



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ELIZABETH HERTEL  
DIRECTOR

### Michigan Suicide Prevention Commission

*February 18, 2022*

*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 – Dr. Brian Ahmedani**
- II. Public Comment**
- III. Review and Approve Previous Meeting Minutes – All**
  - a. July 2021, September 2021, November 2021, and January 2022
- IV. MDHHS Updates**
  - a. Behavioral Health and Developmental Disabilities Administration – Dr. Debra Pinals
  - b. Injury Violence Prevention – Jennifer DeLaCruz/Pat Smith
- V. Subcommittee Workgroup Updates – Rachel Zaguskin**
  - a. Universal Screening Tool
  - b. Death Scene Investigation Form
- VI. Discussion: 2022 Suicide Prevention Commission Report – Dr. James Bell III**
- VII. Discussion: 2022 Commission Goals and Activities - Dr. Brian Ahmedani**
- VIII. Other Updates**
  - a. Policy Update – Corbin Standley
  - b. Other Updates
- IX. Next Steps**
  - a. Action Item Recap – Dr. James Bell III
- X. Public Comment (time permitting)**
- XI. Adjourn**

## **Upcoming Meetings**

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

March 16, 2022

2:00 PM – 3:00 PM

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

March 9, 2022

1:00 PM – 2:00 PM

### **Suicide Prevention Commission Meeting**

March 18, 2022

10:30 AM – 12:30 PM

*Please contact James Bell for additional meeting information.*

February 2022 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	Jessica DeJohn			
9	Sarah Derwin			
10	Amber Desgranges			
11	Kevin Frank Fischer			
12	Cathrine Frank			
13	John Greden			
14	Cary Johnson			
15	John Joseph			
16	Laurin Jozlin			
17	Jennifer Morgan			
18	Thomas Reich			
19	Ryan Schroerlucke			
20	Barbara Smith			
21	Corbin Standley			
22	Kiran Taylor			
23	Kenneth Wolf			
	James Bell			
	Jennifer DeLaCruz			
	Debra Pinals			
	Linda Scarpetta			
	Patricia Smith			
	Orlando Todd			
	Jeff Spitzley			
	Rachel Zaguskin			



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ELIZABETH HERTEL  
DIRECTOR

### Michigan Suicide Prevention Commission

*January 21, 2022*

*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#

### MINUTES

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

Brian Ahmedani called the meeting to order at 10:30 AM. The roll was taken and there was not a quorum of members present.

#### **II. Public Comment**

Public Comment was provided by Ashley Kipp, James Gallant, and Krista Hausermann.

#### **III. Review and Adopt July 2021, September 2021, and November 2021 Meeting Minutes**

#### **IV. MDHHS Updates**

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

Deb Pinals reported BHDDA have been continuing to push out advances in crisis services, including MiCAL and linking that to other initiatives such as crisis stabilization units.

BHDDA is also working on a bed registry to understand where there is psychiatric bed access to reduce wait times.

BHDDA is following the Household Pulse Survey from the CDC and have observed 37% of the population reporting anxiety and depression at potentially clinically significant levels.

Additional funding has been secured for the Stay Well effort.

BHDDA continues to support the 988 roll out, developing the infrastructure for implementation.

- b. Injury Violence Prevention – Jennifer DeLaCruz/Pat Smith  
One of the section’s Preventing Suicide in Michigan Men partners has relaunched Man Therapy in Michigan. More information can be found at [mantherapy.org](http://mantherapy.org)

The Section is moving forward with the Michigan State Suicide Prevention Plan and should be updated by the end of May 2022.

**V. Subcommittee Workgroup Updates – Rachel Zaguskin**

- a. Universal Screening Tool

This group is creating a recommended checklist professional’s should consider when selecting an evidence-based screening tool. This will also include a list of the various tools, and best utilized based on the organization and individual’s needs.

- b. Death Scene Investigation Form

This group is focusing on Law Enforcement and capturing more detailed information to share with Medical Examiners for suicide deaths.

Both documents should be prepared for the Annual Report in March.

**VI. Discussion 2022 Prevention Block Grant – Rachel Zaguskin**

The Suicide Prevention Commission has been allocated an additional \$20,000 to work with DHHS on a video ad on streaming services. The goal is to use men talking to other men about mental health. The Suicide Commission will run an additional media campaign and safe messaging.

**VII. Discussion: 2022 Suicide Prevention Commission Report – James Bell**

James Bell reviewed the outline for the 2022 Michigan Suicide Prevention Commission Report (attached).

The Commission requested additions on MI-MIND, 988 and MI-CAL implementation.

A draft will be prepared for review at the February 2022 Meeting.

**VIII. Other Updates**

- a. Policy Update – Corbin Standley

- i. Corbin Standley provided the National and State Policy Update based on current bills and their status. Corbin’s report can be found [here](#).

- b. Membership Update – James Bell

- i. There are three vacancies on the Suicide Prevention Commission. These include the Suicide Attempt Survivor, Michigan Veteran’s Facility Ombudsman, and Department of State Police.

- ii. Individuals interested in applying for the Suicide Attempt Survivor vacancy can apply on the Governor’s Appointments website [here](#).
- c. Virtual Meetings Status – James Bell
  - i. The Michigan Suicide Prevention Commission will continue to meet in person. There are no orders in place that allow for public meetings to be conducted in a full virtual setting.
- d. Other Updates
  - i. James Bell shared a video from “A Different Cry” highlighting the suicide disparities for Black boys. The link can be found [here](#).
- e. Quorum
  - i. The Commission discussed the need to meet quorum in order to approve business. The group would like to create a process for ensuring members can be present and participate.

**IX. Next Steps**

- a. Action Item Recap – James Bell III
  - i. MDHHS will continue to push the Suicide Prevention Commission Annual Report through it’s review process. The Commission request additions on MI Mind, 988, and MI-CAL.
  - ii. MDHHS will share the link for the Suicide Prevention Commission Vacancy.

**X. Public Comment**

No public comment was provided.

**XI. Adjourn**

The January 2022 Michigan Suicide Prevention Commission meeting adjourned at 12:16 PM.

## **Upcoming Meetings**

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

February 16, 2022  
2:00 PM – 3:00 PM

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

February 9, 2022  
1:00 PM – 2:00 PM

### **Suicide Prevention Commission Meeting**

February 18, 2022  
10:30 AM – 12:30 PM

*Please contact James Bell for additional meeting information.*

DRAFT

January 2022 Suicide Prevention Commission Attendance Report

	Name	Present	Present (Phone)	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	Jessica DeJohn	X		
9	Sarah Derwin		X	
10	Amber Desgranges		X	
11	Kevin Frank Fischer	X		
12	Cathrine Frank		X	
13	John Greden		X	
14	Cary Johnson			X
15	John Joseph	X		
16	Laurin Jozlin	X		
17	Jennifer Morgan			X
18	Thomas Reich			X
19	Ryan Schroerlucke			X
20	Barbara Smith	X		
21	Corbin Standley	X		
22	Kiran Taylor		X	
23	Kenneth Wolf		X	
24	Vacancy – Suicide Attempt Survivor			
25	Vacancy – Michigan Veterans’ Facility Ombudsman			
26	Vacancy - Department of State Police			
27	Vacancy – Michigan Association of Fire Chiefs			
	James Bell	X		
	Jennifer DeLaCruz		X	
	Debra Pinals		X	
	Linda Scarpetta			
	Patricia Smith	X		
	Orlando Todd			
	Rachel Zaguskin	X		





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#

### MINUTES

#### **I. Call to Order – Nancy Buyle**

Nancy Buyle called the November 2021 Suicide Prevention Commission to order at 10:33 AM. The roll was taken, and a quorum of members were not present.

#### **II. Bylaw Amendments – Nancy Buyle**

##### **a. Public Comment (see attached)**

Nancy reviewed the proposed changes the bylaws to restructure public comment. Due to not having a quorum, there was no vote on the bylaw amendments.

#### **III. Public Comment**

Public Comment was provided by Bob Goble and James Gallant.

#### **IV. Review and Adopt July 2021 and September 2021 Meeting Minutes**

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

#### **V. MDHHS Updates**

##### **a. Injury Violence Prevention – Jennifer DeLaCruz/Pat Smith**

Jennifer DeLaCruz provided an update on the PRISSM program and Transforming Youth Suicide Prevention initiatives.

##### **b. Suicide Prevention Social Media Report – Rachel Zaguskin**

MDHHS held a Suicide Prevention Social Media campaign for the month of September. The campaign was successful, had more than 3M impressions.

## **VI. Subcommittee Workgroup Updates**

### **a. Universal Screening Tool**

The group is looking to identify the exact audience. Next month there will be a guest speaker to talk on their experience and what to include.

### **b. Death Scene Investigation Form**

The group has selected an audience for who will be using the tool and that will be Law Enforcement. The group will continue refining the available tools, assessing what information is required or missing, and what is not necessary and could be left off.

## **VII. Behavioral Health and Developmental Disabilities Administration Presentation – Krista Hausermann**

Krista Hausermann (MDHHS) presented “Building a Crisis Services System for All Michiganders: 988’s and MiCAL’s Role”.

Highlights from Krista’s presentation include:

- Michigan’s current system is fragmented, and we need a system for all Michiganders, for anyone, anywhere and at any time.
- Michigan’s Warmline is a centralized state-wide warmline that provides early intervention with emotional support that can prevent a crisis.
- By July 2022, all telecommunications companies will have to make the changes so individuals can access the National Suicide Prevention Lifeline using the 988 dialing code.

Krista’s full presentation can be found [here](#).

## **VIII. Other Updates**

### **a. Policy Update – Corbin Standley**

- i. Corbin Standley provided the National and State Policy Update based on current bills and their status.
- ii. National updates include President Biden has directed CMS to give permanent authorization for tele-mental health services from patient’s homes.

### **b. Other**

- i. Commissioner Hagen announced next January would be his last meeting as he is preparing to retire. An updated delegate will be identified.

## **IX. Next Steps**

### **a. Action Item Recap – James Bell III**

- i. Research options for in-person meetings/voting considering the current surge.

**X. Public Comment**

Public comment was provided by Kellie Phelps and Zaneta.

