2022 Michigan Suicide Prevention Commission Annual Report

HELP IS ALWAYS AVAILABLE

Are you having suicidal thoughts?
Suicidal thoughts by themselves are not dangerous, but how you respond to them can make all the difference. Support is available.

You can call the **National Suicide Prevention Lifeline** 24 hours a day, seven days a week, at **800-273-8255**. Press 1 for the Veterans Helpline. If you are under 21, you can ask to talk to a peer at Teen Link.

Do not feel like talking on the phone? Try Lifeline Crisis Chat
Text the Crisis Text Line at 741741 or (https://suicidepreventionlifeline.org/talk-to-someone-now/).

If you might be at risk of suicide again, download the My3 App from the National Suicide Prevention Lifeline. The app can be used to list your crisis contacts, make a safety plan and use emergency resources. For more information please visit: https://my3app.org/

Are you concerned someone else might be at risk of suicide?
This person is fortunate you are paying attention. Here are five easy steps you can take to help:

1. **Look for warning signs.** Some common warning signs of suicide include talking or writing about death, dying or suicide, seeking ways to kill themselves or directly or indirectly threatening suicide.
2. **Show you care.** This may look different depending on who you are and your relationship, but let the person know you have noticed something changed and it matters to you. If appropriate, let them tell you how they are feeling and why.
3. **Ask the question.** Make sure you both understand whether this problem is about suicide. "Are you thinking about suicide?"
4. **Restrict access to lethal means.** Help the person remove dangerous objects and substances from the places they live and spend time.
5. **Get help.** This person may know who they want to talk to (a therapist, their guardian, their partner). You can also call the **National Suicide Prevention Lifeline** 24 hours a day, seven days a week, at **800-273-8255**.

State of Michigan
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Lansing

GRETCHEN WHITMER
Governor

ELIZABETH HERTEL
Director

March 24, 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,

Alexis D. Travis, PhD
Senior Deputy Director/State Health Officer
Public Health Administration
Michigan Department of Health and Human Services

LETTER FROM THE MICHIGAN SUICIDE PREVENTION COMMISSION CHAIRS

March 24, 2022

Dear Fellow Michiganders,

For the first time in two decades, we witnessed a slight decline in our annual suicide rates 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 are concerned about high suicide rates, we are more optimistic than ever before. 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. 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.

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 learned from the stories of people who have lost their loved ones to suicide and the people who have struggled with personal suicide risk. We have listened carefully to community stakeholders and people with lived experience who guide our work. These lessons have strengthened the Commission's dedication to lead the State in finding and 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 residents 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

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DATA LANDSCAPE

1,389

Suicide deaths in Michigan in 2020.

1,099

Men died by suicide in 2020 in Michigan.

53%

Of the suicide deaths in Michigan in 2020 were fire-arm related.

13.5

The rate of suicide deaths in Michigan in 2020.

19.1

The rate suicide deaths for Michigan male residents aged 50-59.

15.1

The rate of American Indian suicide deaths in Michigan in 2020.

2021 MICHIGAN SUICIDE PREVENTION COMMISSION MEMBERS

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).

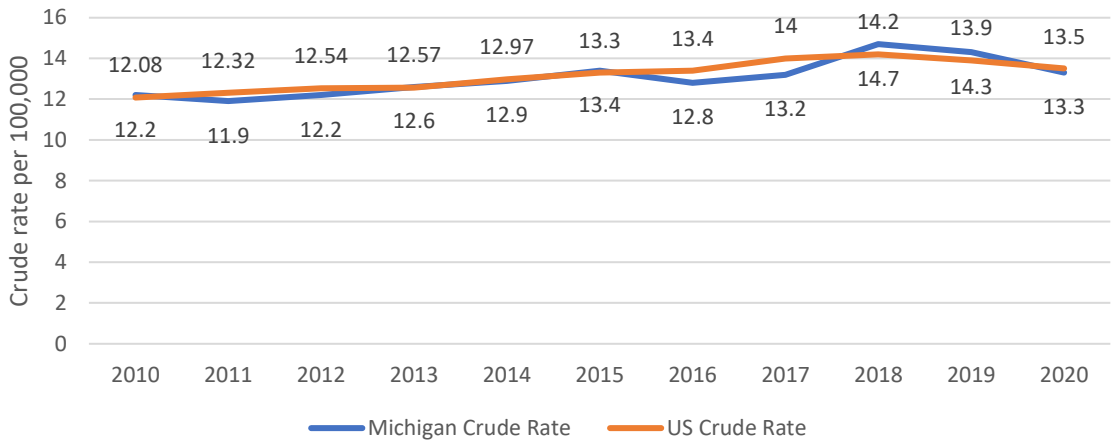
SUICIDE IN MICHIGAN

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.

