



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

Michigan Suicide Prevention Commission

March 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**
- 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. Death Scene Investigation Form
- VI. 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

April 20, 2022

2:00 PM – 3:00 PM

Suicide Prevention Commission Meeting

May 20, 2022

10:30 AM – 12:30 PM

Please contact James Bell for additional meeting information.

DRAFT

March 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			
	Rachel Zaguskin			



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10:30 AM – 12:30 PM

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333 S. Grand Avenue, Lansing, MI

[Microsoft Teams Meeting](#)

Conference Line: 248-509-0316

Access Code: 565-105-576#

MINUTES

I. Call to Order – Dr. Brian Ahmedani

Brian Ahmedani called the February 2022 Suicide Prevention Commission Meeting to order at 10:31 AM. The roll was taken, and there was not a quorum of members present.

II. Public Comment

Public Comment was provided by Celeste Kanpurwala and Bob Goble.

III. Review and Approve Previous Meeting Minutes – All

- a. July 2021, September 2021, November 2021, and January 2022 Meeting minutes were not reviewed due to lack of quorum.

IV. MDHHS Updates

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

No Update

- b. Injury Violence Prevention – Jennifer DeLaCruz/Pat Smith

The Behavioral Health and Developmental Disabilities Administration submitted a grant at the end of January to SAMHSA for a 988 implementation grant.

PRISSM is starting to recruit participants for their ad campaign – adult males with suicide ideation lived experience who can share stories of hope and resilience. If you are interested or know someone who would be interested, please contact Kristen Smith at smithk134@michigan.gov

Lindsey DeCamp reported the Michigan Suicide Prevention Community Technical Assistance Meeting (CTAM) will take place on May 5 and May 6 at the Ralph A. MacMullan Conference Center in Roscommon, MI. There are 4 plenary sessions scheduled focusing on African American, LGBT, Indigenous and military communities.

V. Subcommittee Workgroup Updates – Rachel Zaguskin

a. Universal Screening Tool

Rachel Zaguskin reported the Universal Screening Tool has been reviewed by the workgroup and awaiting final approval for including in the Annual Report.

Currently there is no need to move the Universal Screening Workgroup forward.

b. Death Scene Investigation Form

Rachel Zaguskin reported the Death Scene Investigation Form is not yet finalized. This workgroup's meeting time will be rescheduled to increase engagement.

A challenge with the Death Scene Investigation Form has been the transmittal of the form from police department to other partners. John Joseph reported there are opportunities to electronically submit that should be explored.

MDHHS will share the Colorado Death Scene Investigation Form out to all participants.

VI. Discussion: 2022 Suicide Prevention Commission Report – Dr. James Bell III

James Bell provided an overview of the 2022 Michigan Suicide Prevention Commission Annual Report. Commissioners recommended adding the Governor's declaration, and prevention as prevention narrative to the report. Edits should be received by 2-22-2022 to be included in the final draft.

VII. Discussion: 2022 Commission Goals and Activities - Dr. Brian Ahmedani

There is an interest in:

- Supporting Suicide Prevention Coalitions across the state.
- Hearing from Michael Pine on his activities around suicide prevention.
- Leveraging 31n funding in the schools.
- Focusing on access and workforce (how do we use peer support)

- Continued education on means safety
- Resilience in schools
- Creating a communication/education plan for non-traditional advocates

VIII. Other Updates

a. Policy Update – Corbin Standley

There has not been much traction on new state or federal legislation since the last meeting. Corbin will continue to monitor.

b. Other Updates

IX. Next Steps

a. Action Item Recap – Dr. James Bell III

- The Commission will explore scheduling time before or after the main Commission meeting for workgroup activities.
- James Bell will share the Colorado Death Scene Investigation form with all meeting participants. Additional discussion is needed for getting the document beyond police departments.
- Update the Suicide Commission Report and begin internal review.

X. Public Comment (time permitting)

Public Comment was provided by James Gallant.

XI. Adjourn

The February 2022 Michigan Suicide Prevention Commission was adjourned at 11:50 AM.

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.

DRAFT

February 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			
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	
	James Bell	X		
	Jennifer DeLaCruz		X	
	Debra Pinals			X
	Linda Scarpetta			X
	Patricia Smith	X		
	Rachel Zaguskin	X		



STATE OF MICHIGAN

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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

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

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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		



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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	



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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.

Upcoming Meetings

Suicide Prevention Commission Meeting

September 17, 2021

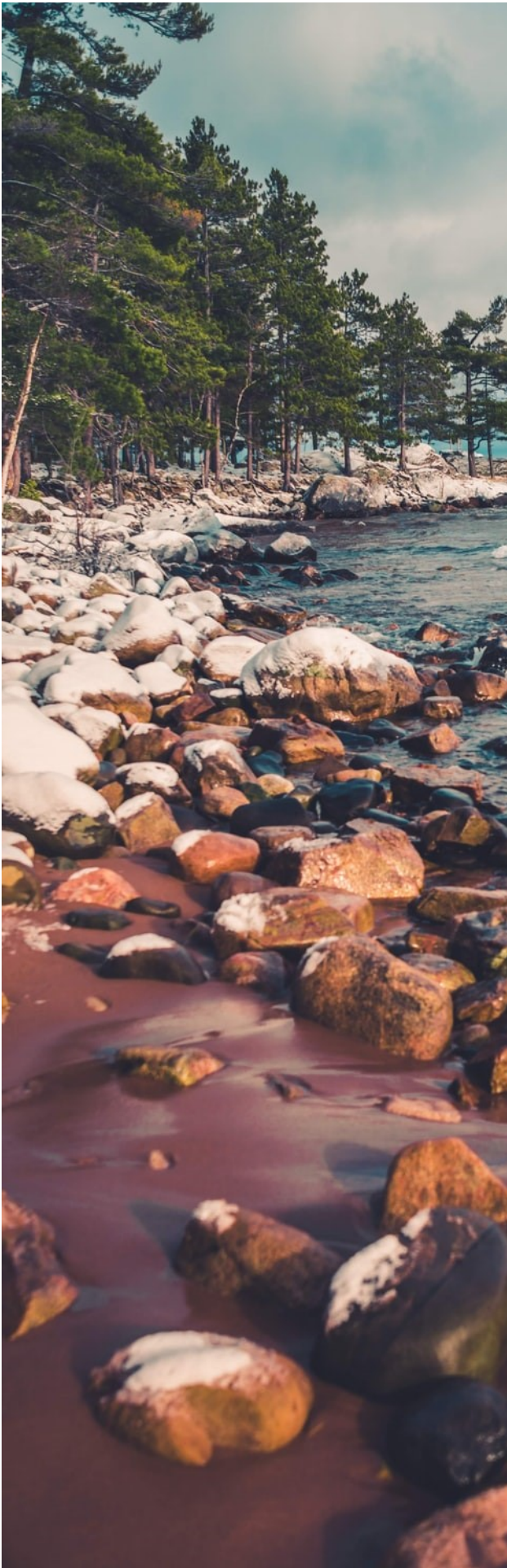
10:30 AM – 12:30 PM

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	



2022 Michigan Suicide Prevention Commission Annual Report

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 Bagdasaraian, 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

Dear Fellow Michiganders,

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 residents 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

Data Landscape

There were 1,389 suicide deaths in 2020.