**XI. Adjourn**

The November 2021 Suicide Prevention Commission was adjourned at 12:12 PM.

**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, 2022

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	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	Jessica DeJohn	X		
9	Sarah Derwin		X	
10	Amber Desgranges		X	
11	Corey Doan			X
12	Kevin Frank Fischer			X
13	Cathrine Frank		X	
14	John Greden		X	
15	Danny Hagen	X		
16	Cary Johnson			X
17	John Joseph	X		
18	Laurin Jozlin	X		
19	Jennifer Morgan			X
20	Thomas Reich			X
21	Ryan Schroerlucke			X
22	Barbara Smith	X		
23	Corbin Standley	X		
24	Kiran Taylor	X		
25	Kenneth Wolf			X
	James Bell	X		
	Jennifer DeLaCruz			X
	Debra Pinals			X
	Linda Scarpetta			X
	Patricia Smith		X	
	Orlando Todd			X
	Jeff Spitzley			
	Rachel Zaguskin	X		



STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ELIZABETH HERTEL  
DIRECTOR

**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	





STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ELIZABETH HERTEL  
DIRECTOR

**Michigan Suicide Prevention Commission**

*July 16, 2021*

*10:30 AM – 11:30 AM*

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

Conference Line: 248-509-0316

Access Code: 565105576#

**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

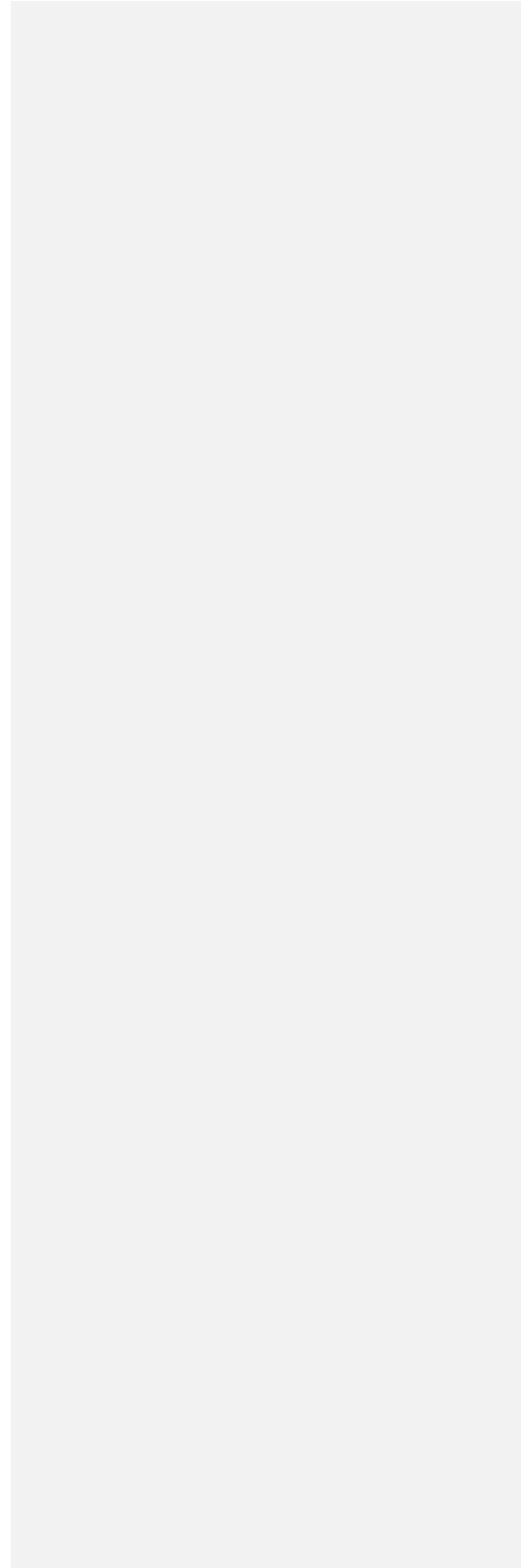
July 2021 Suicide Prevention Commission Attendance Report

	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	

|

**Cover Page**

DRAFT



## Letter from the Chief Medical Executive

March XX, 2022

Dear Michigan Residents,

We are excited to share with you all this update to the Michigan Suicide Prevention Commission Initial report.

Suicide remains a significant issue across our country, and in our state, it is one of the leading causes of death for Michiganders. Nationally, about 14 people per 100,000 die by suicide annually and, in Michigan; we average 14.5 deaths per 100,000. This number is too high for our state and the effect on families and communities can be devastating.

We are hopeful because we know prevention works, treatment is effective, and people can and do recover from suicidal thoughts, feelings, and behaviors. I am appreciative to the Commission for its efforts in raising awareness of evidence-based and informed strategies and amplifying the voices of those most impacted by suicide. Collectively, we can reverse the trends we have observed and combat the tragic problem of suicide.

We must take a stand for the lives of our fellow Michiganders. Our hope is that this document accurately captures the challenges our state has faced in suicide prevention efforts during a global pandemic, while also inspiring and guiding your work. We all have a role to play in bringing hope, healing, and saving lives in the state of Michigan.

Sincerely,

Natasha Bagdasarian, MD, MPH, FIDSA  
Chief Medical Executive  
Michigan Department of Health and Human Services

## Preface from the Chairs of the Suicide Prevention Commission

March XX, 2022

Commented [AB1]: Nancy and I are working on this. Should have a version by Monday 1/31

Dear Fellow Citizens of the State of Michigan,

For the first time in two decades, we witnessed a slight decline in our annual suicide rates even despite one of the most difficult pandemics ever to hit the nation. Nonetheless, our suicide rates remain 25% higher than in 2000 and we remain concerned that the long-term impact of COVID-19 may continue to take a toll on our fellow citizens, particularly for marginalized populations who remain heavily impacted by job loss, social isolation, and other acute and chronic stressors that increase mental health risk. In this year's detailed Suicide Prevention Commission Report, we provide the most up-to-date statistics available to help guide the State in prioritized suicide prevention moving forward.

While we continue to be concerned about high suicide rates, we are more optimistic than ever before. The great State of Michigan has always had passionate people who cared about preventing suicide, but we've struggled to provide answers with limited data and evidence to support the best approaches to mitigate suicide in our communities. For the first time, we are at a unique point in Michigan history where our continued passion and desire to get-to-work meets the availability of real-world evidence-based approaches for suicide prevention in many different community settings. In last year's inaugural Commission report, we highlighted all the programs that leaders and citizens have implemented in recent years. This year we feature several new programs that launched in 2021 or are planned to begin in 2022. These include massive efforts to improve healthcare identification and treatment of suicide risk using evidence-based care, unique programs for high-risk populations such as veterans, statewide universal crisis response services, and many others.

It is the honor of our lives to serve as Co-Chairs of the State of Michigan Suicide Prevention Commission. We have worked collaboratively with our diverse group of commissioners to help provide guidance and information to state leaders on many opportunities and the best path forward for suicide prevention. We have listened carefully to community stakeholders and people with lived experience who guide our work every day. We have learned from the stories of people who have lost their loved ones to suicide and the people who have struggled with personal suicide risk. These stories and information learned has strengthened the Commission's dedication and passion to work together to continue to lead the State in finding and/or creating effective programs, and practices.

We thank the community for their valuable insights, information and unwavering support of our State of Michigan Suicide Prevention Commission. On behalf of the citizens of Michigan, we will continue to roll up our sleeves, get to work again, and continue to move forward together in our upcoming third year!

Sincerely,

Brian K. Ahmedani, PhD

Nancy Buyle MA, LPC, ACTP



Henry Ford Health System

Macomb Intermediate School District

**Commented [BJ(2):** May end up removing organizations in the final version.

DRAFT

## Data Landscape

There 1,432 suicide deaths in 2020.

1,130 men died by suicide in 2020 which represents 79% of the suicide deaths in Michigan.

53% of the suicide deaths in 2020 were fire-arm related.

88% of these fire-arm related suicide deaths were by males.

DRAFT

## **2021 Suicide Prevention Commission Membership**

**Co-Chair: Brian Ahmedani, PhD**, Director, Center for Health Policy & Health Services Research and Director of Research, Behavioral Health Services at Henry Ford Health System

**Co-Chair: Nancy Buyle**, School Safety//Student Assistance Consultant, Macomb Intermediate School District

**Shaun Abbey**, Battalion Chief, Kentwood Fire Department

**Zaneta Adams**, Director, Michigan Veterans Affairs Agency

**William Beecroft**, Behavioral Health Medical Director, Blue Cross Blue Shield of Michigan and Blue Care Network

**Debra Brinson**, Interim Executive Director, School-Community Health Alliance

**Adelle McClain Cadieux, PsyD**, Helen Devos Children's Hospital; Assistant Professor, Michigan State University

**Richard Copen, PhD**, Chief Psychologist and Director, Michigan State Police Office of Behavioral Science

**Jessica DeJohn**, Regional Coordinator, Salvation Army Pathway of Hope

**Sarah Derwin**, Health Educator, Marquette County Health Department

**Amber Desgranges**, Chief Program Officer, Michigan Primary Care Association

**Corey Doan**, Analyst, Michigan Veterans' Facility Ombudsman

**Kevin Frank Fischer**, Executive Director, National Alliance on Mental Illness

**Cathrine Frank**, Chair of Department of Psychiatry and Behavioral Health Services, Henry Ford Health System

**John Greden**, Founder and Director, University of Michigan Depression Center and Rachel Upjohn Professor of Psychiatry and Clinical Neurosciences, University of Michigan

**Danny Hagen**, Chief, City of Hamtramck Fire Department

**Cary Johnson**, Correction Officer, Michigan Department of Corrections

**John E. Joseph**, Chief of Police, Lansing Charter Township

**Laurin Jozlin**, Clinical Analyst, Oakland Community Health Network

**Jennifer Morgan**, Medical Administrative Director, Bear River Health at Walloon Lake

**Thomas Reich**, Sheriff, Eaton County

**Ryan Schroelucke**, Detective, City of Grosse Pointe Woods Department of Safety

**Barbara Smith**, Executive Director, Suicide Resource & Response Network

**Corbin J. Standley**, Director, Strategic Planning, American Foundation for Suicide Prevention

**Kiran Taylor, MD**, Chief Medical Officer, Hope Network

**Kenneth Wolf**, CEO, Incident Management Team

**Commented [BJ(4)]:** Please confirm your titles and organizations

## Suicide in Michigan

To understand how far-reaching suicide is in Michigan, it is necessary to review the existing data on the issue. Data concerning suicide is collected by the Centers for Disease Control and Prevention and published online through the Web-based Injury Statistics Query and Reporting System. Other data specific to Michigan is gathered and made available by the Michigan Department of Health and Human Services' Violent Death Reporting System.