Michigan Compared to the US

Figure 1: Suicide crude rates* per 100,000 in the United States and Michigan, 2010-2020



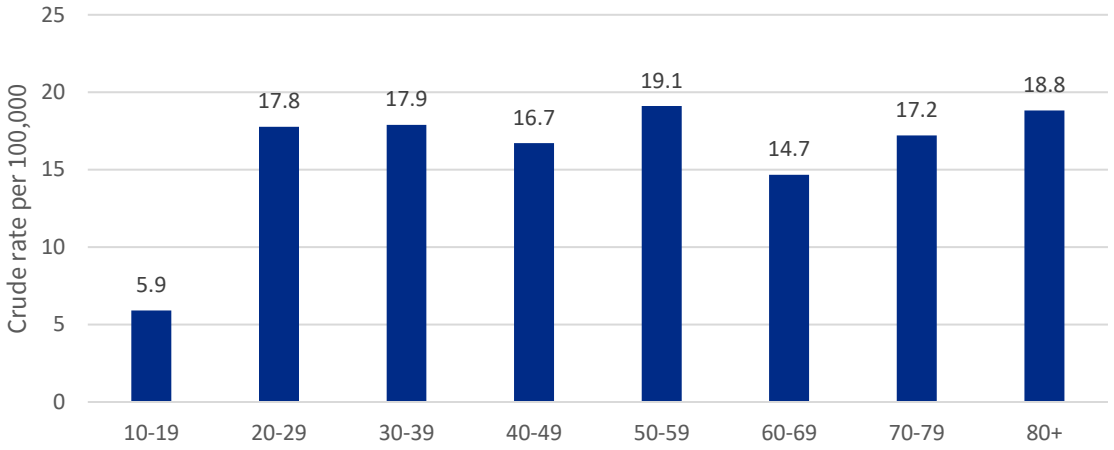
In 2020, 1,389 Michigan residents died by suicide; the age-adjusted suicide rate was 13.3 per 100,000. This represented an increase of 9% over the past 11 years, up from 12.2 per 100,000 in 2010.

* The crude suicide rate is the number of suicide deaths divided by the total population of interest and multiplied by 100,000.

SUICIDE IN MICHIGAN

Suicide Deaths by Age Category

Figure 2: Suicide Death Crude Rate per 100,000 in Michigan by Age Category, 2020

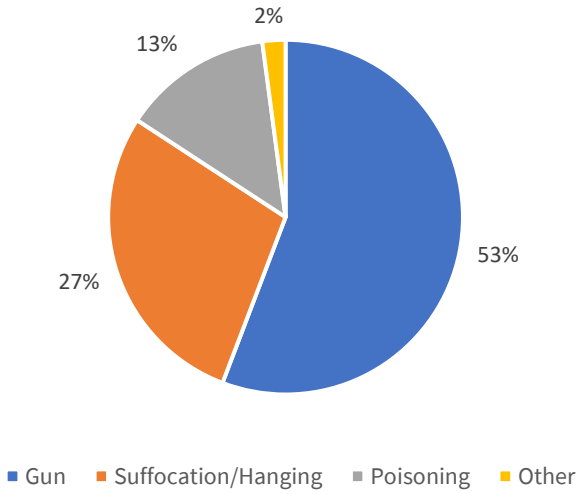


The age group with the highest suicide rate in 2020 was those aged 50-59, followed by those aged 80 and older.

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.