1,099 men died by suicide in 2020 which represents 79% of the suicide deaths in Michigan.

53% of the suicide deaths in 2020 were the result of firearms.

88% of these fire-arm related suicide deaths were in the male population.

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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

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). 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, community and religious support across the United States (Reger, Stanley, & Joiner, 2020).

The Michigan Department of Health and Human Services (MDHHS) launched a statewide warmline for Michiganders living with persistent mental health conditions. The warmline will connect individuals with certified peer support specialists who have lived experiences of behavioral health issues, trauma or personal crises, and are trained to support and empower the callers. Michigan also launched the Stay Well crisis counseling program uses federal disaster grant funding to provide mental health support services to Michigan residents who are struggling to cope with emotional distress from the ongoing COVID-19 pandemic.

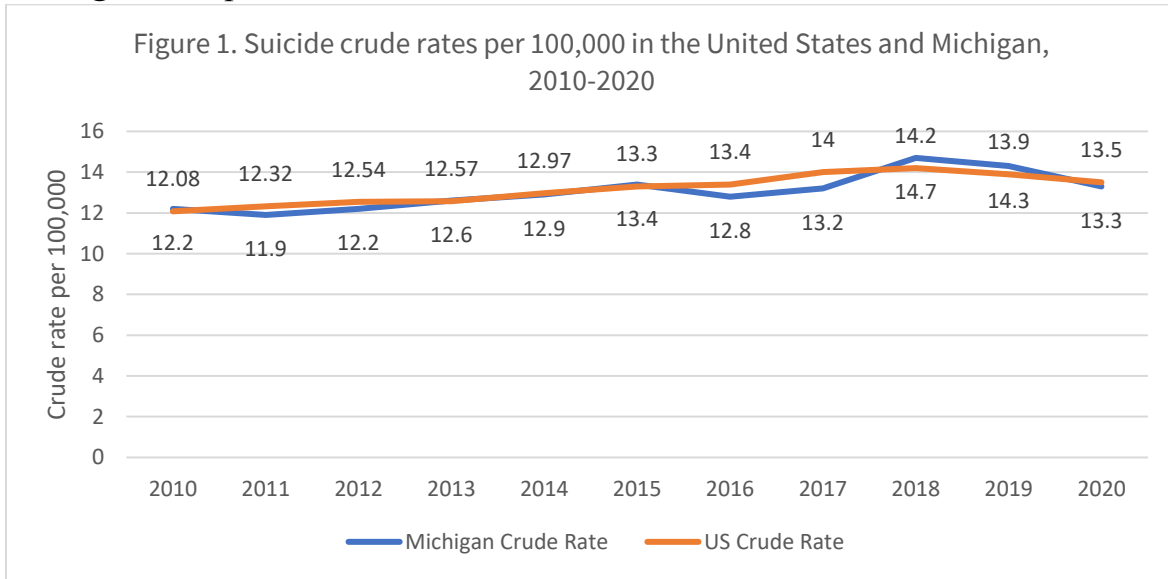
Michigan's youth (those under 18 years of age) especially have encountered unprecedented challenges. Since the onset of the pandemic, rates of psychological distress such as anxiety, depression, and other mental health disorders have increased among young people (The U.S. Surgeon General's Advisory, 2021). 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).

Nationally, suicides dropped from 47,511 in 2019 to 44,834 in 2020, a decline of 5.6% (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 1,389 suicide deaths and the age-adjusted rate was 13.3 per 100,000. This represents a decrease of 7% in the age-adjusted suicide rate from 2019 to 2020, slightly greater than the decline seen at the national level.

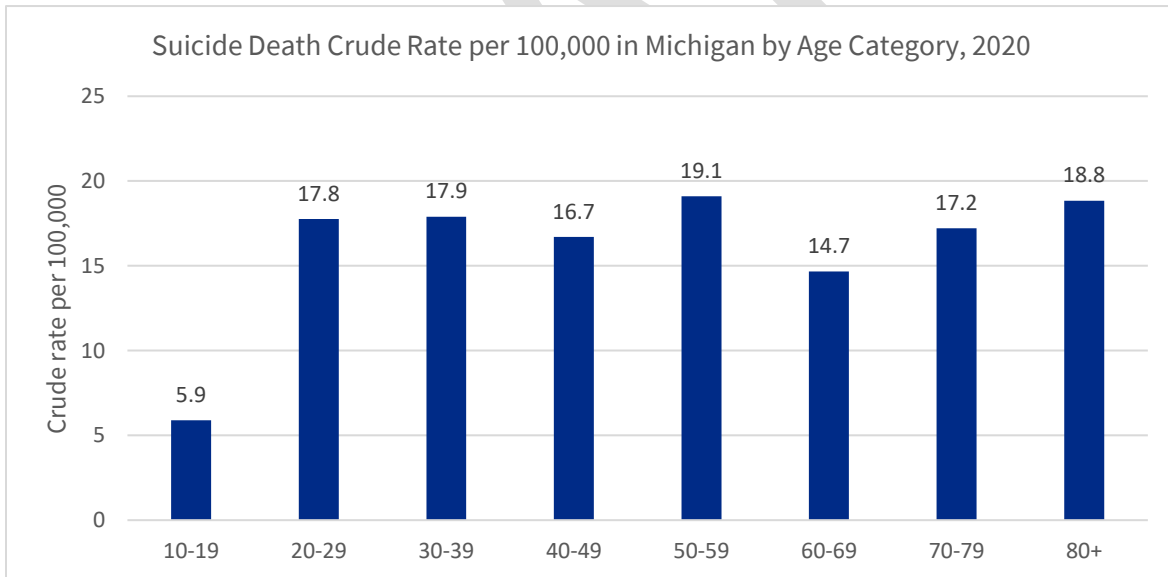
Despite the initial decrease in the number of suicide deaths during the early part of the pandemic in 2020, there remains uncertainty regarding how the pandemic will affect suicide rates long-term. Nevertheless, there is much we all can do to mitigate its potential impact.

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Michigan Compared to the US



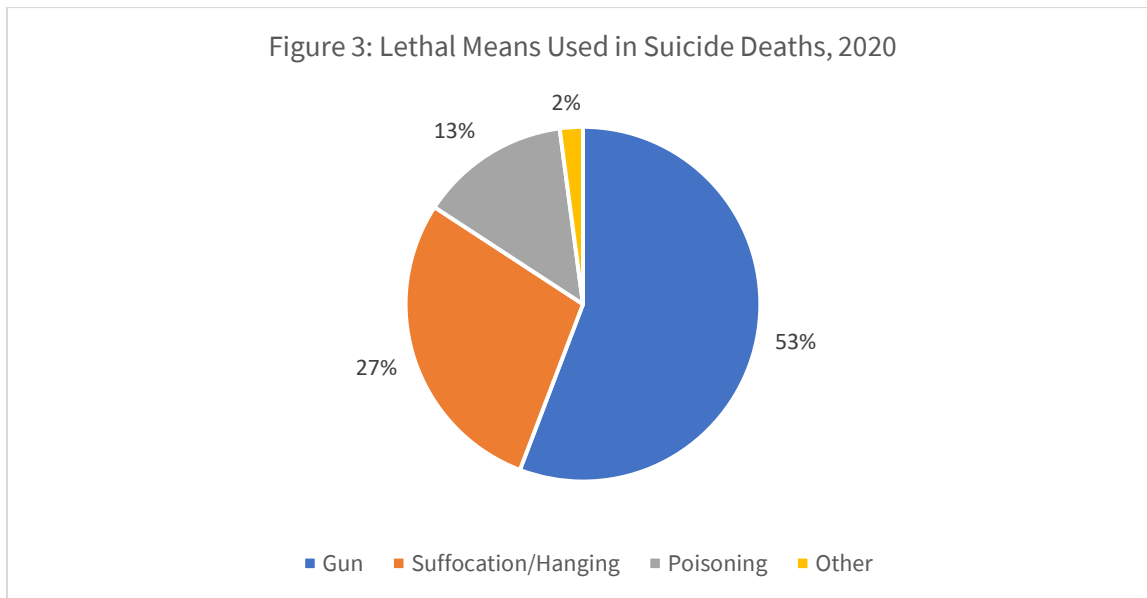
In 2020, 1,389 Michigan residents died by suicide; the age-adjusted suicide rate was 13.3 per 100,000. This represented an increase of 9% over the past 11 years, up from 12.2 per 100,000 in 2010.