This section provides insight into suicide mortality, those who die by suicide, and morbidity, which refers to those who attempt suicide but who do not die, and those who seriously consider suicide.

### COVID-19 Impact

COVID-19 has tremendously impacted the state of Michigan as well as the nation. In addition to its ramification on people's health, the pandemic has brought significant social isolation and economic strain, both of which are associated with mental health conditions like depression, anxiety, and stress (Salari, et al., 2020)(Salari, et al., 2020). As the state continues to navigate the COVID-19 pandemic, people with mental health problems may be at elevated risk for suicide. The pandemic has introduced additional barriers to accessing mental health treatment, and community, and religious support across the United States (Reger, Stanley, & Joiner, 2020)(Reger, Stanley, & Joiner, 2020).

Youth (those under the legal of majority) especially have encountered unprecedented challenges. Since the onset of the pandemic, rates of psychological distress such as anxiety, depression, and other mental health disorders have increased among young people (The U.S. Surgeon General's Advisory, 2021)(The U.S. Surgeon General's Advisory, 2021). Emergency department visits in the United States for suspected suicide attempts were 51% higher for adolescent girls and 4% higher for adolescent boys (Yard, et al., 2021)(Yard, et al., 2021).

Nationally, suicides dropped from 47,511 in 2019 to 44,834 in 2020, a decline of 5.6 percent (Michigan Department of Health and Human Services, 2021)(Michigan Department of Health and Human Services, 2021). Michigan also experienced a decrease of suicide deaths from 2019 to 2020. In 2019, there were 1,471 suicide deaths in Michigan and the age-adjusted suicide rate was 14.3 per 100,000. In 2020, there were 1,432 suicide deaths and the age-adjusted rate was 13.8 per 100,000 (Michigan Vital Statistics, 2021). This represents a decrease of 3.6% in the age-adjusted suicide rate from 2019 to 2020, slightly less than the decline seen at the national level.

Despite the initial decrease in the number of suicide deaths during the early part of the pandemic in 2020, there remains uncertainty regarding how the pandemic will affect suicide rates long-term. Nevertheless there is much we all can do to mitigate its potential impact.

Commented [BJ(5)]: Hold for narrative from Paula V.

Commented [BJ(6)]: Need methods of suicide included.

Commented [NB7]: Do we want to reference the US Surgeon General's report on youth mental health page 9 regarding suspected youth suicide attempt ED visits being up by 51%? <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

We found this to be anecdotally true but this has data in it. BTW, this is a very good report.

Commented [BJ(8R7)]: Added

Formatted: Do not check spelling or grammar

Formatted: Do not check spelling or grammar

Commented [Z(10)]: Should we define youth?

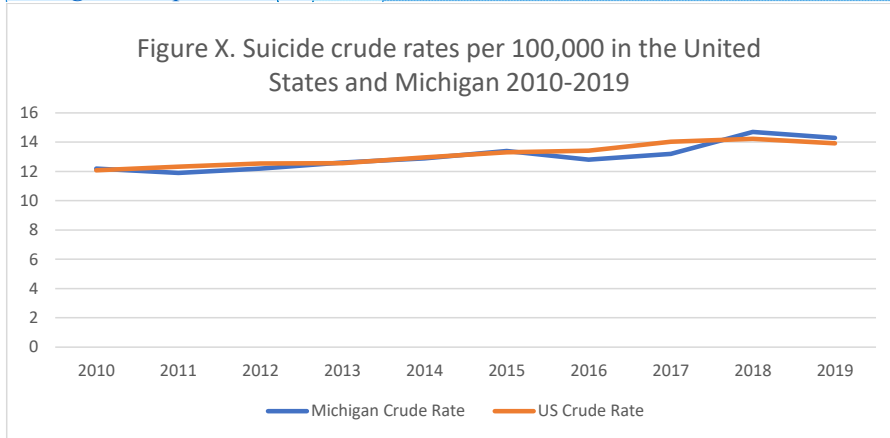
Commented [JD11R10]: We did that in the initial report so it may be good to remind the audience.

Formatted: Do not check spelling or grammar

Formatted: Do not check spelling or grammar

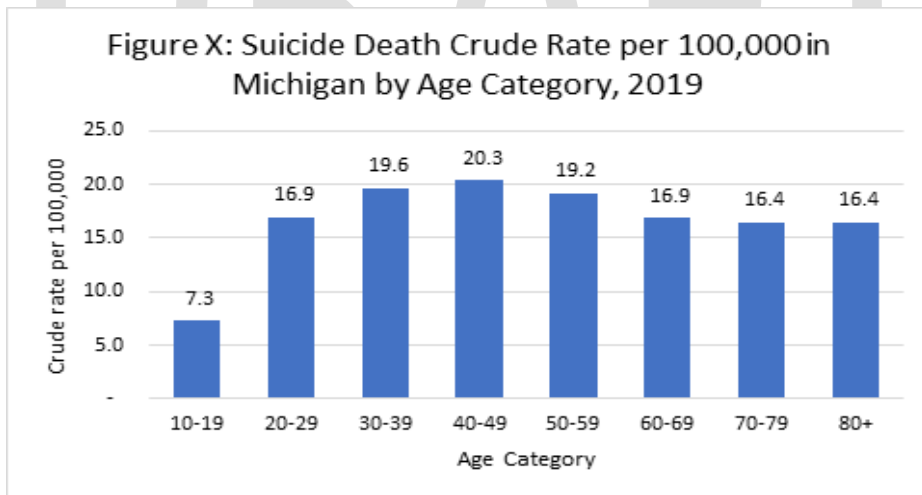
Formatted: Do not check spelling or grammar

Michigan Compared to the US



- Commented [V(12): I think I may have accidentally deleted the US and Michigan chart. So sorry!
- Commented [BJ(13R12): Got it back!
- Commented [BJ(14): Ensure graphs are the same in final version.

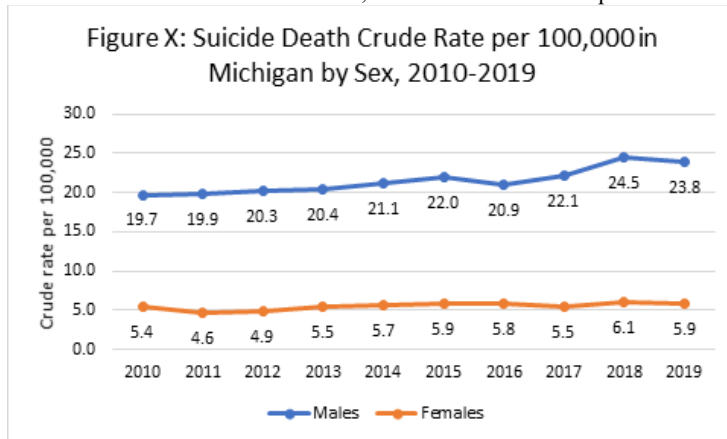
In 2019, 1,471 Michigan residents died by suicide; the age-adjusted suicide rate was 14.3 per 100,000. This represented an increase of 17% over the past 10 years, up from 12.2 per 100,000 in 2010.



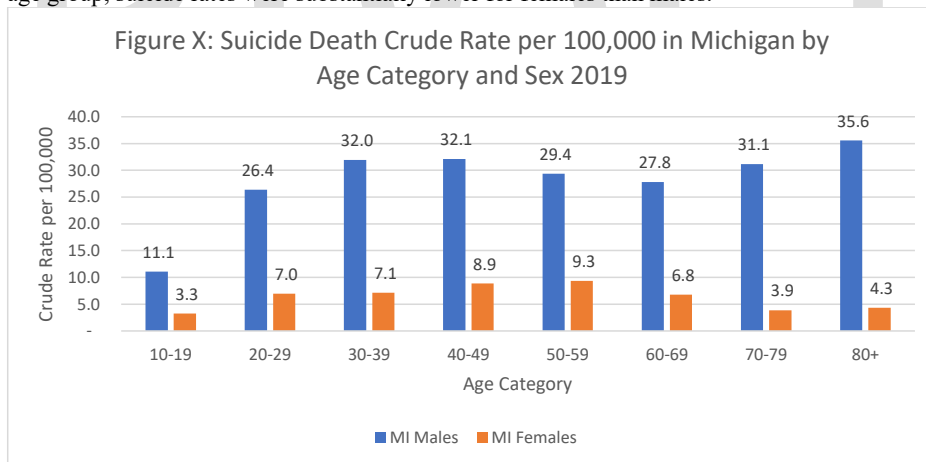
The age group with the highest suicide rate in 2019 was those aged 40-49, followed by those aged 30-39 and those aged 50-59.

### Suicide Deaths by Age and Sex in Michigan

In Michigan, suicide rates are much higher for males than females: during 2019, 1,172 males died by suicide as compared to 299 females. The suicide rate for males increased 21% over 10 years, from 19.7 per 100,000 in 2010 to 23.8 per 100,000 in 2019. In comparison, the suicide rate for females increased 9% during the same time, from 5.4 per 100,000 in 2010 to 5.9 per 100,000 in 2019. For both males and females, suicide rates reached a peak in 2018.