Figure 3: Lethal Means Used in Suicide Deaths, 2020

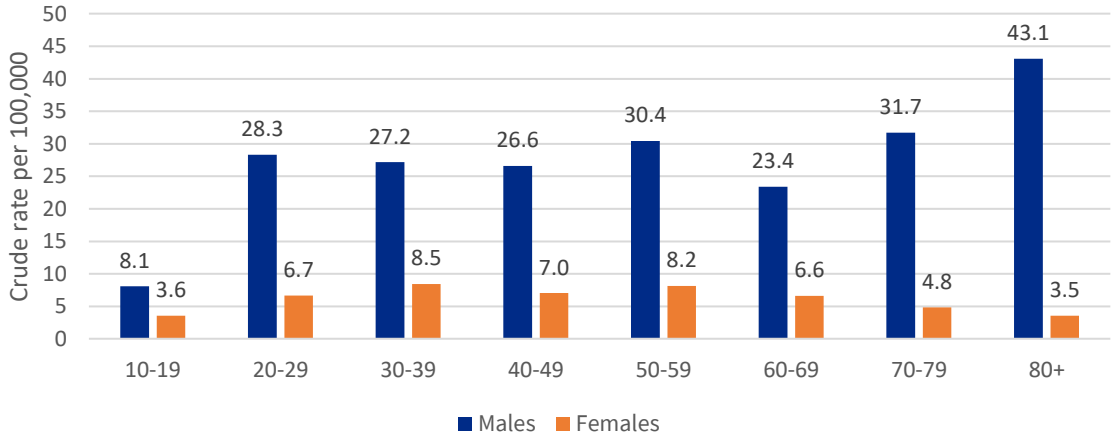


SUICIDE IN MICHIGAN

Suicide Deaths by Age and Sex

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.

Figure 4: Suicide Death Crude Rate per 100,000 in Michigan by Age Category and Sex, 2020



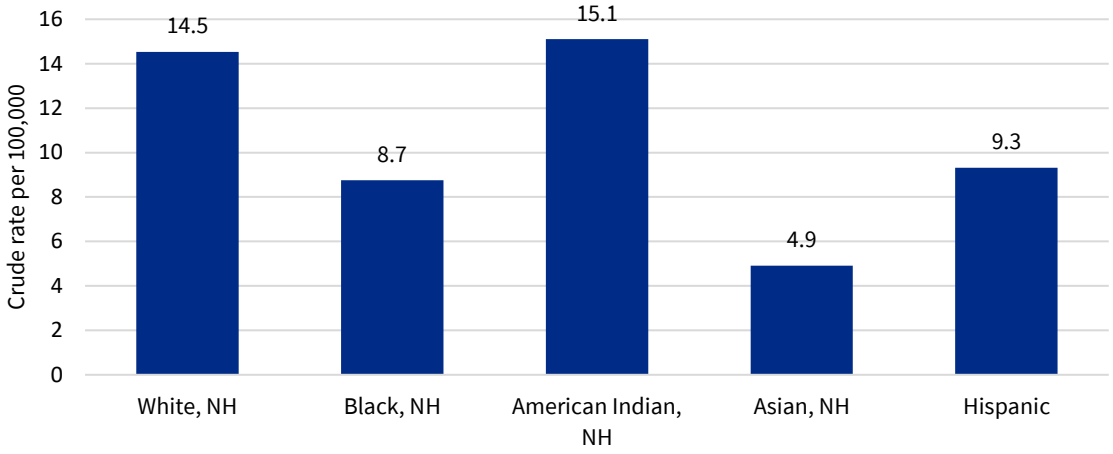
Suicide rates varied by age group for both sexes. For males in 2020, those aged 80 and older had the highest suicide rate, followed by those aged 70-79 and those aged 50-59. For females in 2020, the suicide rate was highest for those aged 30-39, followed by those aged 50-59. For every age group, suicide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