The age group with the highest suicide rate in 2020 was those aged 50-59, followed by those aged 80 and older.

Access to Lethal Means

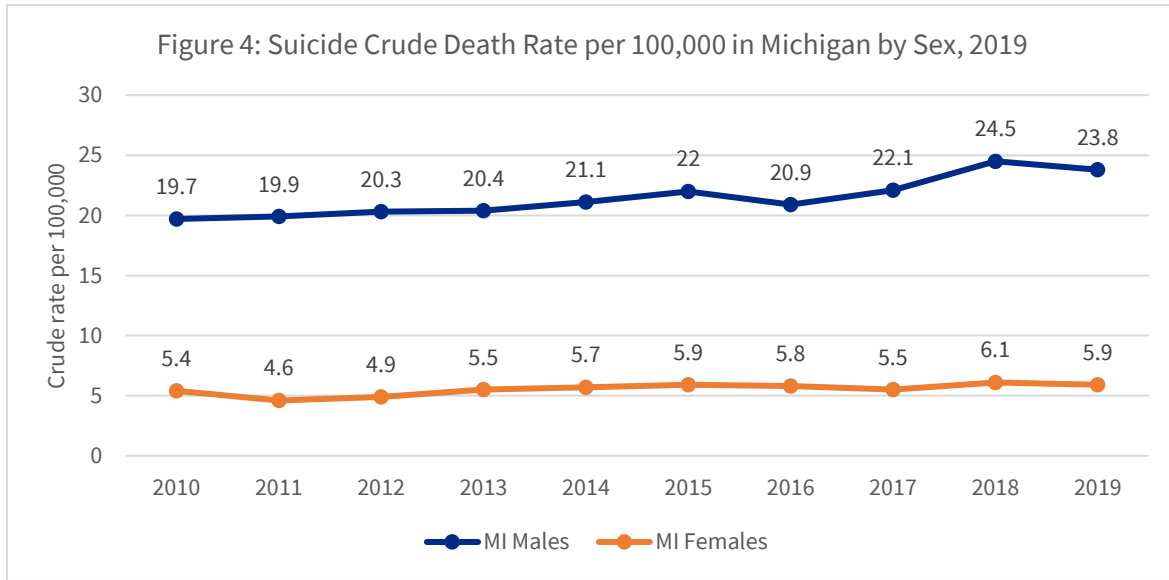
Guns were the most common lethal means of suicide in Michigan, used in over half of suicide deaths in 2020. The second most common lethal means was hanging/suffocation.



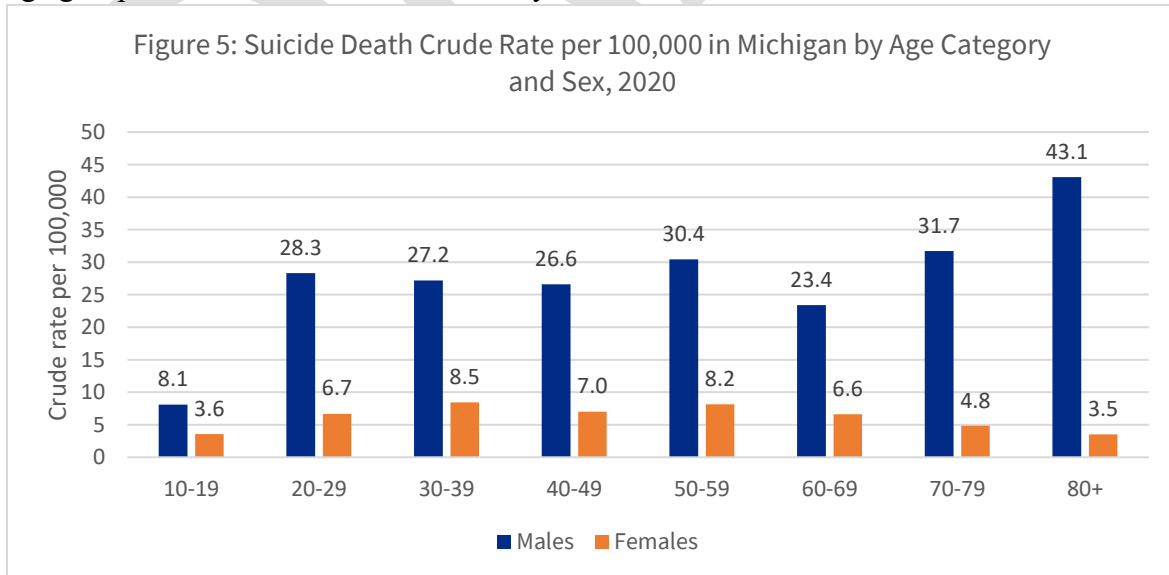
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Suicide Deaths by Age and Sex in Michigan

In Michigan, suicide rates are much higher for males than females: during 2020, 1,099 males died by suicide as compared to 290 females. The suicide rate for males increased 13% over 11 years, from 19.7 per 100,000 in 2010 to 22.3 per 100,000 in 2020. In comparison, the suicide rate for females increased 5% during the same time, from 5.4 per 100,000 in 2010 to 5.7 per 100,000 in 2020. For both males and females, suicide rates reached a peak in 2018 before decreasing slightly over the next two years.

