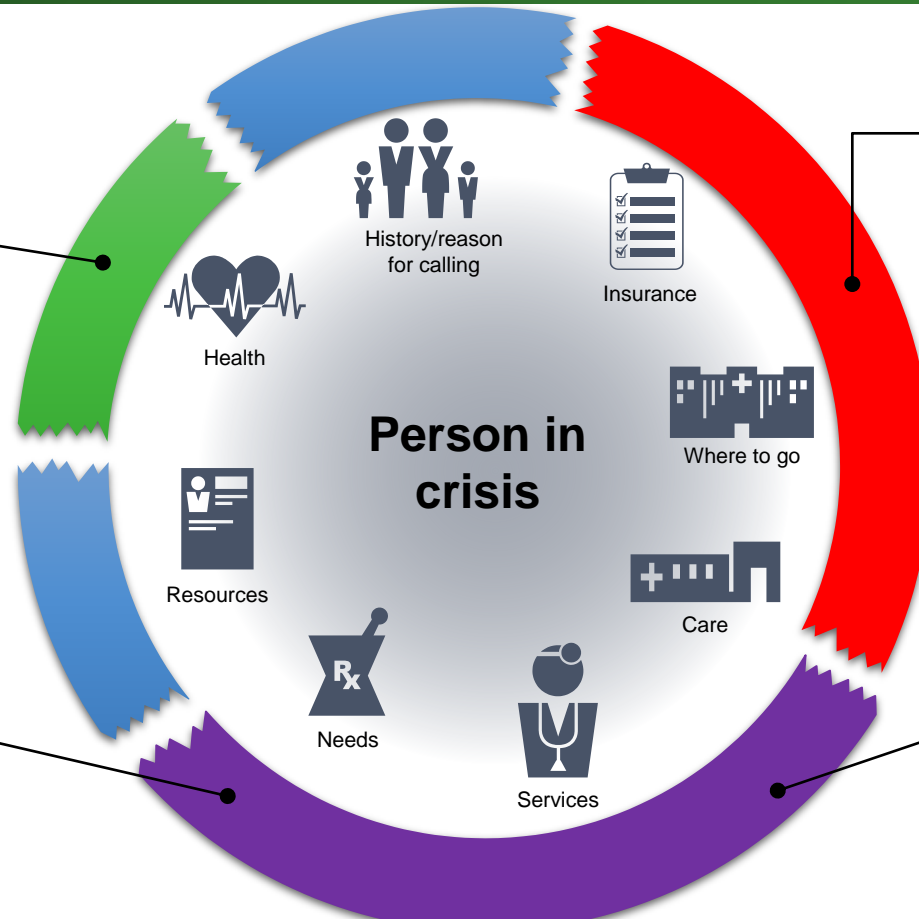
# Our Current System is Fragmented

## Integrated system

Simply implementing a new system in isolation does not solve the problem of integration

## Making several calls or connections

Michiganders continue to “hunt and peck” for information, this is a waste of time



## Registration System

re-entering information, the person has to tell their story repeatedly

## Updated Resources

... lack of complete information affects decision making and obtaining appropriate treatment or resources.

*A unified view of Individuals & Services Improves Processes & increases efficiencies*

# We need a Crisis System for ALL Michiganders For anyone, anywhere, anytime

## MiCAL (Call Center)

- **Someone to talk to:** A 24/7 crisis call center staffed with crisis specialists and clinical staff who provide crisis intervention and support (phone, chat, and text), meet NSPL standards, and also provide Air Traffic Control quality coordination, with real time data management.

## Mobile Teams

- **Someone to Respond:** Mobile crisis teams services offer community-based interventions to individuals in need whenever and wherever they are, including at home, work, or anywhere else in the community where the person is experiencing a crisis. CMHs, CCBHCs, and a few private agencies currently provide this service but there are variations in this service in terms of population served, hours, and location.