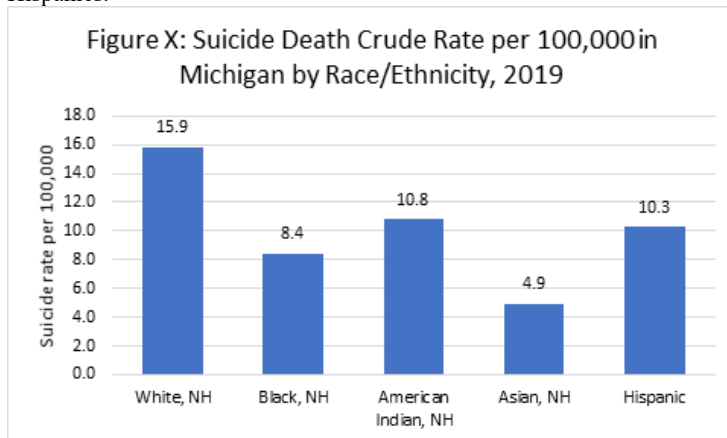


Suicide rates varied by age group for both sexes. For males in 2019, those aged 80 and older had the highest suicide rate, followed by those aged 40-49 and those aged 30-39. For females in 2019, the suicide rate was highest for those aged 50-59, followed by those aged 40-49. For every age group, suicide rates were substantially lower for females than males.



### Suicide Deaths by Race & Ethnicity in Michigan

In Michigan in 2019, suicide rates were highest for Whites, followed by American Indians and Hispanics.



**Commented [AB15]:** We might want to say something about the national increase in suicide rates among Black individuals, and particularly Black adolescents. This is a national trend.

**Commented [BJ(16R15)]:** Have we seen this in Michigan @Smith, Patricia K. (DHHS) or @Vredenburg, Paula (DHHS-Contractor)?

**Commented [BJ(17R15)]:** Pinging @Smith, Patricia K. (DHHS) and @Vredenburg, Paula (DHHS-Contractor) for follow up here.

### Suicide Death Rates per Geographic Distribution in Michigan

Suicide rates varied by geographic location across Michigan. The table below lists the five local health departments (LHDs) in Michigan with the highest age-adjusted suicide rates in 2019.

LHD	Number of suicide deaths, 2019	Age-adjusted suicide rate per 100,000 residents, 2019
Dickinson-Iron District Health Department	8	29.2
St. Clair County Health Department	40	25.6
Branch-Hillsdale-St. Joseph Community Health Agency	35	23.3
Jackson County Health Department	37	23.2
Tuscola County Health Department	11	22.9

**Commented [BJ(18)]:** Hold for map.

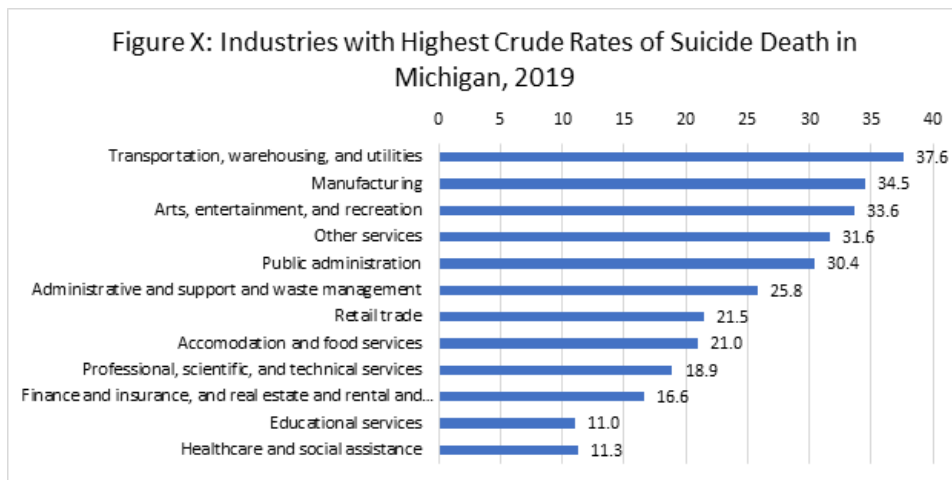




### *Suicide Deaths by Industry*

Data on the industries and occupations of individuals who die by suicide from the Michigan Violent Death Reporting System indicate we should prioritize several sectors for suicide prevention support. Information about suicide rates by industry and occupation can be obtained from death certificates, which contain fields for “usual industry” and “usual occupation.” These reflect the decedent’s most common industry and occupation during their lifetime, which may not necessarily be the same as their industry and occupation at the time of their death.

The industries with the highest suicide rates in Michigan for 2019 were transportation, warehousing and utilities; manufacturing; arts, entertainment, and recreation; other services, such as repair and maintenance and personal services; and public administration.



Sources: Suicide deaths: Michigan death certificate files, Michigan Department of Health and Human Services, Vital Records, 2019. Industry and occupation data taken from "usual industry" and "usual occupation" fields and may not reflect industry or occupation at time of death., Michigan population for rate calculations: Michigan Health Statistics population estimates as of July 1 of specified year, Michigan Department of Health and Human Services, aggregated from National Center for Health Statistics (<https://vitalstats.michigan.gov/osr/index.asp>).population estimates for rate calculations: ACS 1-year estimates, 2019 ([data.census.gov](https://data.census.gov))

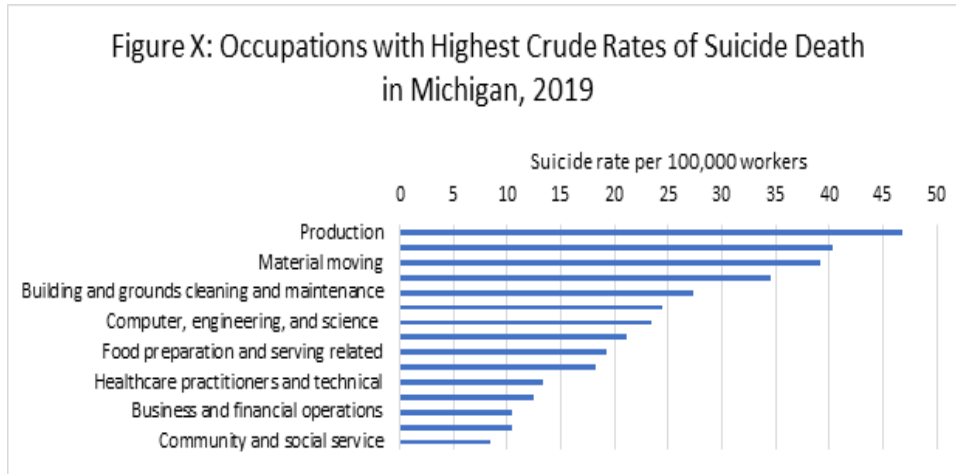
The industries with the highest suicide rates varied by sex, although there are some commonalities: suicide rates were high among both males and females working in public administration and arts, entertainment, and recreation.

**Table X: Industries with Highest Crude Rates of Suicide Death by Sex for Civilian Employed Workers Aged 16+ in Michigan, 2019**

Males		Females	
Industry	Rate per 100,000 workers 16+ in industry, 2019	Industry	Rate per 100,000 workers 16+ in industry, 2019
Construction	66.7	Arts, entertainment, and recreation	13.7
Agriculture, forestry, fishing and hunting, and mining	59.9	Accommodation and food services	12.5
Other services (such as repair and maintenance, personal services)	55.8	Transportation, warehousing, and utilities	12.5
Arts, entertainment, and recreation	50.6	Public administration	11.8
Public administration	48.2	Manufacturing	9.9

### *Suicide Deaths by Occupation*

The occupations with the highest suicide rates in Michigan for 2019 were production; arts, design, entertainment, sports, and media; material moving; legal; and building and grounds cleaning and maintenance.



Sources: Suicide deaths: Michigan death certificate files, Michigan Department of Health and Human Services, Vital Records, 2019. Industry and occupation data taken from "usual industry" and "usual occupation" fields and may not reflect industry or occupation at time of death., Michigan population for rate calculations: Michigan Health Statistics population estimates as of July 1 of specified year, Michigan Department of Health and Human Services, aggregated from National Center for Health Statistics (<https://vitalstats.michigan.gov/osr/index.asp>).population estimates for rate calculations: ACS 1-year estimates, 2019 ([data.census.gov](https://data.census.gov))

Like the pattern seen for suicide rates by industry, occupations with the highest suicide rates also varied by sex, but some commonalities were observed. Suicide rates were high among both males and females working in material moving; personal care and service; and arts, design, entertainment, sports, and media. It is worth noting that construction ranked first in both industry and occupation for the highest suicide rates among Michigan males for 2019.

<b>Males</b>		<b>Females</b>	
<b>Occupation</b>	<b>Rate per 100,000 workers 16+ in occupation, 2019</b>	<b>Occupation</b>	<b>Rate per 100,000 workers 16+ in occupation, 2019</b>
Construction and extraction	75.4	Material moving	21.9
Installation, maintenance, and repair	67.0	Arts, design, entertainment, sports, and media	18.2
Arts, design, entertainment, sports, and media	62.4	Personal care and service	14.4
Personal care and service	61.8	Food preparation and serving related	12.6
Material moving	55.4	Computer, engineering, and science	12.3

## Special Populations Data Update

As described in the Michigan Suicide Prevention Commission Initial Report, risk and protective factors interact in many contexts and over time to influence an individual's level of risk for suicide. Risk factors can also vary by age group, culture, sex, and other characteristics (Suicide Prevention Resource Center, 2020). The Michigan Suicide Prevention Commission identified several groups that face disproportionate risk for suicide and the most recent data updates are highlighted in this section.

### Active Military/Service Members<sup>1</sup>

Nationally, in calendar year (CY) 2020, a total of 580 service members died by suicide (384 Active Component, 77 Reserve, and 119 National Guard). The CY 2020 suicide rate in the Active Component was 28.7 suicide deaths per 100,000 Service members. When comparing the CY 2020 suicide rate to each of the recent past two years, the Active Component 2020 suicide rate (28.7 per 100,000) appears higher than in CY 2018 (24.9 per 100,000) and CY 2019 (26.3 per 100,000), but is statistically comparable across years (i.e., no statistically significant change).