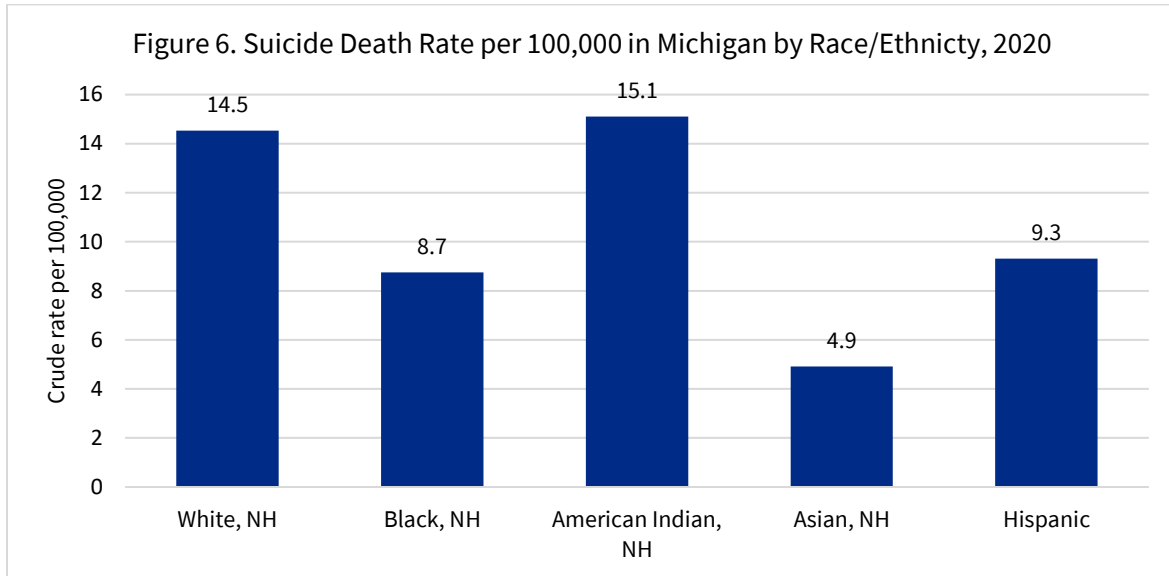


Suicide rates varied by age group for both sexes. For males in 2020, those aged 80 and older had the highest suicide rate, followed by those aged 70-79 and those aged 50-59. For females in 2020, the suicide rate was highest for those aged 30-39, followed by those aged 50-59. For every age group, suicide rates were substantially lower for females than males.

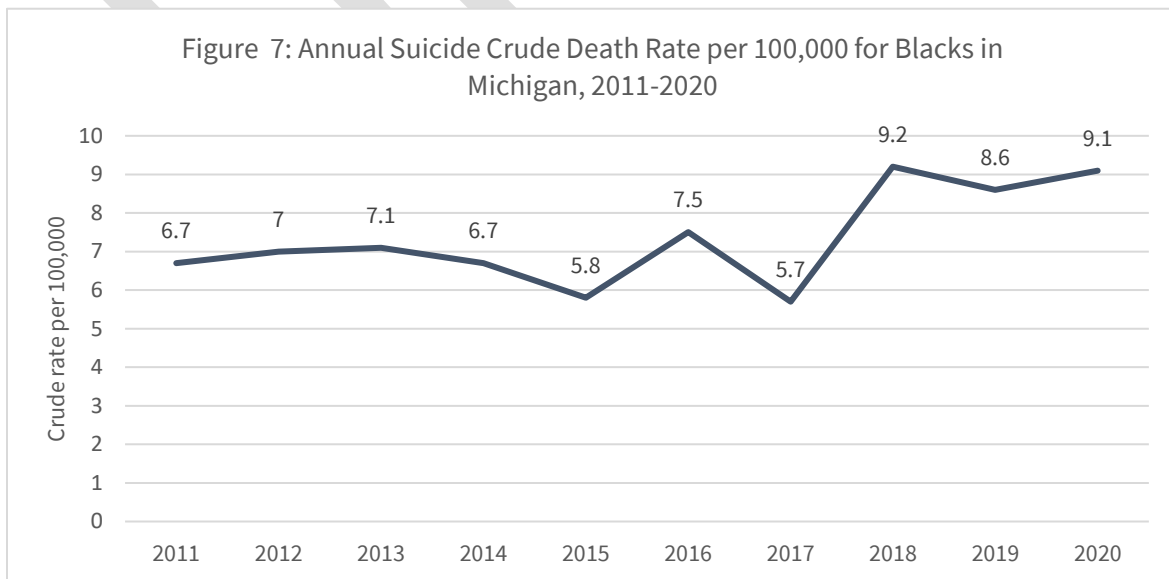


Suicide Deaths by Race and Ethnicity in Michigan

In Michigan in 2020, suicide rates were highest for American Indians, followed closely by Whites.



Black people face increased rates of risk factors, including experiences of racism, higher rates of unemployment and financial and food insecurity, disparities in other aspects of health, and limited access to care, all of which result in an increased burden of mental illness in Black communities. Black people and individuals in other racial and ethnic minority groups have historically had relatively low rates of suicide. But this has been changing recently. The suicide rate for Blacks has increased drastically since 2017.



Suicide Death Rates per Geographic Distribution in Michigan

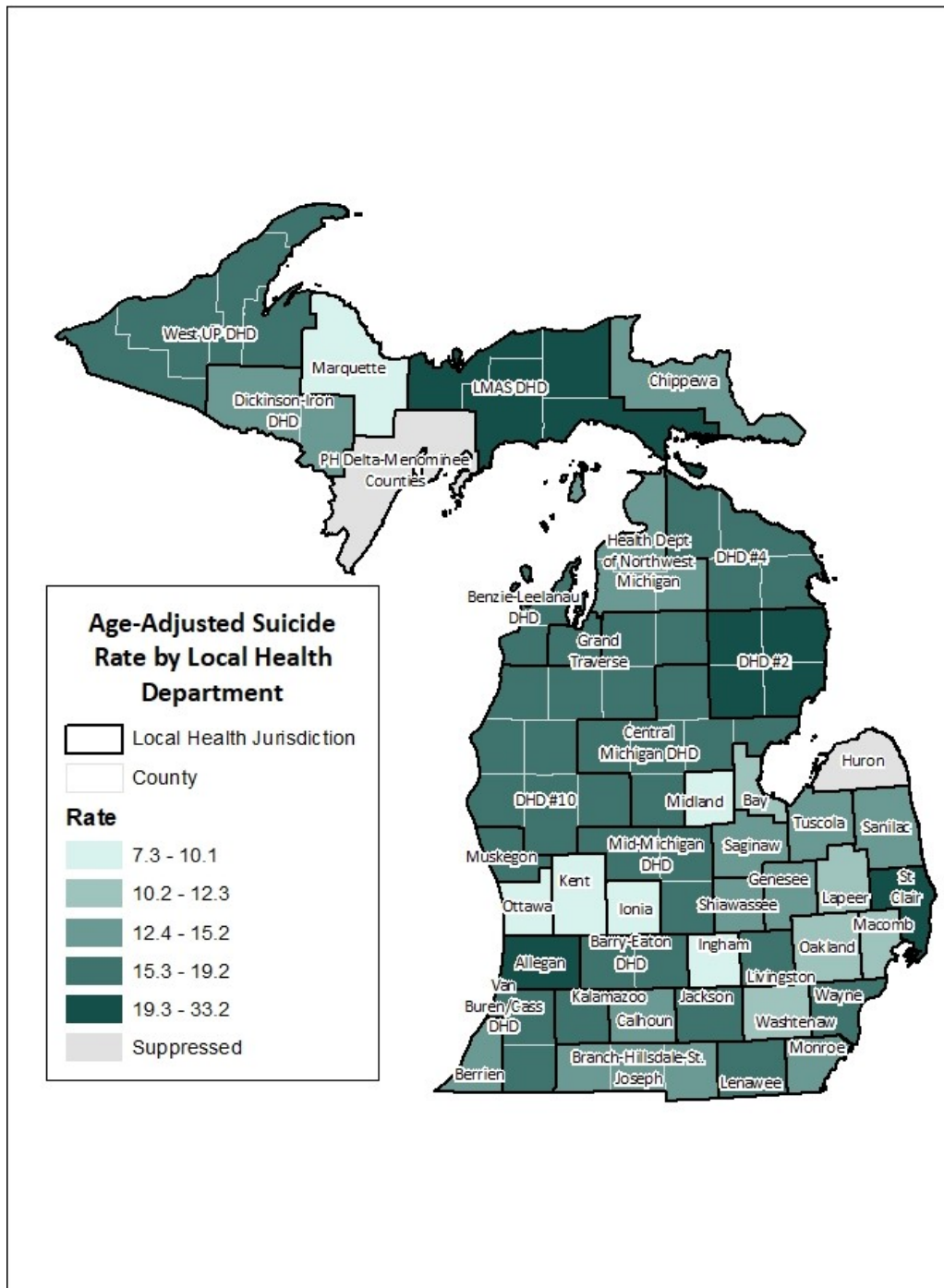
Suicide rates varied by geographic location across Michigan. The table below lists the five local health departments (LHDs) in Michigan with the highest age-adjusted suicide rates in 2019.