SUICIDE IN MICHIGAN

Suicide Deaths by Race and Ethnicity

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

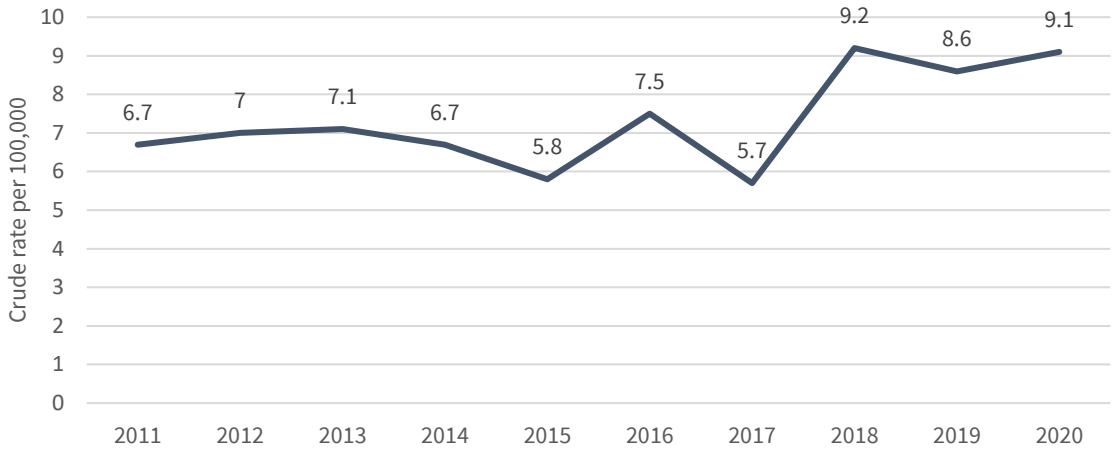
Figure 5: Suicide Death Rate per 100,000 in Michigan by Race/Ethnicity, 2020



SUICIDE IN MICHIGAN

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.

Figure 6: Annual Suicide Crude Death Rate per 100,000 for Blacks in Michigan, 2011-2020



SUICIDE IN MICHIGAN

Suicide Deaths by per Geographic Distribution

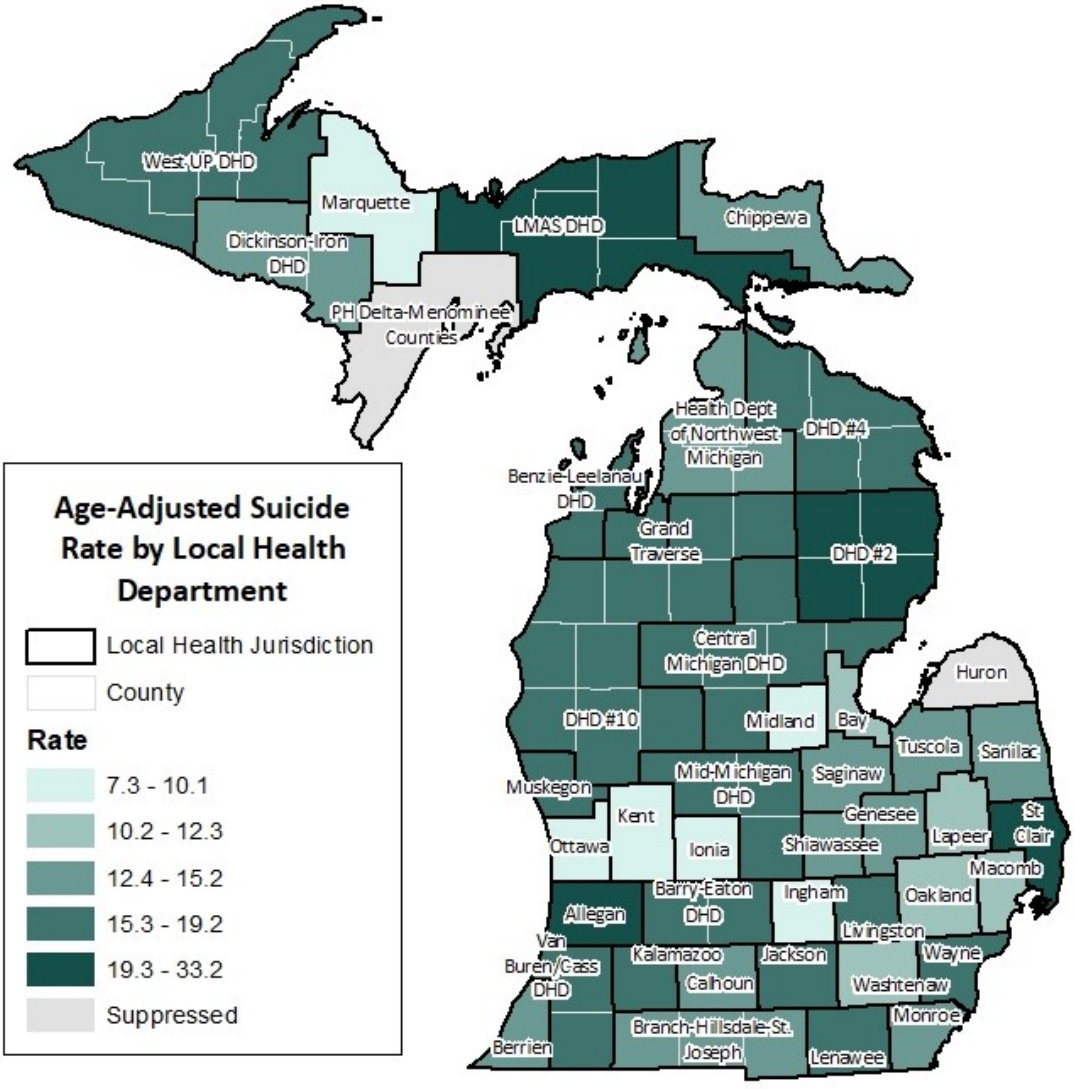
Suicide rates varied by geographic location across Michigan. The table below lists the five local health departments (LHDs) in Michigan with the highest age-adjusted suicide rates in 2020 .