## Crisis Stabilization Unit

- **Somewhere to go:** Is a pre-screening unit or a facility that provides unscheduled clinical services designated to prevent or ameliorate a behavioral health crisis or reduce acute symptoms on an immediate intensive and time-limited basis in response to a crisis. Michigan recently passed legislation to certify CSUs, establishing minimum standards and requirements

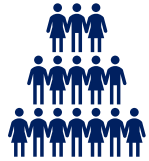
# MiCAL History

- Developed out of the House CARES Task Force and Michigan Psychiatric Inpatient Discussion (MiPAD)
- Purpose is to ensure all Michiganders have access to behavioral health services when they need them.
- Built on the SAMHSA's National Guidelines for Behavioral Health which is also the foundation for 988.
- Funded by the Michigan Legislature in December 2018.
- Formalized into statute- PA 12 of 2020 in January of 2020.
- RFI and RFP process in summer 2020.
- Contracted awarded to **Common Ground**, who has 50 years experience operating a crisis line and also operates mobile crisis and a crisis stabilization unit like facility. They helped over 80,000 people last year.



# MiCAL Services for everyone 24/7

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Trained Crisis Call Specialists



Support Michiganders via phone, chat, and SMS with translation services



Crisis Intervention including Safe-T Assessments and Safety Plans for at-risk Persons



Activate face to face crisis services when necessary



Provide Referrals for mental health and substance use disorder services



Make warm transfers whenever possible



Provide follow up calls to ensure people are connected to services



Care Coordination with Community Mental Health & CCBHCs through crisis alerts and follow up notes



Up to date behavioral health service information from 211, MiCARE, and CMHSPs



Customer Relationship Management System to safely house caller data and produce reports for population health management

# Michigan Warmline

A centralized state-wide warmline that provides early intervention with emotional support that can prevent a crisis, a costly 911 call, and/or a costly Emergency Room visit.



Provides anonymous support



Is available 10am – 2am, 7 days a week



Connects Michiganders with certified peer support specialists/recovery coaches who have lived experiences of behavioral health issues, trauma or personal crisis



Leverages a Customer Relationship Management (CRM) system to track, monitor, assign, follow up, and report on access line operations



# **988 NATIONAL CRISIS LINE**

# What is 988?

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- In July 2020, the Federal Communications Commission (FCC) designated 988 as the new three-digit number for the National Suicide Prevention Lifeline.
- Under the new rules, calls to 988 will be directed to 1-800-273-TALK which will remain operational during and after the 988 transition.
- By July 16, 2022, all telecommunications companies will have to make the necessary changes so individuals can access the National Suicide Prevention Lifeline using the 988 dialing code.



# What is the purpose of 988?

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Vibrant Emotional Health, an MHA affiliate and administrator of the National Suicide Prevention Lifeline, has provided recommendations and defined the vision and mission of 988 as follows:

- **Vision:** 988 serves as America's mental health safety net. We will reduce suicides and mental health crises and provide a pathway to well-being.
- **Mission:** Everyone in the US and its territories will have immediate access to effective suicide prevention, crisis services and behavioral healthcare through 988.

# Federal Level 988 Facts

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- ❖ Vibrant provided 988 planning grant funds to all states and territories. Each state/territory submitted a Draft Plan by September 30, 2021 for Vibrant/SAMHSA review. Final plans are due by January 2022.
- ❖ Per Vibrant and SAMHSA guidance, marketing for 988 will start at the end of 2022 or the beginning of 2023.
- ❖ Current NSPL centers have been invited to answer 988 calls, texts, chats and participate in the planning.
- ❖ There is minimal to no federal funding at this point for NSPL or 988. Centers get a small stipend.
- ❖ NSPL/ 988 Centers must meet call handling and care coordination requirements which are still being developed.
  - 90% of calls offered must be handled by July 2022.
  - Coordination with other crisis services; mobile crisis and crisis receiving and stabilization units
  - Access to up-to-date resources
  - Some NSPL chats/texts must be answered in Michigan by July 2022

# Michigan's Draft 9-8-8 Plan Development & Stakeholder Involvement

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- MDHHS contracted with Public Sector Consultants and Michigan Public Health Institute who led a 988-planning process.
- Cross sector stakeholder group of 35 individuals from over 30 different entities with strong representation of people with lived experience.
- 7 monthly meetings were held.
- Two listening sessions of people with personal experience related to suicide
- Ad-Hoc Advisory Group: future involvement with marketing & tailoring the lines to typically underserved populations

# Michigan Draft 988 Plan Statement of Purpose

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The 9-8-8 Stakeholder Coalition approved the following statement of shared commitment.