Table 1. Age-Adjusted Suicide Death Rate per 100,000 for LHDs in Michigan with Highest Suicide Rates, 2020

LHD	Number of suicide deaths, 2020	Age-adjusted suicide rate per 100,000 residents, 2020
Luce-Mackinac-Alger-Schoolcraft District Health Department	12	33.2
District Health Department #2	20	28.5
Allegan County Health Department	31	25.9
St. Clair County Health Department	37	23.2
Lenawee County Health Department	19	19.2

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The map below shows the age-adjusted suicide rates for all LHDs in Michigan for 2020.



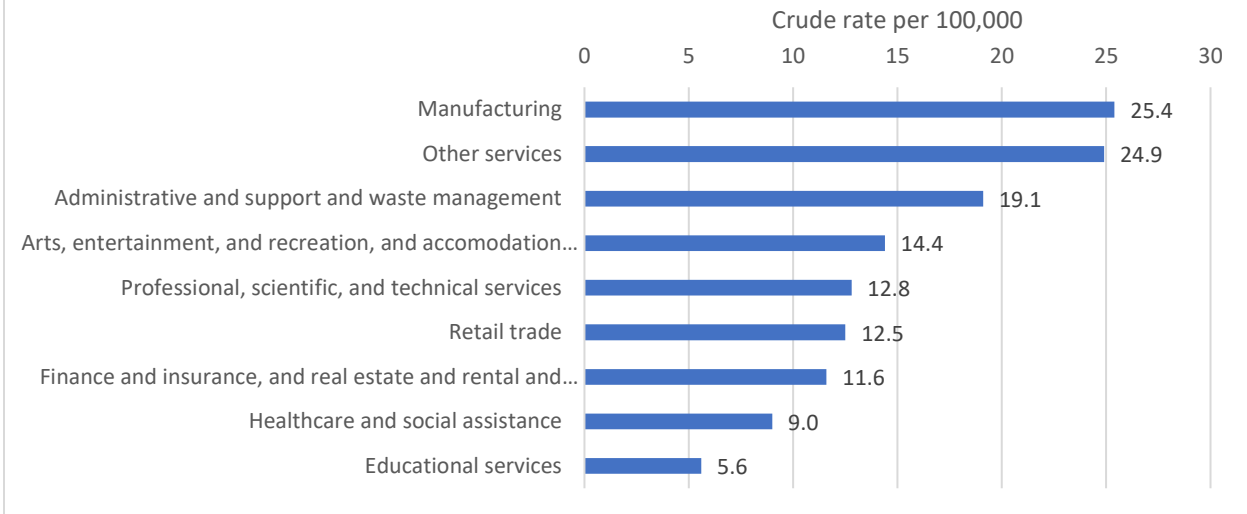
Suicide Deaths by Industry

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 2020 were manufacturing; other services such as repair and maintenance and personal services; and administrative, support, and waste management services.

Industry	Number of suicide deaths of workers 16+ in industry, 2020	Rate per 100,000 workers 16+ in industry, 2020
Manufacturing	223	25.4
Other services	56	24.9
Administrative and support and waste management	34	19.1
Arts, entertainment, and recreation, and accommodation and food services	68	14.4
Professional, scientific, and technical services	34	12.8
Retail trade	62	12.5
Finance and insurance, and real estate and rental and leasing	30	11.6
Healthcare and social assistance	63	9.0
Educational services	23	5.6
Other	277	
Unknown	146	
Total	1,016	21.4

Figure 8: Industries with Highest Crude Rates of Suicide Death in Michigan, 2020

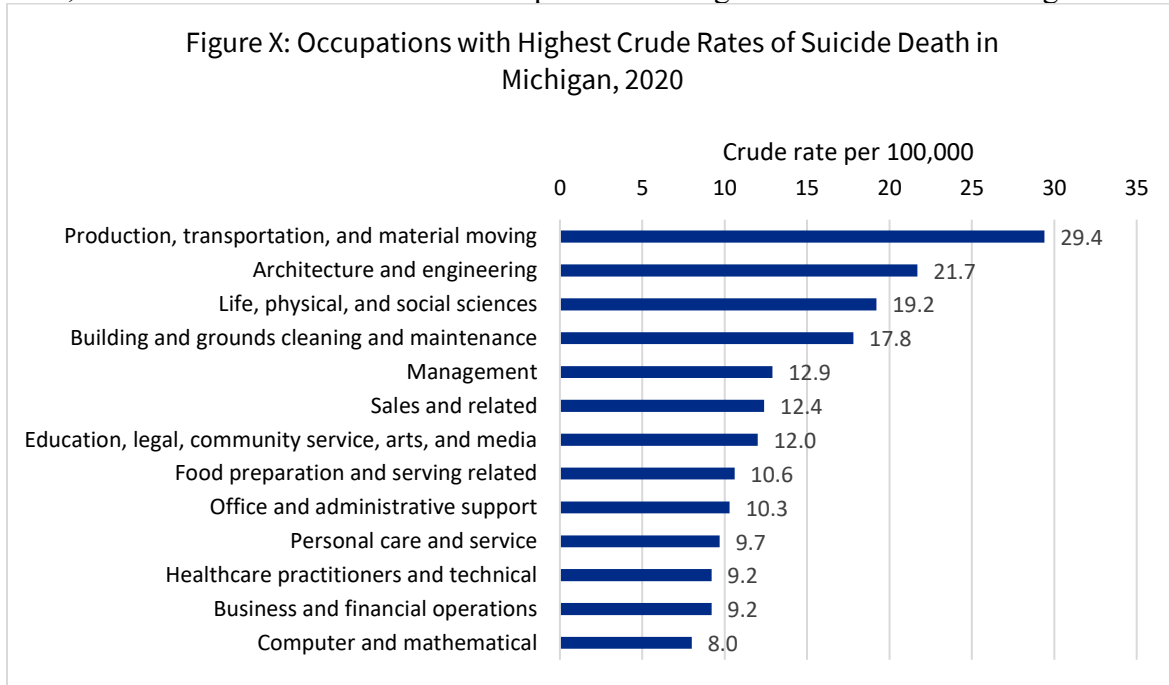


The industries with the highest suicide rates varied by sex, although there are some commonalities: suicide rates were high among both males and females working in service.