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

Local Health Department	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

SUICIDE IN MICHIGAN

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



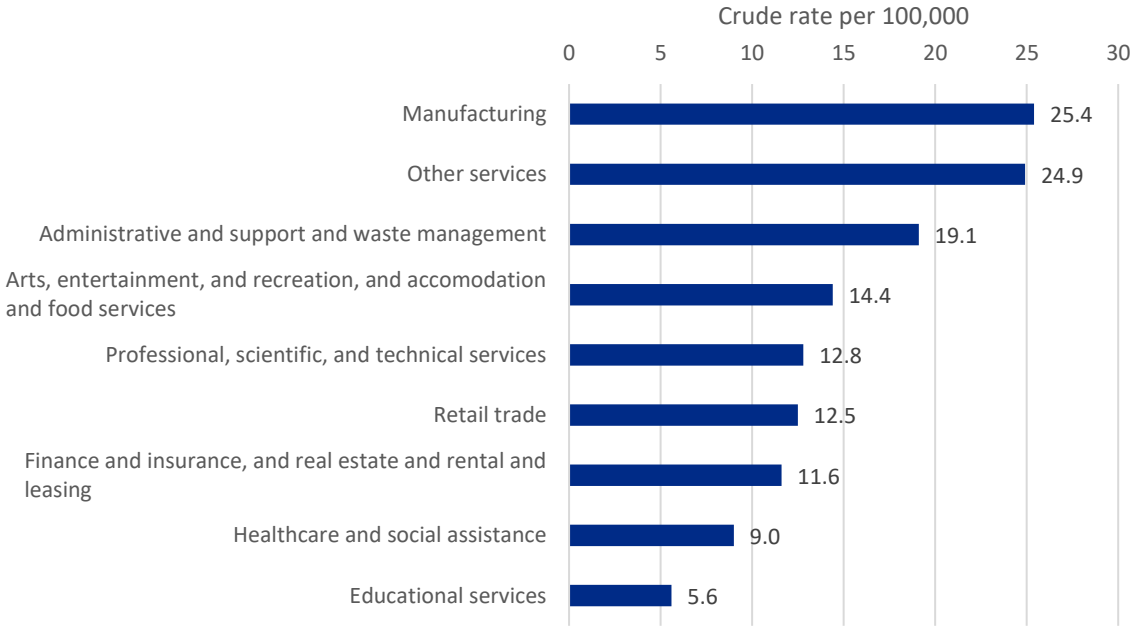
SUICIDE IN MICHIGAN

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.