The coalition is committed to developing a plan for 9-8-8 implementation that:

- Offers a lifesaving first response in the behavioral health and suicide prevention continuum of care as a public good.
- Provides 24/7 culturally responsive services to all Michiganders.
- Is people-focused, data-driven, evidence-based, and sustainable.

# Michigan 988 Coverage & Capacity

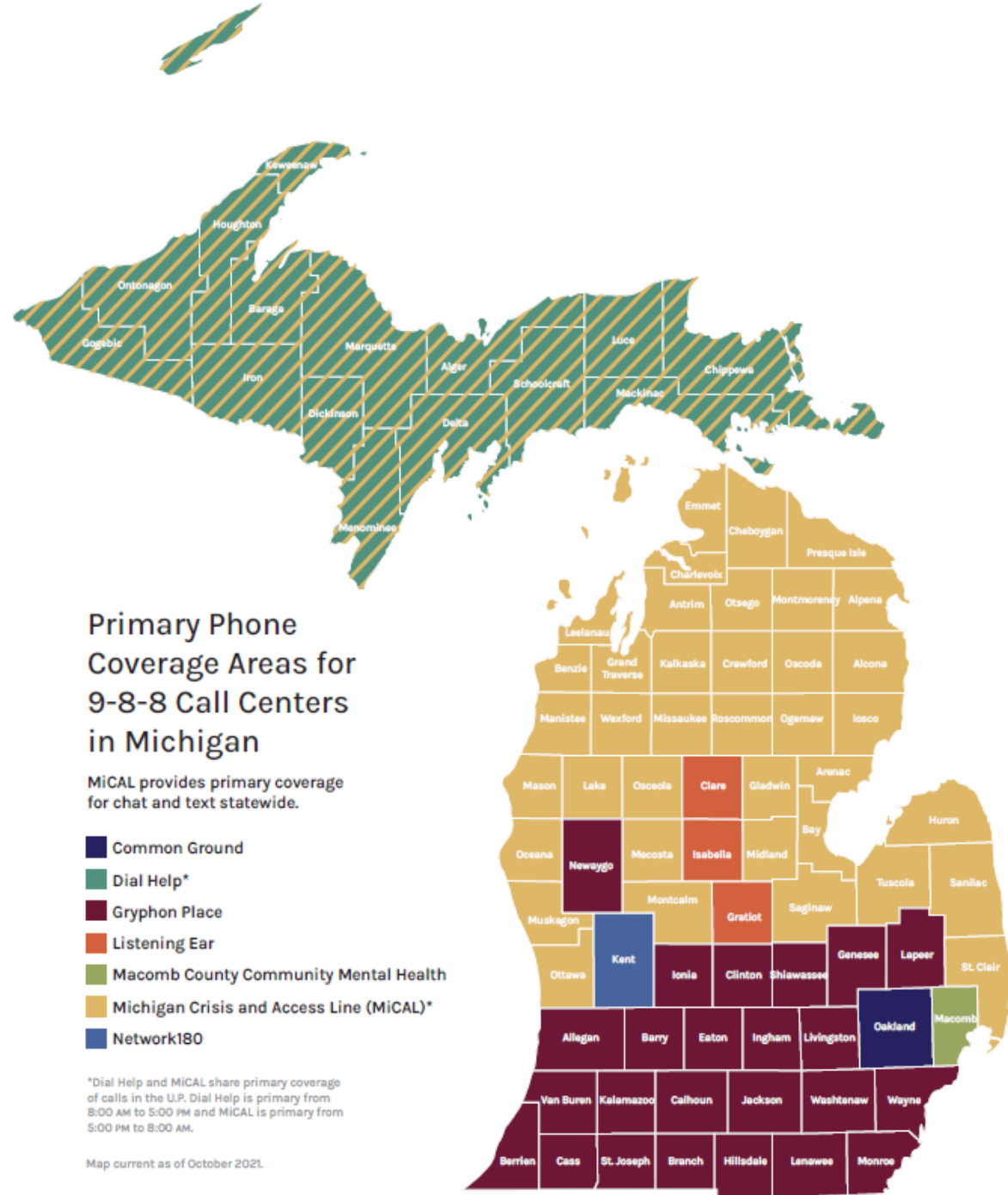
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6 regional NSPL centers will be primary in answering calls in some parts of Michigan.