DOD Component/Service	CY 2020		CY 2019		CY 2018	
	Count	Rate	Count	Rate	Count	Rate
<b>Active Component</b>	<b>384</b>	<b>28.7</b>	<b>349</b>	<b>26.3</b>	<b>326</b>	<b>24.9</b>
Army	175	36.4	146	30.7	141	29.9
Navy	66	19.3	74	22.1	68	20.7
Marine Corps	62	33.9	47	25.3	57	30.8
Air Force	81	24.3	82	24.8	60	18.5
<b>Reserve</b>	<b>77</b>	<b>21.7</b>	<b>65</b>	<b>18.2</b>	<b>81</b>	<b>22.9</b>
Army Reserve	42	22.2	36	18.9	48	25.3
Navy	13	--	7	--	11	--
Marine Corps	10	--	9	--	19	--
Air Force Reserve	12	--	13	--	3	--
<b>National Guard</b>	<b>119</b>	<b>27.0</b>	<b>90</b>	<b>20.5</b>	<b>136</b>	<b>30.8</b>
Army National Guard	103	30.9	76	22.9	119	35.9
Air National Guard	16	--	14	--	17	--
<b>All Components Total</b>	<b>580</b>		<b>504</b>		<b>543</b>	

Source: Department of Defense Under Secretary of Defense for Personnel and Readiness, 2020

Commented [S(19)]: Need to make sure this doesn't happen in final version

Commented [BJ(20R19)]: What happened?

Commented [S(21R19)]: Hmm. When I viewed it the "t" in Count broke down to the next row. It's doing the same thing in the County column under CY 2018 in my view right now. Probably just a quirk of my view.

Commented [Z(22R19)]: Nope Pat I fixed it!

<sup>1</sup> Michigan does not have any active military bases.

### Adolescents and Emerging Adults

Nationally, suicide remains the second leading cause of death for children 10-14 and those 15-24 years of age. In Michigan, death by suicide is tied with unintentional injury for the top leading cause of death for 10-14 year olds (Centers for Disease Control and Prevention, National Center for Injury Prevention and Control).

The [Youth Risk Behavior Surveillance System](#) (YRBSS) monitors health-related behaviors that contribute to the leading causes of death and disability among high school age youth.

Field Code Changed

Question	Michigan 2019	United States 2019
Seriously considered attempting suicide (%) (During the 12 months before the survey) (#)	18.7 4,472	18.8 13,347
Planned how they would attempt suicide (%) (During the 12 months before the survey) (#)	14.6 4,500	15.7 13,422
Attempted suicide (%) (One or more time during the 12 months before the survey) (#)	7.8 3,902	8.9 10,520
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (%) (During the 12 months before the survey) (#)	2.5 3,870	2.5 8,749

Source: Centers for Disease Control and Prevention

### LGBTQ Youth

The Trevor Project represents the experiences of nearly 35,000 LGBTQ youth ages 13-24 across the United States (Trevor Project, 2021). Their most recent national survey found:

Commented [S(23)]: ??

- 42% of LGBTQ youth seriously considered attempting suicide in the past year, including more than half of transgender and nonbinary youth.
- 12% of white LGBTQ youth attempted suicide compared to 31% of Native/Indigenous youth, 21% of Black youth, 21% of multiracial youth, 18% of Latinx youth, and 12% of Asian/Pacific Islander youth.
- LGBTQ youth who had access to spaces that affirmed their sexual orientation and gender identity reported lower rates of attempting suicide.
- Similar trends are also seen in Michigan. According to YRBSS data, lesbian, gay, and bisexual (LGB) high school youth in Michigan are more likely to report having felt sad or hopeless, seriously considered suicide, having made a plan to attempt suicide, and having attempted suicide than their heterosexual peers ((Centers for Disease Control and Prevention, National Center for Injury Prevention and Control).
- 68.0% of LGB students report feeling sadness or hopelessness that interfered with usual activities, compared to 31.6% of heterosexual students.
- 42.8% of LGB students report having seriously considered suicide compared to 14.9% of heterosexual students.
- 31.8% of LGB students report having made a plan to attempt suicide compared to 11.7% of heterosexual students.

Commented [CS24]: I added Michigan-specific data on YRBSS suicide-related outcomes among LGB youth here, if it's useful.

Commented [BJ(25R24)]: Thanks Corbin!

- 21.5% of LGB students report having made a suicide attempt in the past year compared to 5.4% of heterosexual youth.

DRAFT

## Veterans

The U.S. Department of Veterans Affairs (VA) is leading efforts to understand suicide risk factors, develop evidence-based prevention programs, and prevent Veteran suicide through a public health lens. As part of this effort, the VA analyzes data at the national and state levels to guide the design and execution of the most effective strategies to prevent veteran suicide.

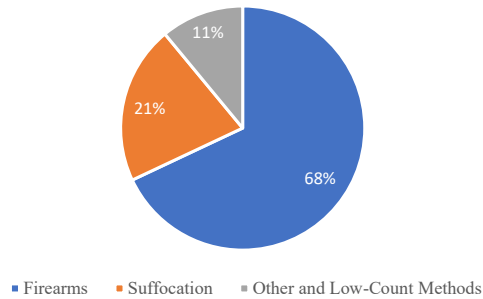
Table X: Michigan and National Veteran Suicide Death Rates by Age Group, 2019

Age Group	Michigan Veteran Suicides	National Veteran Suicides	Michigan Veteran Suicide Rate	National Veteran Suicide Rate
Total	173	6261	29.6	31.6
18-34	22	828	51.2	44.4
35-54	54	1663	40.9	32.8
55-74	65	2407	24.5	28.8
75+	30	1336	20.7	29.6

Source: Michigan Veterans Suicide Data Sheet, 2019

The Veteran suicide rate in Michigan was not significantly different from the national Veteran suicide rate but was significantly higher than the national general population suicide rate.

Figure X: Michigan Veteran Suicide Deaths by Method, 2019



Source: Michigan Veteran's Suicide Data Sheet, 2019

**Commented [AB26]:** There is the Veteran Suicide Prevention Program that's part of the Governor's Challenge. We might want to reference that at later - perhaps we can ask Director Adams for a brief paragraph.

**Commented [BJ(27R26):** Julie/Director Adams are going to send over some language for this.

**Commented [S(28):** Does Figure X need to be referenced somewhere in the narrative?

**Commented [BJ(29R28):** Posing for the group - do we need this? I think it would be a good comparison for other populations but will defer to the Commission.

**Commented [JD30R28):** I think it's important to keep due to the debate about lethal means and how firearms contribute.



## Michigan Suicide Prevention Commission Priorities Update

The Michigan Suicide Prevention Commission has adopted zero suicide as an aspirational goal. To achieve this goal, the Commission drafted several key recommendations under five priority areas.

Those priority areas include:

1. Minimizing risk for suicidal behavior by promoting safe environments, resiliency, and connectedness.
2. Increasing and expanding access to care to support those at risk for suicide.
3. Improving suicide prevention training and education.
4. Implementing best practices in suicide prevention for health care systems.
5. Enhancing suicide specific data collection and systems.

The full list of recommendations can be found [here](#).

This section highlights the various activities the Commission, the state of Michigan, and local communities have been engaged in to address suicide and move the state closer to the goal of zero suicide.

### 988 and MiCAL Implementation

Michigan is in the process of building a three-component crisis services system for all Michiganders which is based on Substance Abuse and Mental Health Services Administration's (SAMHSA) National Guidelines for Behavioral Health Crisis: one statewide crisis line, mobile crisis, and crisis stabilization units. Michigan Crisis and Access Line (MiCAL) links to crisis services which are tailored to local regions and populations. It provides a clear access point to the varied and sometimes confusing array of behavioral health services in Michigan. 988 is a federal new three digit dialing code for the National Prevention Suicide Lifeline (NSPL). that will go live in July 2022.

Over the last year, Michigan has participated in an extensive planning process grant involving a broad cross sector group of stakeholders. This planning process was funded through Vibrant Emotional Health, which administers the NSPL. At the end of January 2022, MDHHS submitted Michigan's 988 Implementation Plan to both Vibrant and SAMHSA. This plan outlines 988 coverage for Michigan and implementation-related goals for the next two years.

Michigan will integrate 988 into its developing crisis services system. MiCAL, staffed by Common Ground, will provide 988 chat and text coverage statewide and 988 call coverage in all areas of the state except in Kent and Macomb Counties, where MiCAL will provide backup coverage. Network 180 in Kent County and Macomb County Community Mental Health (Macomb CMH), current NSPL providers and publicly funded community mental health services programs (CMHSPs), will provide primary call coverage for their respective counties. MiCAL will roll out regionally over the next several months to provide statewide coverage by the end of October 2022. Statewide 988 call coverage will occur by July 1, 2022. The rollout also establishes coordinated care partnerships for referrals and activation of face-to-face crisis services with each Prepaid Inpatient Health Plan (PIHP), CMHSPs, and state demonstration

Commented [BJ(31)]: Do we need something on PRISMM?

Commented [S(32R31)]: Probably both PRISMM and TYSP-Mi3 (the state youth suicide prevention program)

Commented [BJ(33R31)]: DeLaCruz, Jennifer (DHHS) who can we assign to write a brief paragraph on these projects?

Commented [D(34R31)]: Yes I will follow up with Kristen Smith and Lindsay DeCamp.

Commented [S(35)]: Should this be moved up to the first part of this section (the part before "988 Implementation")?

Field Code Changed

Commented [BJ(36)]: Please confirm 2022.

Certified Community Behavioral Health Clinics (CCBHC), in addition to other crisis services providers.

Although Michigan's MiCAL legislation, PA 12 of 2020, places it ahead of many states, identifying sustainable funding for 988 services will be a significant challenge. The predicted upsurge in NSPL contacts and follow up activities due to the new 988 dialing code, promotion of 988 as a suicide prevention *and* mental health crisis line, and the impact of the COVID pandemic yields an increased funding need from current levels. Michigan has applied for a SAMHSA Implementation grant which would help offset these costs for the next two years. The grant requires a sustainability plan by the end of Year 1.