Table X: Industries with Highest Crude Rates of Suicide Death by Sex for Civilian Employed Workers Aged 16+ Residing in Michigan, 2020

Males		Females	
Industry	Rate per 100,000 workers 16+ in industry, 2020	Industry	Rate per 100,000 workers 16+ in industry, 2020
Construction	51.9	Administrative and support and waste management	9.7
Other services (such as repair and maintenance, personal services)	44.6	Retail trade	8.1
Public administration	40.6	Professional, scientific, and technical services	7.5
Transportation, warehousing, and utilities	37.0	Healthcare and social assistance	7.3
Agriculture, forestry, fishing and hunting, and mining	34.6	Other services (such as repair and maintenance, personal services)	6.8

Occupations with the highest suicide rates also varied by sex. It is worth noting that construction ranked first in both industry and occupation for the highest suicide rates among Michigan males. Also, both healthcare industries and occupations had high suicide rates for Michigan females.

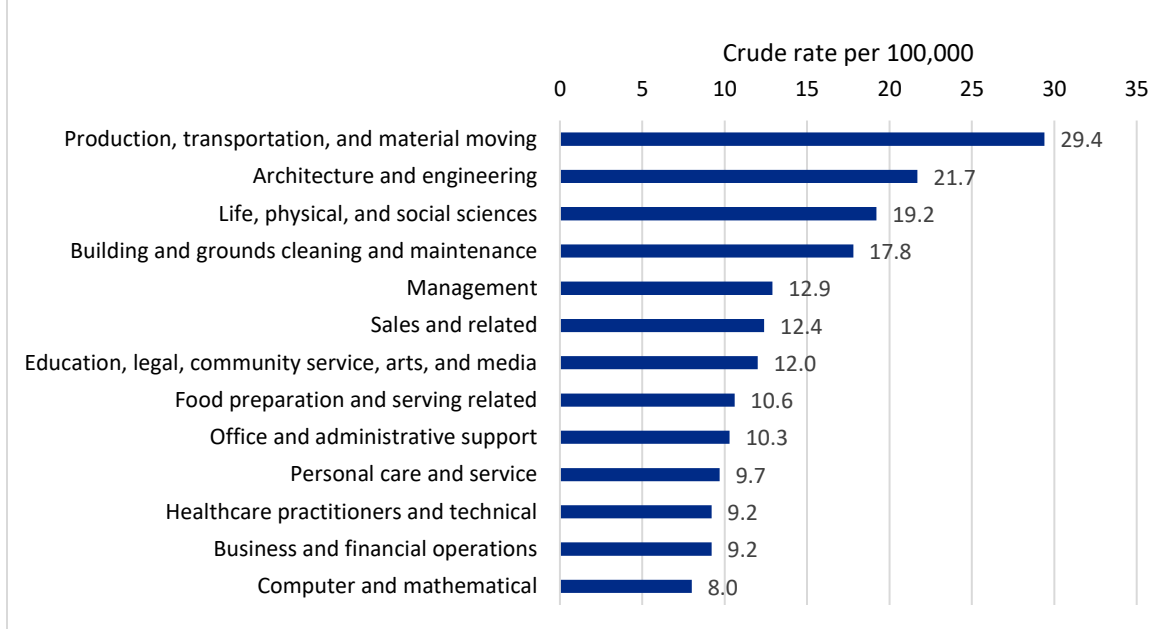


Suicide Deaths by Occupation

The occupations with the highest suicide rates in Michigan for 2020 were production, transportation, and material moving; architecture and engineering; and life, physical, and social sciences.

Occupation	Number of suicide deaths of workers 16+ in occupation, 2020	Rate per 100,000 workers 16+ in occupation, 2020
Production, transportation, and material moving	237	29.4
Architecture and engineering	33	21.7
Life, physical, and social sciences	8	19.2
Building and grounds cleaning and maintenance	30	17.8
Management	62	12.9
Sales and related	55	12.4
Education, legal, community service, arts, and media	54	12.0
Food preparation and serving related	31	10.6
Office and administrative support	51	10.3
Personal care and service	12	9.7
Healthcare practitioners and technical	29	9.2
Business and financial operations	21	9.2
Computer and mathematical	10	8.0
Other	243	
Unknown	144	
Total	1,020	21.5

Figure X: Occupations with Highest Crude Rates of Suicide Death in Michigan, 2020



Occupations with the highest suicide rates also varied by sex. It is worth noting that construction ranked first in both industry and occupation for the highest suicide rates among Michigan males. Also, both healthcare industries and occupations had high suicide rates for Michigan females.

Table X: Occupations with Highest Crude Rates of Suicide Death by Sex for Civilian Employed Workers Aged 16+ Residing in Michigan, 2020

Males		Females	
Occupation	Rate per 100,000 workers 16+ in occupation, 2020	Occupation	Rate per 100,000 workers 16+ in occupation, 2020
Construction and extraction	59.4	Healthcare support	12.1
Installation, maintenance, and repair	49.7	Building and grounds cleaning and maintenance	11.5
Material moving	40.2	Computer, engineering, and science	8.2
Production	37.9	Office and administrative support	8.1
Protective service	35.6	Healthcare practitioners and technical	7.6

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 Members¹

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
Active Component	384	28.7	349	26.3	326	24.9
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
Reserve	77	21.7	65	18.2	81	22.9
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	--
National Guard	119	27.0	90	20.5	136	30.8
Army National Guard	103	30.9	76	22.9	119	35.9
Air National Guard	16	--	14	--	17	--
All Components Total	580		504		543	

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

¹ 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.

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:

- 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.

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

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Veterans

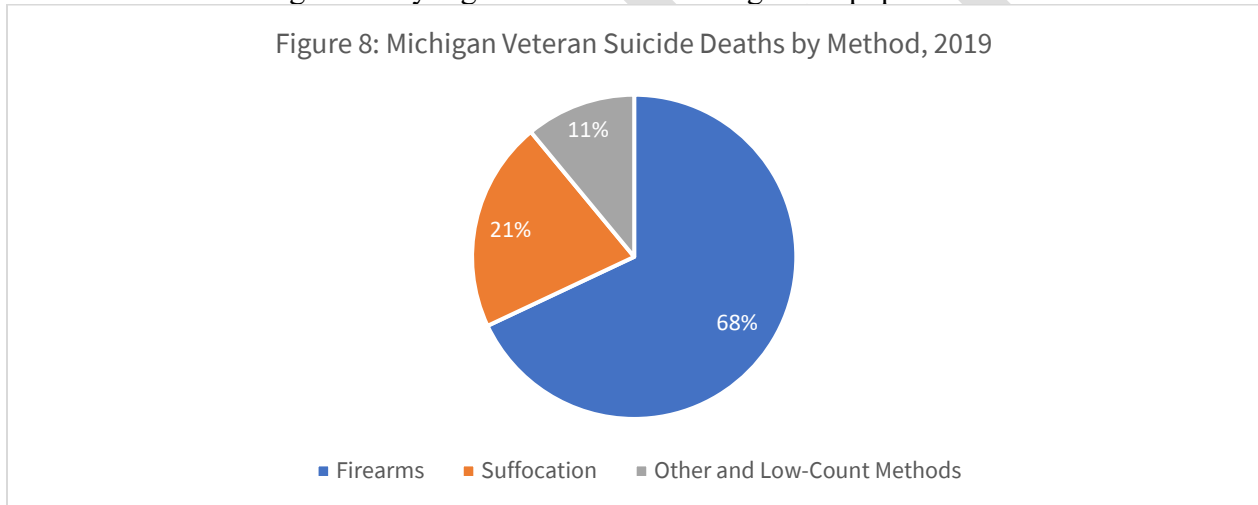
The U.S. Department of Veterans Affairs (VA) is leading efforts to understand suicide risk factors, develop evidence-based prevention programs, and prevent Veteran suicide through a public health lens. As part of this effort, the VA analyzes data at the national and state levels to guide the design and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