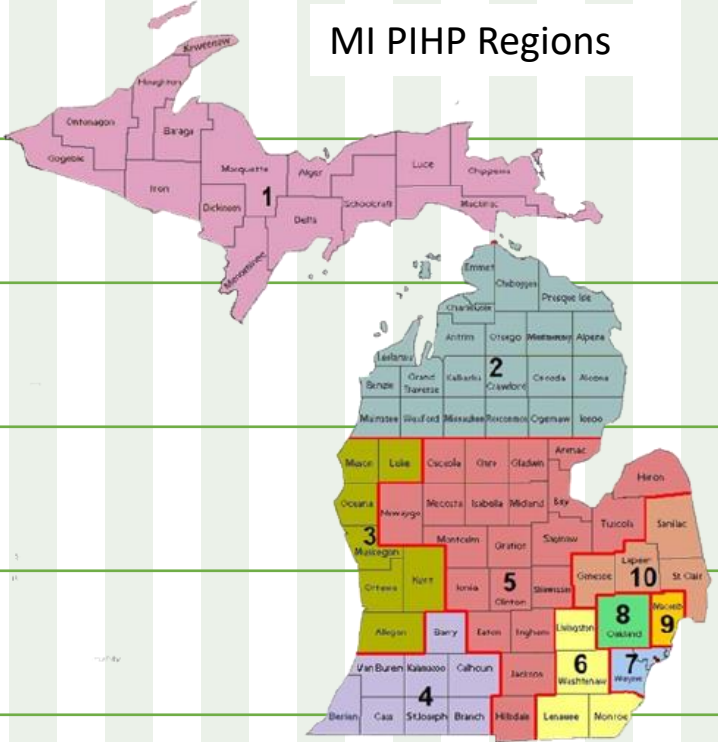
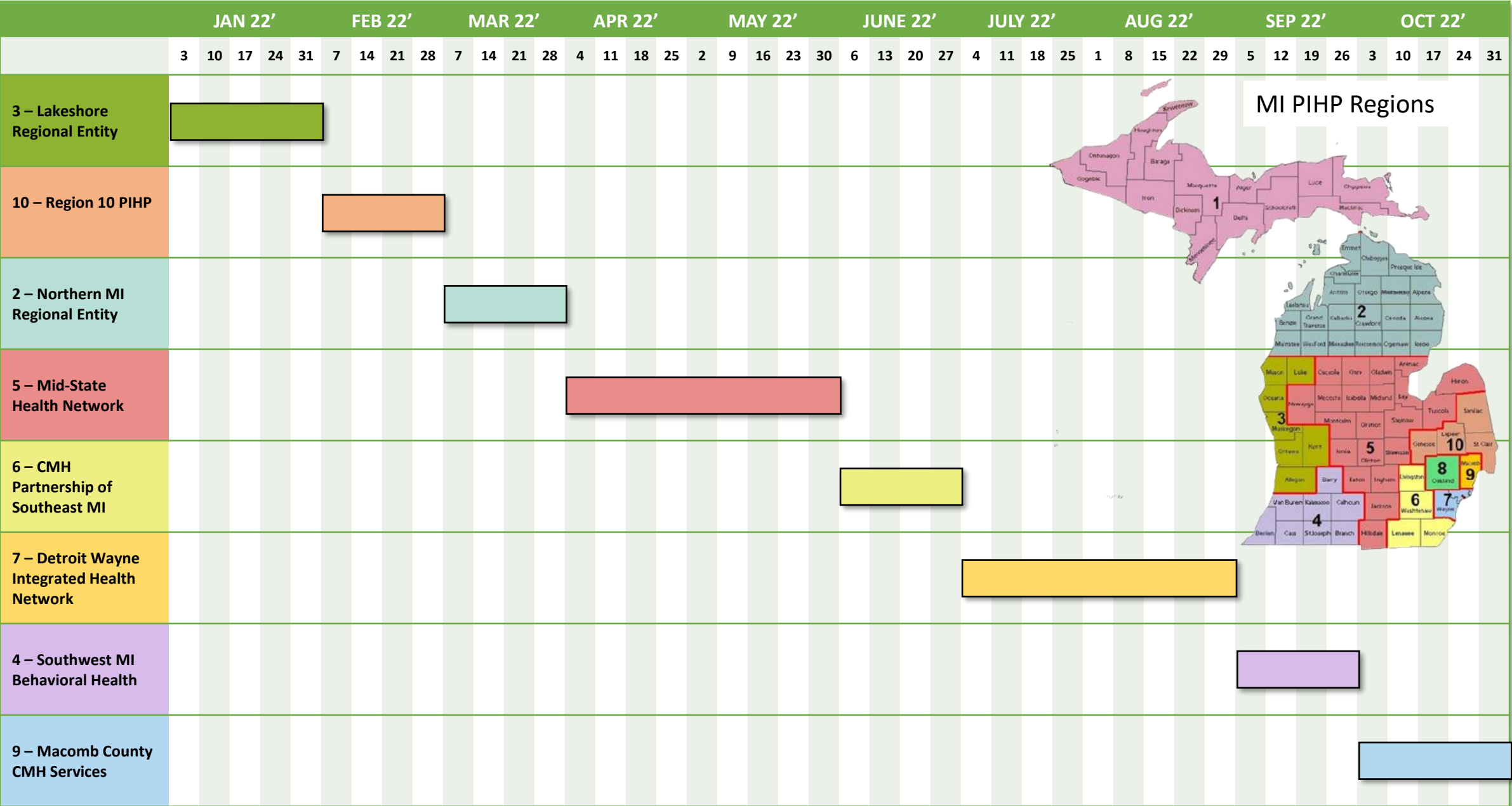
MiCAL will provide primary or secondary coverage for answering calls, texts, or chats for 988 statewide.