During this next year, the following goals will be the focus of 988 implementation in Michigan:

- Answer more than 90% of the calls, chats, and texts originating from the Michigan area. (*Overflow calls will be answered by National Backup Centers.*)
- Develop coordination processes with each of Michigan's 911 Public Safety Answering Points.
- Ensure alignment with the Michigan Suicide Prevention Commission and Plan.
- Tailor 988 support to specific high-risk and typically underserved populations through care coordination protocols based on information gathered through listening sessions.
- Develop comprehensive follow up services for high-risk callers.
- Develop a 988 marketing campaign in partnership with the 988 Stakeholder Advisory Group and Vibrant, utilizing existing stakeholder relationships to promote and build credibility for 988.
- Identify sustainable funding for 988 services.

Commented [BJ(37)]: Do we want to mention this in a public-facing report? About the challenge of sustainability?

Commented [S(38R37)]: It is something that I'm sure the Commission will be asked to help address at some level down the road

### *Frontline*

The Wayne State University Department of Psychiatry and Behavioral Health along with its clinical arm, Wayne Health Department of Psychiatry are experts in providing behavioral health treatment and interventions. This partnership has introduced educational interventions using brief animated videos that clearly depict common scenarios and improved ways to handle those scenarios. The separate scenarios can be tailored to different Frontline staff and posted on a dedicated website for broader dissemination. The website also includes video interviews with Frontline staff and their family as experts in what is occurring and outside experts who have complementary knowledge.

**Commented [BJ(39)]:** @Shaun Abbey - can I get the link to the website?

Wayne State University has also been providing Critical Communication training to the first responder peers and providing them with ongoing support when they are engaged with a colleague. The University plans to establish and maintain a list of qualified, licensed and vetted mental health professionals to provide services to the first responders and their immediate family as requested.

**Commented [BJ(40)]:** Does this belong with Frontline also?

### *Governor's Challenge Initiative*

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

The Michigan Veteran Affairs Agency (MVAA) is leading this initiative in collaboration with many other key partners. Key focus and efforts include:

- Reducing suicide among service members, veterans, and their families.
- Increasing access to services and support.
- Expanding statewide capacity to engage SMVF in public and private services.
- Enhancing provider and SMVF peer practices.
- Implementing innovative best practices (e.g., Screening and Asking the Question - have you or a member of your household ever served in the military?).
- Increase Lethal Means Safety and Safety Planning.
- Promote connectedness and improve care transitions.

Key accomplishments within 2021 include completion of the SAMHSA Implementation Academy along with launching the Michigan Veteran Connector initiative through which health care facilities and other organizations ask their customers if they or anyone in their family has ever served in the military and, if so, referring them to the MVAA for a benefits consultation.

That said, the Governor's Challenge is a collaborative effort that involves some 50 members, and we look forward to continuing this vitally important work to reduce veteran suicide into 2022 and beyond with our many partners.

### Law Enforcement Death Scene Investigation Form

Death investigation is a complicated process, included a variety of different members of a police department in addition to other forensic disciplines working together toward the goal of solving a case. Medical examiners and coroners utilize death scene investigation forms to assist in identifying an individual's cause and manner of death, among other findings. As proper investigation is vital, having a set of standardized guidelines for law enforcement to reference would bridge any potential gaps in documentation and make it easier for officers to address salient and necessary information. Noting that there is currently a lack of such a comprehensive resource, the Michigan Suicide Prevention Commission formed a workgroup that is helping in the creation and promotion of such a document that better caters to law enforcement and their needs. This form will make it easier and more efficient for law enforcement to document more detailed information, some of which is traditionally not collected, and can then be forwarded to assist medical examiners or coroners in their final assessment of a suicide related death.

Commented [BJ(41)]: Hold for Rachel

### Lethal Means Social Media Campaign

The Michigan Department of Health and Human Services and Michigan Suicide Prevention Commission collaborated to launch a social media campaign related to addressing lethal means. Lethal means are the mechanisms people might use in a suicide attempt that are likely to result in serious injury or death. The term "lethal" is important because some methods are more harmful or destructive than others (Suicide Awareness Voices of Education, n.d.) (Suicide Awareness Voices of Education, n.d.). Reducing access to lethal means falls within the societal protective factors that have been found to reduce the likelihood that an individual at risk of suicidal behavior will be negatively affected and or impacted by that risk. In fact, research shows that approximately 90% of attempters who survive a nonfatal attempt will not go on to die by suicide thereafter (Suicide Awareness Voices of Education, n.d.).

Commented [BJ(42)]: Reference Appendix

Recognizing that September is National Suicide Prevention Month, the social media campaign was launched on September 5<sup>th</sup>, 2021, and ran on social media platforms such as Facebook, Instagram, Reddit, and Twitter until September 30<sup>th</sup>, 2021. Although the geographical area and the intended target audience was all Michiganders age 18 and up statewide, the focus of the campaign was on males 20-50 years old. Materials from the Social Media Campaign can be found in **Appendix X**

Commented [S(43)]: Looks like the line spacing is different for this paragraph

Commented [BJ(44R43)]: Corrected

Social Media Platform	Impressions Delivered	Clicks	Engagement
Facebook/Instagram	2,563,480	16,955	21,541
Twitter	666,982	237	6,081
Total	3,230,462	17,192	27,622

### MI-MIND

With support from Blue Cross Blue Shield of Michigan, Henry Ford Health System is launching the Michigan Mental Health Clinical Quality Improvement Network for Implementation and Dissemination (MI-MIND) Collaborative Quality Initiative (CQI) in 2022. MI-MIND seeks to establish a statewide partnership of healthcare systems, including primary care and behavioral health practices, to implement evidence-based suicide prevention approaches to improve outcomes (suicide attempt and death) and access to and engagement in services for patients across the State of Michigan. Henry Ford Health System developed the zero suicide clinical care pathway in 2001. The pathway includes identification and assessment of suicide risk, engagement in care, evidence-based treatment, and support in transitions between clinical settings. Health systems across the country have now started to use this model, but MI-MIND represents the first statewide effort in the nation to implement these evidence-based processes coordinated across care systems, including incentives for provider organizations to implement these practices with fidelity. In 2022, the first cohort of provider organizations will begin implementation, with dozens of other systems invited to join in future years.

Commented [BJ(45)]: Brian/Cathy Frank to add.

### PRiSMM

Preventing Suicide in Michigan Men (PRiSMM) recently entered its second year and is funded by the United States Center for Disease Control and Preventions (CDC) Comprehensive Suicide Prevention grant program. PRiSMM's goal is to reduce suicide in Michigan by 10% over the course of the five year grant, specifically targeting adult males (ages 25 and up). One of PRiSMM's comprehensive suicide prevention strategies includes creating a multi-sectoral partnership that brings together stakeholders within the field of suicidology and people within male dominated industries who are less familiar with suicide prevention. Bringing together people in different industries enables PRiSMM to not only reach a larger audience, but also to reach men where they are.

Commented [BJ(46)]: Hold for Kristen

In its first year, PRiSMM implemented a statewide community scan with the goal of identifying what suicide prevention strategies are currently in practice within our communities, as well as possible gaps in knowledge and services that exist within the state. Along with the community scan, PRiSMM has developed comprehensive communication and evaluation plans with the goal of disseminating data and information to better inform suicide prevention strategies to improve programming.

In this current year of funding, PRiSMM will continue engaging partners to identify and address strengths and barriers to success for suicide prevention programming within the state. PRiSMM will also be working on improving the accessibility of trainings to providers. PRiSMM will also launch an ad campaign sharing messages of hope and resilience from the male perspective.

## Safe Messaging Guidance

The way in which suicide is portrayed in legacy media, on social media and in other public forums matters. It is important that media outlets and community organizations use safety-focused guidelines when reporting on suicide events and presenting data. Additionally, communications about suicide should be designed to encourage help-seeking, focus on positive prevention efforts, promote resiliency and hope, and include established and vetted helping resources. A letter was drafted by the Michigan Department of Health and Human Services with endorsement from the Suicide Commission to address the problem of misinformation and emphasized the importance of safe messaging. **The letter can be found in Appendix X.**

## Screening Tool Checklist

Across health and behavioral health care settings, there are many opportunities to identify and provide care to those at risk for suicide. Primary and acute health care settings play a role in preventing suicide in their patients by using an evidence-based screening tool to identify those with suicidal thoughts and behaviors, making sure those who screen positive receive a full assessment, and connecting patients with treatment if needed.

With a plethora of screening tools already available and proven to be effective, a noted barrier is the process of deciding and then selecting which screening tool is ideal for an individual or an organization. Noting this, the Michigan Suicide Prevention Commission created a universal screening tool workgroup to address this issue. The workgroup created two deliverables: a checklist that guides individuals in things that they should be considering when choosing their ideal evidence-based universal screening tool, and then an actual list of available evidence-based screening tools with detailed information that can be referenced when deciding which of the various screening tools are the best fit for the individuals that are being screened or can best fit within their organizations screening criteria.

## TYSP-Mi3

Transforming Youth Suicide Prevention in Michigan-3 (TYSP-Mi3) is a 5 year grant from the Substance Abuse and Mental Health Services Administration that runs from 2019-2024. This initiative capitalizes on a strong and well-established track record of public health and academic expertise as well as unique statewide partnerships. TYSP-Mi3 will impact rates of youth/young adult suicide by establishing suicide prevention as a core priority in Michigan's Child Welfare (CW) system and by growing a network of Emergency Departments (EDs) committed to increasing the number of gatekeepers and clinical service providers trained in evidence-based prevention strategies; and supporting communities in strengthening local efforts.

TYSP-Mi3 program goals are:

- Goal 1: Build a statewide network of EDs that consider suicide prevention a core priority and consequently implement evidence-based assessment, intervention, continuity of care, and follow-up strategies for youth at risk for suicide and their families.
- Goal 2: Partner with Michigan's CW agency to advance and sustain suicide prevention training, screening, and referral practices, with a focus on the state's foster care system.

Commented [BJ(47)]: Reference Appendix

Commented [BJ(48)]: Hold for @Zaguskin, Rachel (DHHS-Contractor) Rachel to include.

Commented [Z(49R48)]: Should this be moved up so its next to the investigation form information?

Commented [B(50R48)]: I've been listing them in alphabetical order

Commented [Z(51R48)]: Got it!