Figure 7: Industries with Highest Crude Rates of Suicide Death in Michigan, 2020



SUICIDE IN MICHIGAN

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

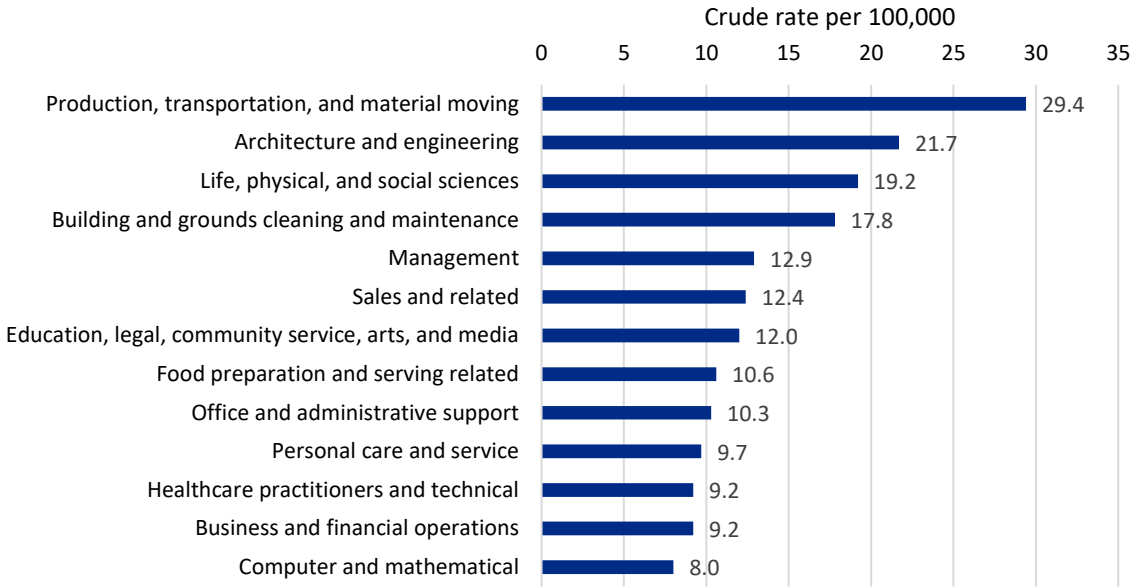
Males		Females	
Industry	Rate per 100,000 workers 16+ in industry, 2020	Industry	Rate per 100 ,000 workers 16+ in industry, 2020
Construction	51.9	Administrative and support and waste management	9.7
Other services (such as repair and maintenance, personal services)	44.6	Retail trade	8.1
Public administration	40.6	Professional, scientific, and technical services	7.5
Transportation, warehousing, and utilities	37.0	Health care 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

SUICIDE IN MICHIGAN

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.

Figure 8: 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 health care industries and occupations had high suicide rates for Michigan females.

Table 3: 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	Health care 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	Health care 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 Members*

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).

Table 4: Annual Suicide Counts and Rates by Department of Defense

	CY 2020		CY 2019		CY 2018	
DOD Component/Service	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

*Michigan does not have any active military bases

SPECIAL POPULATIONS DATA UPDATE

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.

Table 5: Michigan 2019 and United States 2019 High School YRBS Results

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

SPECIAL POPULATIONS DATA UPDATE

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:

- Forty two percent of LGBTQ youth seriously considered attempting suicide in the past year, including more than half of transgender and nonbinary youth.
- Twelve percent 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).
- Sixty eight percent of LGB students report feeling sadness or hopelessness that interfered with usual activities, compared to 31.6% of heterosexual students.
- Nearly 43% of LGB students report having seriously considered suicide compared to 14.9% of heterosexual students.
- About a third (31.8%) of LGB students report having made a plan to attempt suicide compared to 11.7% of heterosexual students.
- Just over one in five (21.5%) of LGB students report having made a suicide attempt in the past year compared to 5.4% of heterosexual youth.

SPECIAL POPULATIONS DATA UPDATE

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.

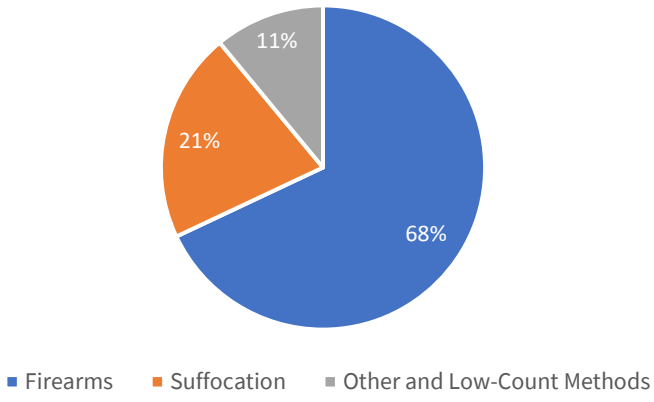
Table 6: Michigan and National Veteran Suicide Death Rates by Age Group, 2019

Age Group	Michigan Veteran Suicides	National Veteran Suicides	Michigan Veteran Suicide Rate	National Veteran Suicide Rate
Total	173	6,261	29.6	31.6
18-34	22	8,28	51.2	44.4
35-54	54	1,663	40.9	32.8
55-74	65	2,407	24.5	28.8
75+	30	1,336	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 9: Michigan Veteran Suicide Deaths by Method, 2019



Source: Michigan Veterans Suicide Data Sheet, 2019

MICHIGAN SUICIDE PREVENTION COMMISSION UPDATES

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 in the Commission's Initial Report March 2021.