MiCAL will be the 988 “safety net”. It is responsible for ensuring at least 90% of the calls from Michigan are answered by a Michigan NSPL call center.

# The Projected 9-8-8 Coverage Starting July 2022



# MiCAL 988 Rollout Timeline (MiCAL/NSPL is active in Regions 1- UP & 8-Oakland)



# Michigan 988 Plan Components - Funding

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## Funding

- Like many other states, Michigan has never funded NSPL lines prior to MiCAL, nor had any authority over the lines.
- The regional centers have been historically self-funded and have a direct contractual relationship with Vibrant.
- The Michigan Legislature has provided adequate funds for MiCAL to provide 988/NSPL coverage for the state for at least the next year. MiCAL's funding from the legislature is ongoing.
- MDHHS will develop a comprehensive funding plan for all three key crisis services: MiCAL/988, crisis stabilization units, and mobile crisis; keeping in alignment with the Michigan law.
- New funding opportunities are coming from the federal level.



# Michigan 988 Plan Components - Operations

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## Operational Standards, requirements, metrics

- Stakeholder group emphasized the need for consistent practices and training to assure high quality experiences across the state.
- Vibrant requires each center to answer at least 90% of all calls offered.
- MiCAL and the regional NSPL centers have started meeting to align operational standards across centers.
- Discussions will be held on how to best coordinate with other crisis services such as mobile crisis and crisis stabilization units. ★

## Follow up Support: ★

- For callers who are high risk, visited an emergency department
- Provide emotional support and ensure connection to care
- Researched based models
- Operations workgroups will explore follow up support models.

# Michigan 988 Plan Components - Operations

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## Up to Date Resources

- 211 Partnership
- MiCARE/OpenBeds Behavioral Health Repository & Referral Platform (houses psychiatric bed registry)

## 911/ 988 Coordination ★

- Agreement to develop a best practices document on 9-1-1 and 9-8-8 Coordination once federal guidance is received.

## Marketing:

- Per federal guidance, marketing will be delayed until the end of 2022 beginning of 2023. This allows for a soft rollout of 988.
- Marketing toolkit will be provided by Vibrant.
- Strong stakeholder involvement to look for natural marketing opportunities, i.e. student ID cards, websites, affiliated professionals, community groups.
- MiCAL will promote 988 as part of its marketing.