Commented [BJ(52)]: Hold for Lindsay

- Goal 3: Strategically embed a cadre of trained gatekeepers and clinical service providers within Michigan's youth serving workforce who consistently use evidence-based practices.
- Goal 4: Support local communities to implement suicide prevention best practices tailored to community needs via technical assistance, training, and educational and funding opportunities.
- Goal 5: Enhance the availability of resources and training for postvention services in the state.

TYSP-Mi3 accomplishments include:

- Publication: Ewell Foster, C., Magness, C., Czyz, E. *et al.* Predictors of Parent Behavioral Engagement in Youth Suicide Discharge Recommendations: Implications for Family-Centered Crisis Interventions. *Child Psychiatry Hum Dev* (2021). <https://doi.org/10.1007/s10578-021-01176-9>.
- Four partner Emergency Departments enrolled into statewide network.
- Suicide Prevention competencies drafted and approved for utilization in Child Welfare certificate programs at Michigan Universities and Colleges.
- Three community grantee projects focused on identification and early intervention of 18-24 year olds successfully launched October 1, 2021.

Field Code Changed

DRAFT

## Call for Action and Next Steps

We have recognized the need to make suicide prevention a statewide priority. And yet, much remains to be done. Research has identified many strategies that can be effective in preventing suicide, and many of these approaches have not yet been brought to scale. Additionally, we realize many of the solutions we would like to implement, to reverse these trends, cannot be done through health care treatment alone. This work requires systemic changes, including public policy reforms and addressing the risk factors that contribute to negative outcomes and protective factors that increase resilience. The Commission has identified several pieces of legislation that could influence the landscape of suicide prevention activities. **This list can be found in Appendix X.**

As the Michigan Department of Health and Human Services continues its work on the statewide suicide prevention strategy, we are excited to see alignment and collaborative opportunities outlined in the document. This strategy will surely increase engagement and activity around suicide prevention.

Conditions resulting from the COVID-19 pandemic could further exacerbate existing structural inequities that impact the health and well-being of groups identified as being at increased risk for suicidal behaviors. As a Commission, we will continue to monitor COVID-19 and its effects on how this public health pandemic continues to impact suicide prevention efforts.

This report highlights many of the evidence-based and evidence-informed suicide prevention activities statewide. There are still a multitude of local, community-driven initiatives that also play a significant role in addressing this preventable problem. Over the next three years, state and local governments, mental health organizations, health departments, local businesses and Michigan residents have the opportunity and responsibility to continue to discuss and identify ways to assist families, coworkers, and neighbors to reduce suicide in Michigan communities. The Suicide Prevention Commission will continue to promote and support the recommendations from its Initial Report and explore new and innovative recommendations in the coming year.



## References

- Ahmad, F. B., & Anderson, R. N. (2021). The leading causes of death in the US for 2020. *JAMA*, 325(18), 1829-1830. doi:doi:10.1001/jama.2021.5469
- Centers for Disease Control and Prevention. (n.d.). *High School YRBS Michigan 2019 and United States 2019 Results*. Retrieved from Centers for Disease Control and Prevention Web site:  
<https://nccd.cdc.gov/Youthonline/App/Results.aspx?TT=G&OUT=0&SID=HS&QID=Q&LID=MI&YID=2019&LID2=XX&YID2=2019&COL=T&ROW1=N&ROW2=N&HT=QQ&LCT=LL&FS=S1&FR=R1&FG=G1&FA=A1&FI=I1&FP=P1&FSL=S1&FRL=R1&FGL=G1&FAL=A1&FIL=I1&FPL=P1&PV=&TST=True&C1=MI2019&C2=XX2019&QP>
- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (n.d.). Web-based Injury Statistics Query and Reporting System (WISQARS). Retrieved January 16, 2022, from [www.cdc.gov/injury/wisqars](http://www.cdc.gov/injury/wisqars)
- Czeisler, M. É., Lane, R. I., Petrosky, E., Wiley, J. F., Christensen, A., Njai, R., & Rajaratnam, S. (2020). Mental health, substance use, and suicidal ideation during the COVID-19 pandemic-United States. *Morbidity and Mortality Weekly Report*, 69(32), 1049-1057. Retrieved from <https://doi.org/10.15585/mmwr.mm6932a1>
- Department of Defense Under Secretary of Defense for Personnel and Readiness. (2020). *Annual Suicide Report*. United State Department of Defense.
- Michigan Department of Health and Human Services. (2021, November 10). *Michigan Health Statistics*. Retrieved from Website: <https://vitalstats.michigan.gov/osr/index.asp?Id=29>
- Reger, M. A., Stanley, I. H., & Joiner, T. E. (2020). Suicide mortality and coronavirus disease 2019 - A perfect storm? *JAMA Psychiatry*, 77(11), 1093-1094. doi:<https://doi.org/10.1001/jamapsychiatry.2020.1060>
- Salari, N., Hosseinian-Far, A., Jalali, R., Vaisi-Raygani, A., Rasoulpoor, S., Mohammadi, M., . . . Khaledi-Paveh, B. (2020). Prevalence of stress, anxiety, depression among the general population during the COVID-19 pandemic: a systematic review and meta-analysis. *Globalization and Health*, 16(1), 57. doi:<https://doi.org/10.1186/s12992-020-00589-w>
- Suicide Awareness Voices of Education. (n.d.). *Suicide Awareness Voices of Education*. Retrieved from [save.org](http://save.org): <https://save.org/about-suicide/preventing-suicide/reducing-access-to-means/#:~:text=A%20lethal%20mean%20refers%20to%20a%20method%20in,the%20act%20is%20quick%20and%20almost%20always%20irreversible.>
- Suicide Prevention Resource Center. (2020, October ). *Risk and Protective Factors*. Retrieved from Suicide Prevention Resource Center Web site: [www.sprc.org/about-suicide/risk-protective-factors](http://www.sprc.org/about-suicide/risk-protective-factors)

The U.S. Surgeon General's Advisory. (2021). *Protecting youth mental health*. Washington D.C.: Office of the Surgeon General.

Trevor Project. (2021). *National Survey on LGBTQ Youth Mental Health 2021*. Retrieved from Trevor Project Web site: <https://www.thetrevorproject.org/survey-2021/>

Yard, E., Radhakrishnan, L., Ballesteros, M. F., Sheppard, M., Gates, A., Stein, Z., . . . Stone, D. M. (2021). Emergency department visits for suspected suicide attempts among persons aged 12-25 years before and during the COVID-19 pandemic January 2019-May 2021. *MMWR. Morbidity and Mortality Weekly Report*, 70(24), 888-894.

Ahmad, F. B., & Anderson, R. N. (2021). The leading causes of death in the US for 2020. *JAMA*, 325(18), 1829-1830. doi:doi:10.1001/jama.2021.5469

Centers for Disease Control and Prevention. (n.d.). *High School YRBS Michigan 2019 and United States 2019 Results*. Retrieved from Centers for Disease Control and Prevention Web site: <https://need.cdc.gov/Youthonline/App/Results.aspx?TT=G&OUT=0&SID=HS&QID=QQ&LID=MI&YID=2019&LID2=XX&YID2=2019&COL=T&ROW1=N&ROW2=N&HT=QQ&LCT=LL&FS=S1&FR=R1&FG=G1&FA=A1&FI=I1&FP=P1&FSL=S1&FRL=R1&FGL=G1&FAL=A1&FIL=I1&FPL=P1&PV=&TST=True&C1=MI2019&C2=XX2019&QP>

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (n.d.). Web-based Injury Statistics Query and Reporting System (WISQARS). Retrieved January 16, 2022, from [www.cdc.gov/injury/wisqars](http://www.cdc.gov/injury/wisqars)

Czeisler, M. E., Lane, R. I., Petrosky, E., Wiley, J. F., Christensen, A., Njai, R., & Rajaratnam, S. (2020). Mental health, substance use, and suicidal ideation during the COVID-19 pandemic—United States. *Morbidity and Mortality Weekly Report*, 69(32), 1049-1057. Retrieved from <https://doi.org/10.15585/mmwr.mm6932a1>

Department of Defense Under Secretary of Defense for Personnel and Readiness. (2020). *Annual Suicide Report*. United State Department of Defense.

Michigan Department of Health and Human Services. (2021, November 10). *Michigan Health Statistics*. Retrieved from Website: <https://vitalstats.michigan.gov/osr/index.asp?Id=29>

Reger, M. A., Stanley, I. H., & Joiner, T. E. (2020). Suicide mortality and coronavirus disease 2019—A perfect storm? *JAMA Psychiatry*, 77(11), 1093-1094. doi:<https://doi.org/10.1001/jamapsychiatry.2020.1060>

Salari, N., Hosseini-Far, A., Jalali, R., Vaisi-Raygani, A., Rasoulpoor, S., Mohammadi, M., . . . Khaledi-Paveh, B. (2020). Prevalence of stress, anxiety, depression among the general population during the COVID-19 pandemic: a systematic review and meta-analysis. *Globalization and Health*, 16(1), 57. doi:<https://doi.org/10.1186/s12992-020-00589-w>

Suicide Awareness Voices of Education. (n.d.). *Suicide Awareness Voices of Education*. Retrieved from save.org: <https://save.org/about-suicide/preventing-suicide/reducing-access-to-means/#:~:text=A%20lethal%20mean%20refers%20to%20a%20method%20in,the%20act%20is%20quick%20and%20almost%20always%20irreversible.>

Suicide Prevention Resource Center. (2020, October ). *Risk and Protective Factors*. Retrieved from Suicide Prevention Resource Center Web site: [www.sprc.org/about-suicide/risk-protective-factors](http://www.sprc.org/about-suicide/risk-protective-factors)

The U.S. Surgeon General's Advisory. (2021). *Protecting youth mental health*. Washington D.C.: Office of the Surgeon General.

Trevor Project. (2021). *National Survey on LGBTQ Youth Mental Health 2021*. Retrieved from Trevor Project Web site: <https://www.thetrevorproject.org/survey-2021/>

Yard, E., Radhakrishnan, L., Ballesteros, M. F., Sheppard, M., Gates, A., Stein, Z., . . . Stone, D. M. (2021). Emergency department visits for suspected suicide attempts among persons aged 12-25 years before and during the COVID-19 pandemic January 2019-May 2021. *MMWR. Morbidity and Mortality Weekly Report*, 70(24), 888-894.