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 8: Michigan Veteran Suicide Deaths by Method, 2019



Source: Michigan Veteran's Suicide Data Sheet, 2019

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 new federal three digit dialing code for the National Prevention Suicide Lifeline (NSPL) expected to go live in July 2022.

Over the last year, Michigan has participated in an extensive planning process grant with 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.

It is Michigan's goal to integrate into the state's 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

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

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.

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.

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.

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 about 50 members and plans to continue this vitally important work to reduce veteran suicide in 2022 and beyond.

Law Enforcement Death Scene Investigation Form

Death investigation is a complicated process and proper investigation is critical. Medical examiners and coroners utilize death scene investigation forms to assist in identifying, among other findings, an individual’s cause and manner of death. Having a standardized investigation form for law enforcement 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. Resulting in a more comprehensive view of precipitating factors that may have impacted an individual’s suicide and a more detailed data set that can inform future prevention initiatives.

Noting that work still needs to be done to ensure a comprehensive form, the Commission has decided to continue the Death Scene Investigation Form Workgroup to finalize the recommended form as well as discuss postvention work.

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.). 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 people who attempt suicide and live, will not go on to end their life by suicide and 70% of people who attempt suicide will never make another attempt on their life. (Harvard T.H. Chan School of Public Health, n.d.).

Recognizing that September is National Suicide Prevention Month, the social media campaign was launched on September 5th, 2021, and ran on social media platforms such as Facebook, Instagram, Reddit, and Twitter until September 30th, 2021. Although the geographical area and the intended target audience was all Michiganders aged 18 and up, the focus of the campaign was on males 20-50 years old. Materials from the Social Media Campaign can be found in Appendix 4.

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, and 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.

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 5-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.

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 reduce stigma, encourage help-seeking, focus on positive prevention efforts, promote resiliency and hope, target inequities, 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 5.

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 community based organizations and health care professionals 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.

The Screening Tool Checklist can be found in Appendix 2.

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.
- 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.
- The Postvention Work Group conducted a needs assessment of Michigan suicide prevention coalitions and submitted formal recommendations to the TYSP leadership team, as well as the State Government Interdepartmental and Youth at Risk Work Groups to improve postvention in the state.

Call for Action and Next Steps

We have recognized the need to make suicide prevention a statewide priority. 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 6.

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. Much work remains to be done. 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.

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Appendix 1: 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

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Appendix 2: Michigan Suicide Prevention Commission Screening Tool Checklist

Routine screening is a key component for identifying and providing appropriate care for individuals at risk of suicide. It is important to select an appropriate screening tool of accurate identification and provision of suicide intervention and treatment services. Screening tools should be selected based on the evidence showing it will be effective with the population that needs to be screened or assessed and the resources available to devote to the screening and assessment process.

The Michigan Suicide Prevention Commission has drafted a checklist for how to choose which suicide screening and assessment tool is most appropriate for your organization. When considering the various screening and assessment tools, organizations should consider the following:

Population:

- What is the population that you are serving?
 - o Is the tool intended for children & youth, adults, or older adults?
- Is this tool accessible in different languages if needed?
- Who can administer the tool?
 - o Can individuals do a self-screening?
- What method is available for screening?
 - o Verbal? Electronic, paper, Etc.
 - o Do individuals have access to screening method?

Setting:

- Do you already have access to said tool?
 - o Is the tool available for free?
- What setting are you intending on using this screening tool in?
- Can this tool be built within your electronic health record?
 - o Can you access it virtually?
- Are you a clinician or mental health professional?
 - o Would you need this tool to be accessible for not only clinicians or mental health professionals? – specific credentials to administer?
 - o Does individual providing screening need to be trained?
- How much time is available for screening?
 - There must be consideration for the time that may be necessary if an individual needs an assessment if they screen positive.

Examples of common specialized tools for screening and assessing suicide risk include:

- Columbia-Suicide Severity Rating Scale (C-SSRS)
- Geriatric Suicide Ideation Scale (GSIS)
- Reasons for Living (RFL)
- Modified Scale for Suicide Ideation (SSI-M)
- Suicidal Behaviors Questionnaire (SBO)
- Suicide Intent Scale (SIS)
- Concise Health Risk-Tracking Self-Report (CHRT-SR)
- Patient Health Questionnaire (PHQ-9)
- Inventory of Motivations for Suicide Attempts (IMSA)
- Beck Scale for Suicide Ideation (BSS)
- Beck Hopelessness Scale (BHS)
- Inter-RAI Mental Health Severity of Self-Harm Scale
- Modified SAD PERSONS Scale
- Ask Suicide-Screening Questions (ASQ)
- Behavioral Health Screen (BHS)
- ED-SAFE Patient Safety Screener
- CAMS Suicide Status Form (SSF)

The Michigan Suicide Prevention Commission recommends universal screening for suicide risk in emergency rooms, hospital admission, primary care providers and if there are signs of depression, anxiety, psychosis, or substance use in all behavioral healthcare settings.