# Questions/Comments

# References

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1. Livingston, James, “Contact Between Police and People with Mental Disorders: A Review of Rates”, Psychiatric Services, 15 Apr 2016 <https://doi.org/10.1176/appi.ps.201500312>
2. Michigan State 911 Committee 2019 Annual Report to the Michigan Legislature [https://www.michigan.gov/documents/msp/State\\_911\\_Committee\\_2019\\_Annual\\_Report\\_to\\_the\\_Michigan\\_Legislature\\_662108\\_7.pdf](https://www.michigan.gov/documents/msp/State_911_Committee_2019_Annual_Report_to_the_Michigan_Legislature_662108_7.pdf)
3. “When Cop Calls Involve the Mentally Ill, Training is Key”, All Things Considered Broadcast, NPR, June 14, 2014 <https://www.npr.org/2014/06/14/322008371/when-cop-calls-involve-the-mentally-ill-training-is-key>
4. Dawson, LJ, “Taking Police Officers Out of Mental Health-Related 911 Rescues, Kaiser Health News, NBC News, Oct. 10 2019 <https://www.nbcnews.com/health/mental-health/taking-police-officers-out-mental-health-related-911-rescues-n1063951>
5. 2018, 2019, 2020 Michigan Certificate of Need Annual Survey, Emergency Services for Acute Care Hospitals by Type of Service Report 112

## Contact Information

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Michigan Department of Health and Human Services

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If you have feedback or questions on the 9-8-8 plan, please contact [MPCIP-support@mphi.org](mailto:MPCIP-support@mphi.org).

## Contact Information:

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## BYLAWS

### Michigan Suicide Prevention Commission

#### DEFINITIONS:

*“Commission” refers to the Michigan Suicide Prevention Commission*

*“Executive Committee” refers to the Executive Committee of the Suicide Prevention Commission*

*“Director” refers to the Director of the Michigan Department of Health and Human Services*

*“Department” refers to Michigan Department of Health and Human Services*

*“Chair” refers to the Chair of the Michigan Suicide Prevention Commission*

*“Co-Chair” refers to the back-up to the Chair*

*“State” refers to the State of Michigan*

*“The Act” refers to Public Act 177 of 2019, MCL 330.3001, et seq.*

#### ARTICLE I: NAME

The name of this Commission shall be the Michigan Suicide Prevention Commission.

#### ARTICLE II: PURPOSE

The purpose of this Commission is to:

- A. Work with State departments, agencies and nonprofit organizations to understand causes, factors, or reasons for suicide in order to develop strategies to assist in reducing incidents of suicide in the State.

#### ARTICLE III: FUNCTIONS AND DUTIES

- A. Pursuant to the Act, the Commission shall prepare and present a preliminary report of its research and findings to the legislature.
- B. Within one year after the effective date of this Act, and each year thereafter, prepare and present to the legislature an updated version of the report. The updated version of this report must include recommendations for reducing risk factors among the demographics described in the preliminary report and contain a list of evidence-based programs for suicide prevention in Michigan with successful outcomes.
- C. Annually review and update any recommendations made under this Act, and if any of the Commission’s recommendations are implemented, provide a process for ongoing monitoring of the implementation of the recommendations.
- D. Provide recommendations for a process for continued State coordination on suicide data collection, suicide prevention programs and a coordinated state approach to the prevention of suicide to continue after this Act no longer applies.

## ARTICLE IV: MEMBERSHIP

- A. Voting membership of the Commission is outlined in [MCL 330.3003, et seq](#) or any subsequent Executive Orders related to the Commission.
- B. Members are required to attend, either in person or remotely by phone or other means, 50% of the meetings during any consecutive 12-month period.
- C. Members should notify the Chair of all absences prior to the meeting when possible.
- D. Members of the Commission shall serve without compensation. However, members of the Commission may be reimbursed for their actual and necessary expenses incurred in the performance of their official duties as members of the Commission.

## ARTICLE V: OFFICERS

The only designated officer of the Commission is the Chair. The Commission shall elect from among its members a chairperson and other officers as it considers necessary or appropriate.