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

MICHIGAN SUICIDE PREVENTION COMMISSION UPDATES

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.

MICHIGAN SUICIDE PREVENTION COMMISSION UPDATES

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.

MICHIGAN SUICIDE PREVENTION COMMISSION UPDATES

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.

MICHIGAN SUICIDE PREVENTION COMMISSION UPDATES

Lethal Means Social Media Campaign

MDHHS 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 September 5, 2021, and ran on social media platforms such as Facebook, Instagram, Reddit, and Twitter until September 30, 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

Table 7: Suicide Prevention Commission Social Media Campaign Analytics

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

MICHIGAN SUICIDE PREVENTION COMMISSION UPDATES

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 health care 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.

PRiSSM

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.

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.

MICHIGAN SUICIDE PREVENTION COMMISSION UPDATES

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 is critically important. 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.

MICHIGAN SUICIDE PREVENTION COMMISSION UPDATES

TYSP-Mi3

Transforming Youth Suicide Prevention in Michigan-3 (TYSP-Mi3) is a five-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 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.

MICHIGAN SUICIDE PREVENTION COMMISSION UPDATES

TYSP-Mi3

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 MDHHS 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

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

Setting:

- Do you already have access to said tool?
  - 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?
  - Can you access it virtually?
- Are you a clinician or mental health professional?
  - Would you need this tool to be accessible for not only clinicians or mental health professionals? Specific credentials to administer?
  - 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.

APPENDIX 2: MICHIGAN SUICIDE PREVENTION COMMISSION SCREENING TOOL CHECKLIST

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 health care settings.

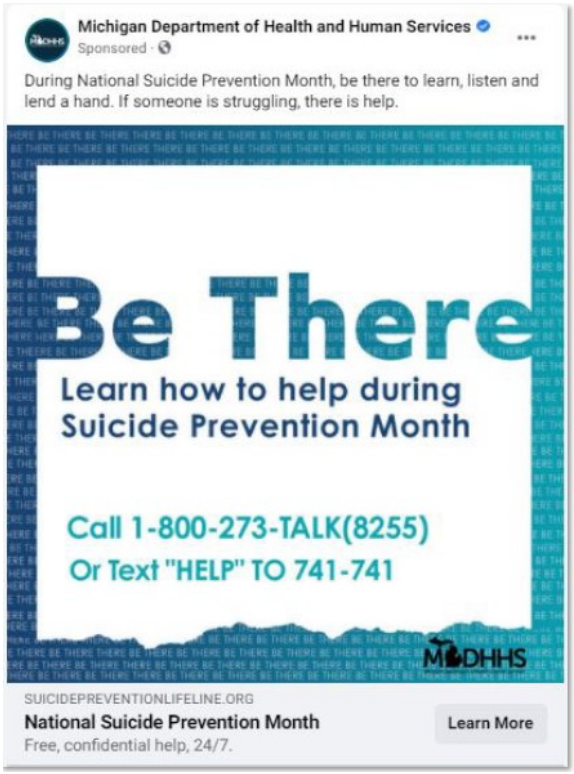
APPENDIX 2: MICHIGAN SUICIDE PREVENTION COMMISSION SCREENING TOOL CHECKLIST

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						
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):														
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
*Tools that **should** be administered by a clinician or mental health professional:*														
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

APPENDIX 2: MICHIGAN SUICIDE PREVENTION COMMISSION SCREENING TOOL CHECKLIST

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 CAMPAIGN POSTS



APPENDIX 3: LETHAL MEANS SOCIAL CAMPAIGN POSTS

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.

APPENDIX 4: SAFE MESSAGING GUIDANCE

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 for Administration
Michigan Department of Health and Human Services

APPENDIX 5: RELEVANT LEGISLATION RELATED TO SUICIDE PREVENTION IN MICHIGAN

Bill and Sponsor	Summary
SB 321 (Santana)	Develop 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, 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)	Establish a 988 suicide prevention and mental health crisis hotline fund within the state treasury with MDHHS 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.