DRAFT

|

**Appendix X: Michigan Suicide Prevention Commission Meeting Dates**

January 15, 2021

February 19, 2021

March 19, 2021

April 16, 2021

May 21, 2021

July 16, 2021

September 17, 2021

November 19, 2021

DRAFT

|

**Appendix X: Law Enforcement Death Scene Investigation Form**

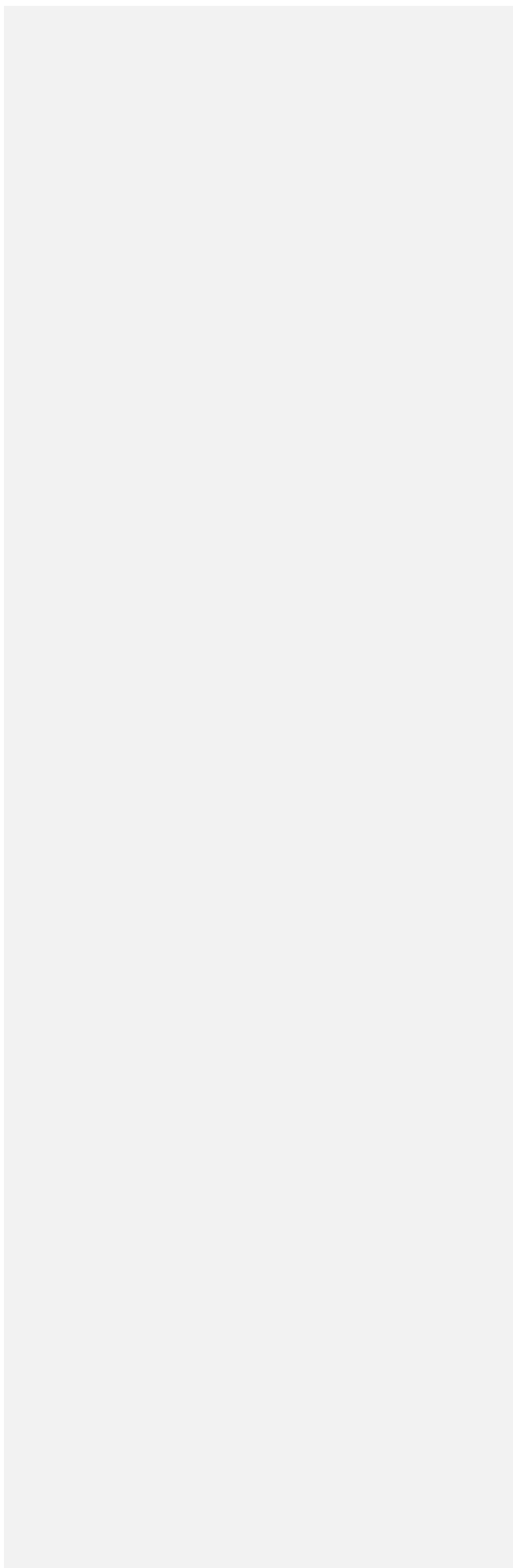
DRAFT

**Appendix X: Michigan Suicide Prevention Commission Screening Tool  
Checklist**

DRAFT

**Appendix X: Lethal Means Social Media Campaign Posts**

DRAFT



## Appendix X: Safe Messaging Guidance

Dear Public Health and Media partners,  
Suicide is a hard topic to discuss and report on, and a complex public health issue. Recently, a major news outlet published a news story that contained potentially harmful messaging for individuals at-risk of suicide. Due to the circulation of that story within our state, the Michigan Department of Health and Human Services (MDHHS) is reaching out to our media and public health partners to share current Suicide Prevention Media Resources with you.

We respect and encourage the autonomy of the media. We also believe in sharing best practices within a public health context as it relates to the coverage of suicide. When crafting your messages about suicide prevention and reporting on a death by suicide, we urge you to make sure they align with safe and effective messaging recommendations.

Worldwide studies have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. Word choice matters and responsible reporting that encourages help-seeking can reduce the risk of additional suicides.

### Media Resources for Suicide Prevention Reporting Toolbox

The American Association of Suicidology toolkit, [Media as Partners in Suicide Prevention](#) was generated by extensive consultation with journalists and those with lived experience of suicide attempts and thoughts. It contains critical information for all media professionals looking to effectively report on suicide as a topic.

Field Code Changed

[Recommendations for Reporting on Suicide](#) is a two-page document that was developed with worldwide suicide prevention agencies. It offers specific reporting strategies that could help prevent another suicide or encourage someone to seek help.

Field Code Changed

[The National Action Alliance for Suicide Prevention](#) offers several resources on its media messaging page, including “Real Stories” which helps media tell positively framed news stories. The National Action Alliance also has several other categories of information, including a framework for successful messaging which aims to inform organizations how to craft media content about suicide.

Field Code Changed

There are also Michigan-based coalitions, crisis lines, fact sheets, trainings and events listed on the MDHHS website at [Michigan.gov/suicideprevention](http://Michigan.gov/suicideprevention).

Field Code Changed

The [National Suicide Prevention Lifeline](#) number, 800-273-8255, should be included with any news media materials that talk about suicide.

Field Code Changed

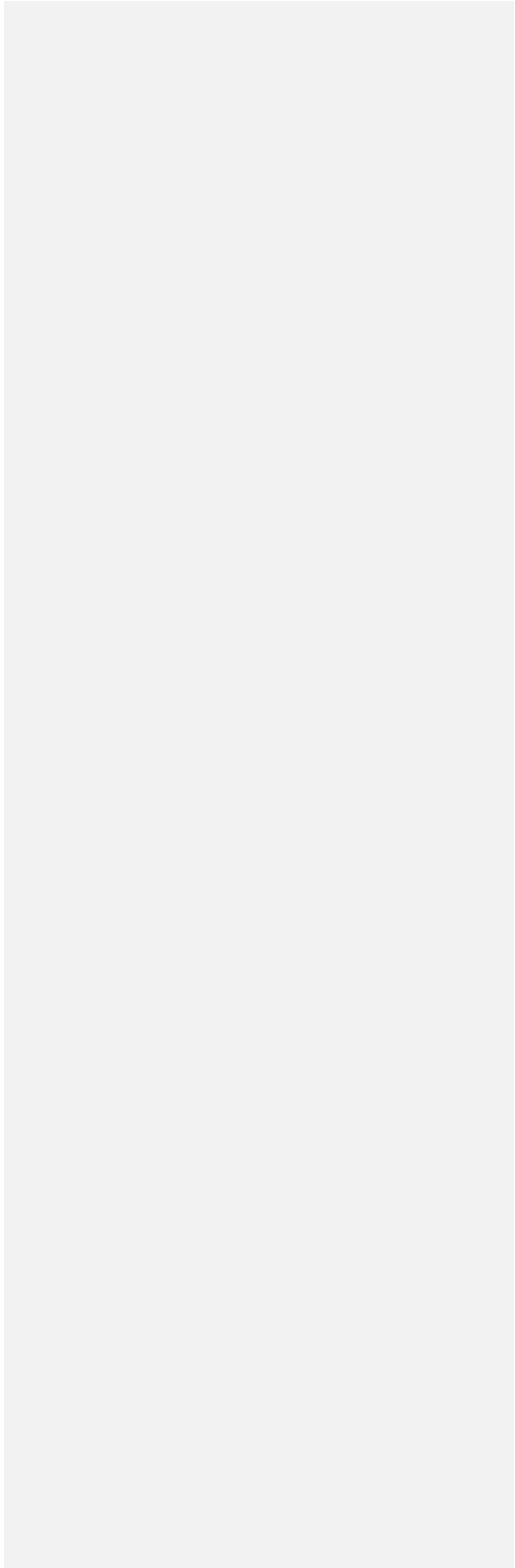
As many of you know, I am deeply passionate about this issue having lost my former legislative roommate and many fellow Marines to suicide. I hope you might receive this message in the spirit with which it is intended: to share best practices and to increase positive outcomes for all Michiganders. Thank you for your work on this important public health issue. Together we can make a difference in Michigan.



|

Sincerely,  
David Knezek  
Senior Chief Deputy Director  
Michigan Department of Health and Human Services

DRAFT



## Appendix X: Relevant Legislation Related to Suicide Prevention in Michigan

Bill and Sponsor	Summary
SB 321 (Santana)	Department of Education develop and adopt professional development standards for teachers on recognizing and addressing mental health and suicide prevention needs.
SB 192 (Hertel)	Amend school code to mandate evidence-based suicide prevention training for K-12 educators and age-appropriate material for students.
HB 4651 (Brabec)	Ban conversion therapy for minors (“A mental health professional shall not engage in conversion therapy with a minor. A mental health professional who violates this section is subject to disciplinary action and licensing sanctions for unprofessional conduct...”)
SB 367 (McMorrow)	Ban conversion therapy for minors (“A mental health professional shall not engage in conversion therapy with a minor. A mental health professional who violates this section is subject to disciplinary action and licensing sanctions for unprofessional conduct...”)
HB 5120 (Thanedar)	Require mental health training for law enforcement officers. Minimum standards for this training would be established by the Commission on Law Enforcement Standards.
HB 5073 (Peterson)	Require mental health training for law enforcement officers. Minimum standards for this training would be established by the Commission on Law Enforcement Standards. Also includes implicit bias training, and de-escalation and use of force standards
HB 5353 (Whiteford)	Revise mental health code to (1) designate MiCAL as the state’s crisis hotline center, (2) mandate MiCAL practice and reporting standards aligned with Lifeline standards, (3) require integration with emergency response systems and health crisis services, (4) add language on mobile crisis teams and crisis stabilization, (5) mandates crisis care coordination, (6) designate the Department as responsible for 988 messaging, (7) mandate meeting Lifeline standards for reaching high-risk and specialized populations, (8) require follow-up services, and (9) require the Department to prove and fund mobile crisis teams.
HB 5354 (Whiteford)	Establishes a 988 suicide prevention and mental health crisis hotline fund within the state treasury with DHHS as administrator. State 988 charge of 55 cents per month. Prepaid wireless charge of 2% per retail transaction.