- A. The Chair:
  - a. May remove a member of the Commission for incompetence, dereliction of duty, malfeasance, misfeasance, or nonfeasance in office, or any other good causes, on a motion that is approved by most of the members of the Commission.
  - b. Convenes and chairs all meetings of the Commission.
  - c. Oversees the overall function of the Commission.
  - d. Appoints members to committees or workgroups as necessary to conduct the Commissions' business.
  - e. Orients new members.
- B. The Co-Chair:
  - a. Convenes and chairs meetings in the Chair's absence
  - b. Assists the Chair in duties necessary to keep the work of the Commission moving forward

## ARTICLE VI: MEETINGS AND PROCEDURES

- A. The current edition of Robert's Rules of Order shall govern the conduct of all meetings.
- B. The Commission is legislatively mandated to meet at least four (4) times a year. The Chair may schedule work sessions, as necessary.
- C. The duties charged to the Commission by the Act must be conducted at a public meeting of the Commission held in compliance with the open meetings act (1976 PA 267, MCL 15.261 to 15.275) and therefore, open to public attendance.
  - a. The agenda for each regular and special meeting of the Commission will include an item devoted to public comment. Public comment ~~may occur at the beginning or end of the meeting~~ will occur at the end of the meeting.
  - a.b. Individuals wishing to participate in public comment will be identified at the beginning of the meeting and will be permitted to speak during the public comment period.



~~b.c.~~ The Commission will limit public comment to three minutes per person at any Commission meeting. ~~A second public comment period will be included in agendas and implemented at the Chairperson's discretion.~~

~~e.d.~~ The public has no right to address the commission during its deliberation on a particular matter. Threatening, obscene and abusive comments or behavior will not be allowed at Commission meetings, nor may persons addressing the Commission in any way inhibit the decorum of meetings. Failure to comply with this will result in individuals being removed from the meeting, pursuant to MCL 15.263(6). If any member of the public commits a breach of the peace at a Commission meeting, the Chairperson may provide one (1) verbal warning to that individual that they are committing a breach of the peace. If the individual commits another breach of the peace, the Chairperson will mute the individual's line or ask the individual to remain silence. Should another breach of the peace occur, the Chairperson will terminate the individual's participation for the remainder of the meeting, pursuant to MCL 15.263(6).

~~d.e.~~ For purposes of this Commission, a "breach of the peace" includes, but is not limited to, the following: an individual disobeying time limits, becoming repetitious, name-calling, shouting, disrupting the orderly progress of the meeting, inappropriate or insensitive comments regarding the subject matter, or any threatening comment and/or language directed at another individual. This is not an exhaustive list.

- D. The majority of voting members of the Commission shall constitute a quorum for the transaction of any business.
- E. The Commission may adopt such other procedures as necessary to ensure the orderly transaction of business, including the creation of subcommittees or workgroups.
- F. The Chair may, with consent of the Commission, designate additional individuals, including interested citizens, educators, or specialists with relevant expertise, to serve on any subcommittee or workgroup.
- G. The Commission may consult with State agencies to obtain such technical assistance as it deems necessary to complete its duties.

#### ARTICLE VII: COMMITTEES AND TASKFORCES

The Commission may establish subcommittees or taskforces as is deemed necessary or desirable to carry out Commission responsibilities. The Executive Committee shall be ex officio members of all committees. Only voting members of the Commission shall be entitled to serve as chairs of committees or taskforces. Members will self-select appointments on committees with no committee consisting of fewer than three members. Among each committee, members will select a Chairperson to lead.

Each committee or workgroup shall:

- A. Be chaired by a member of the Commission.
- B. Convene at least four (4) times a year, either in person or remotely.
- C. Contribute information, strategies and recommendations for their committee/workgroup focus to the preliminary report, initial report, updated annual reports or state plan.

D. Provide other deliverables as requested.

ARTICLE VIII: AMENDMENTS TO THE BYLAWS

These Bylaws may be amended by a majority of the voting members of the Commission at any regular meeting of the Commission; provided, however, that no proposed amendment shall be acted upon unless the written text of the amendment is sent to each member of the Commission at least fourteen days prior to the vote.

# Downtown Lansing