Tool	Administration		# of Items	Available for Free	Virtual Care Availability	Population Setting			Population Specific			Time to Administer (minutes)	Suicide-Specific Outcome Measured	
	Self-Report	Interview/Observation				Psychiatric			Non-Psychiatric	Children & Youth	Adults			Older Adults
						In	Out	ER						
<i>Tools that do not need to be administered by a clinician or mental health professional (e.g., counsellor, nurse, physician, physician assistant, psychiatrist, psychologist, social worker):</i>														
Columbia-Suicide Severity Rating Scale (C-SSRS)	✓	✓	Varies	✓	✓	✓	✓	✓	✓	✓	✓	<10	Suicidal desire, intent, and capability; Buffers/Connectedness	
Geriatric Suicide Ideation Scale (GSIS)	✓	✓	31	✓	✓	✓	✓	✓	✓		✓	5-10	Suicidal desire, intent, and capability; Buffers/Connectedness	
Reasons for Living (RFL)	✓		48	✓	✓	✓	✓		✓	✓	✓	10	Buffers/Connectedness	
Modified Scale for Suicide Ideation (SSI-M)		✓	18	✓	✓	✓	✓		✓	✓	✓	<10	Suicidal desire, intent, and capability; Buffers/Connectedness	
Suicidal Behaviors Questionnaire (SBO)	✓		34 (4-Item short Form)	✓	✓	✓	✓		✓	✓	✓	5	Suicidal desire, intent, and capability	
Suicide Intent Scale (SIS)		✓	15	✓	✓	✓	✓	✓		✓	✓	5-10	Suicidal desire and intent	
Concise Health Risk-Tracking Self-Report (CHRT-SR)	✓	✓	16	✓	Unknown	✓	✓		✓	✓	✓	<5	Suicidal desire	
Patient Health Questionnaire (PHQ-9)	✓		9	✓	✓		✓	✓	✓	✓	✓	<5	Suicidal desire, intent, and capability	
<i>Tools that should be administered by a clinician or mental health professional:</i>														
Inventory of Motivations for Suicide Attempts (IMSA)	✓		50 (4 Additional Items)	✓	Unknown	✓	✓		✓	✓	✓	<10	Suicidal desire, intent, and capability	
Beck Scale for Suicide Ideation (BSS)	✓	✓	21		✓	✓	✓	✓	✓	✓	✓	5-10	Suicidal desire and intent	
Beck Hopelessness Scale (BHS)		✓	20		✓	✓	✓		✓		✓	5-10	Suicidal desire	
Inter-RAI Mental Health Severity of Self-Harm Scale		✓	Varies		Unknown	✓	✓	✓			✓	Varies	Predictive algorithm for risk of harm to self	
Modified SAD PERSONS Scale		✓	10	✓	Unknown	✓	✓	✓	✓		✓	5-10	Suicidal desire, intent, and capability	
Ask Suicide-Screening Questions (ASQ)		✓	4	✓	No	✓	✓	✓	✓	✓	✓	<5	Suicidal desire and intent	
Behavioral Health Screen (BHS)	✓		61 Core Items	✓	✓	✓	✓	✓	✓	✓	✓	5-10	Suicidal desire and capability	
ED-SAFE Patient Safety Screener (PSS-3)		✓	3	✓	No			✓	✓		✓	<5	Suicidal desire and capability	
CAMS Suicide Status Form (SSF)	✓	✓	Varies		Unknown	✓	✓			✓	✓	20-30	Suicidal desire, intent, and capability; Buffers/Connectedness	


Key

Suicide Screening	Suicide screening to refer to a procedure in which a standardized instrument or protocol is used to identify individuals who may be at risk for suicide. Suicide screening can be done independently or as part of a more comprehensive health or behavioral health screening. Screening may be done orally (with the screener asking questions), with pencil and paper, or using a computer.
Suicide Assessment	Suicide assessment usually refers to a more comprehensive evaluation done by a clinician to confirm suspected suicide risk, estimate the immediate danger to the patient, and decide on a course of treatment. Although assessments can involve structured questionnaires; they also can include a more open-ended conversation with a patient and/or friends and family to gain insight into the patient's thoughts and behavior, risk factors (e.g., access to lethal means or a history of suicide attempts), protective factors (e.g., immediate family support), and medical and mental health history. Assessments must be done if an individual screens positive for suicide.
Population Setting:	The setting in which the tool can be administered
In:	Inpatient
Out:	Outpatient
ER:	Emergency Room/Department
Population Specific =	The population that the tool can be administered to
Children & Youth =	8-18 Years Old
Adults =	18-64 Years Old
Older Adults =	65 Years and Older

Appendix 3: Lethal Means Social Media Campaign Posts

Michigan Department of Health and Human Services Sponsored

During National Suicide Prevention Month, be there to learn, listen and lend a hand. If someone is struggling, there is help.




Be There
Learn how to help during
Suicide Prevention Month

Call 1-800-273-TALK(8255)
Or Text "HELP" TO 741-741

SUICIDEPREVENTIONLIFELINE.ORG
National Suicide Prevention Month
Free, confidential help, 24/7. [Learn More](#)

Michigan Department of Health and Human Services Sponsored

This Suicide Prevention Month, learn the number for the National Suicide Prevention Lifeline. It could save a life.



CALL THE LIFELINE

1-800-273-TALK(8255)
Or Text "HELP" TO 741-741

SUICIDEPREVENTIONLIFELINE.ORG
In a Crisis? Call the Lifeline.
Free, confidential help, 24/7. [Learn More](#)

Anyone could be struggling with suicide. Everyone has a role to play in suicide prevention. Learn how to help today.

NATIONAL SUICIDE PREVENTION LIFELINE	NATIONAL SUICIDE PREVENTION LIFELINE	NATIONAL SUICIDE PREVENTION LIFELINE	NATIONAL SUICIDE PREVENTION LIFELINE	NATIONAL SUICIDE PREVENTION LIFELINE
Call 1-800-273-TALK(8255)	Text "Help" to 741-741	Free and confidential help, 24/7	Resources for individuals and loved ones	Best practices for professionals
 	 	 	 	 
National Suicide Prevention Month Free, confidential, 24/7 Learn More	National Suicide Prevention Month Free, confidential, 24/7 Learn More	National Suicide Prevention Month Free, confidential, 24/7 Learn More	National Suicide Prevention Month Free, confidential, 24/7 Learn More	National Suicide Prevention Month Free, confidential, 24/7 Learn More

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Michigan Department of Health and Human Services
Sponsored ·

Men are three times more likely to die by suicide than women. Removing access to lethal means can help keep them safe.

#BETHERE



Call the National Suicide Prevention Lifeline
1-800-273-TALK(8255)
Or Text 'HELP' to 741-741

THEACTIONALLIANCE.ORG
National Suicide Prevention Month
Free, confidential help, 24/7.

[Learn More](#)

Michigan Department of Health and Human Services
Sponsored ·

If someone is having thoughts of suicide, removing access to lethal means can help keep them safe. Learn how you can help.

Reduce the risk of suicide by lethal means:

- > Lock firearms away
- > Dispose of unneeded medication
- > Safely store medication
- > Reduce access to ligatures (e.g., ropes, belts)

If you or someone you know is in a crisis,
call **1-800-273-TALK(8255)**

THEACTIONALLIANCE.ORG
Lethal Means Prevention
Free, confidential help, 24/7.

[Learn More](#)

If someone is having thoughts of suicide, removing access to lethal means can help keep them safe. Learn how to help today.

<p>REDUCE ACCESS TO LETHAL MEANS</p> <p>Lock firearms in a remote location</p>  	<p>REDUCE ACCESS TO LETHAL MEANS</p> <p>Keep medications stored in a safe place</p>  	<p>REDUCE ACCESS TO LETHAL MEANS</p> <p>Properly dispose of medications no longer needed</p>  	<p>REDUCE ACCESS TO LETHAL MEANS</p> <p>Reduce access to ligatures (e.g., ropes, belts)</p>  	<p>REDUCE ACCESS TO LETHAL MEANS</p> <p>Create a safe and healthy environment</p>  
<p>Free resources & support. 1-800-273-TALK(8255)</p> <p>Learn More</p>	<p>Free resources & support. 1-800-273-TALK(8255)</p> <p>Learn More</p>	<p>Free resources & support. 1-800-273-TALK(8255)</p> <p>Learn More</p>	<p>Free resources & support. 1-800-273-TALK(8255)</p> <p>Learn More</p>	<p>Free resources & support. 1-800-273-TALK(8255)</p> <p>Learn More</p>

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Appendix 4: 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.

[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.

[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.

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

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

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

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Appendix 5: 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.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.