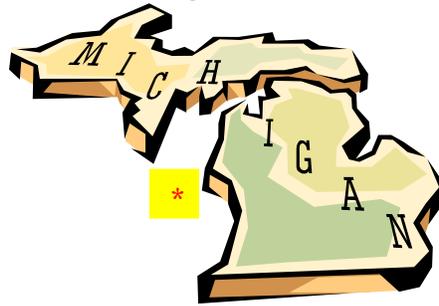


State of the County Plan November, 2011



*“Suicide Prevention is only the Tip of the Iceberg”*

**SHIAWASSEE COUNTY**

**SUICIDE PREVENTION PLAN**

***State of the County Plan Report  
November, 2011***



SHIAWASSEE COUNTY COMMUNITY  
**Mental Health Authority**

IN COLLABORATION WITH  
SHIAWASSEE COALITION INTERVENTION  
AND PREVENTION OF SUICIDE (SCIPS)  
An Associated Initiative of  
Shiawassee Health and Human Services Council

# **Shiawassee Coalition for Intervention and Prevention of Suicide (SCIPS)**

*An Associated Initiative with  
Shiawassee County  
Health and Human Services Council (HHSC)*

2009

## **Charter members**

- Lt. Mike Ash, Shiawassee County Sheriff's Department
- Richard Baldwin, Consultant at Large, HHSC
- Christy Darling, Survivor
- Joan Durling, Liaison, Community Mental Health-HHSC
- Craig Hause, Community Mental Health
- Russ Merrill, St. Pauls Episcopal Church, Corunna
- Angela Obear, RAVE
- Lt. Doug Powell, Shiawassee County Sheriff's Department
- Steve Shelley, Chaplain
- Kay Stevenson, Shiawassee Dept. Public Health
- Diana Spring, Community Mental Health
- Don Trap, RESD

## **OVERSIGHT COMMITTEE**

- Richard Baldwin, Consultant At Large, HHSC
- Joan Durling, Liaison Community Mental Health, HHSC
- Craig Hause, SCCMHA
- Russ Merrill, St. Paul's Episcopal Church
- Doug Powell, Shiawassee County Sheriff's Department
- Steve Shelley, Chaplain
- Janelle Hughes, SCCMHA
- Kay Stevenson, Shiawassee Department Public Health
- Chris Gibelyou, Community
- Peggy Smith, ACT
- Hope Hause, Safe House

**Mission Statement: Connecting the community to prevent suicide.**

**Goal: To reduce the incidence of suicide attempts and death across the life span by providing education, intervention and prevention.**

1. Introduction

Suicide is recognized as a serious county, state and national public health problem. In the United States, suicide is the eighth leading cause of death and contributes through suicide attempts to disability and suffering for hundreds of thousands of Americans each year.

In 2001 Michigan Association for Suicide Prevention assisted with creation of the Michigan Suicide Prevention Coalition to work on a State Plan for Suicide Prevention. SCCMHA staff member was a member of this original group. This was modeled after the National Strategy. The plan was released by Michigan Attorney General in 2005. The Shiawassee County Coalition began work shortly afterward. It was our county's intent to not be solely a Mental Health plan but truly one designed by members of the community including school, clergy, domestic violence, health department, survivors and others.

This report will help us take an even more in-depth, objective look at where we are now and help us realign our priorities for the next year.

The purpose of this report is to highlight our successes, identify gaps where program focus is still needed to address goals and objectives and make recommendations for the best ways to concentrate existing resources on those gaps.

Economically, Shiawassee County has been struggling. Now we will have to redouble our efforts in order to achieve the same outcomes. Because we are seeing more and more individuals and families in distress our trainings and outreach are critical to lay a foundation to address the potentially growing public health crisis.

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**STATISTICAL INFORMATION:**

National annual suicide deaths approximately 36,035 (American Association Suicidology). One person every 14 minutes. Suicide ranks 10<sup>th</sup> leading cause of death-homicide 15<sup>th</sup>. 900,875 Annual attempts. (SAMSHA). 25 Attempts for every death nationwide. Number of survivors in US estimated 4.68 million.

Michigan, 1180 suicide deaths, (2008 statistics) estimated more now. An average medical cost per case is \$17,000 (SPRC). Work cost loss per case estimated \$22,844.

According to Michigan Youth Risk Behavior Survey one in four students report feeling depressed and one in seven seriously considered suicide during the past year. Ninth grade

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students were twice as likely to have planned and completed suicide as twelfth grade students. A 2009 YRBS statistic notes 16% of Michigan public high school students reported having seriously considered suicide in the past 12 months, compared to 13.8% youth nationally. One in every 11 of these students have attempted. (YRBS). It is noted many schools do not participate in YRBS. Why is that?

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### **Goal #1-Reduce the Incidence of Suicide Attempts and Deaths across the lifespan**

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Because the overarching purpose of the plan is to impact rates of suicide and suicide attempts across the state, we feel it is important to have this goal first and foremost. While many things can affect attempt and completion rates, this plan is shaping how communities are choosing to focus on the issue. Hopefully this should help to reduce the rates.

Trying to analyze whether suicide attempts are decreasing is difficult. Our figures from Central Dispatch and Health Department statistics indicate the figures remain the same. However one can read this information as increasing considering the serious obstacles members of this community have faced in the past year.

Rates for working age adults ages 25-64 years seems to be increasing which may be a result of the economic climate. There appear to be recent upward trends again with adults 65 years and older and particularly men 85 years and older. One would wonder if children and grandchildren moving home to be supported by elders may be responsible.

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Summary:

#### **SUCSESSES:**

- Educational programs continue to be presented to:
  - Counsels on aging
  - Churches
  - Elder groups (sororities)
  - Baker College (students and RAs)
  - Fairs and workshops
  - Information to Funeral Homes
  - YAK groups
  - National Guard, locally and statewide
- We have just started a program with County Sheriff's Dept. through Central Dispatch to gather information on: Suicide Attempts, Deaths, Sex, Age, Location and method used. September statistics indicated 13 attempts and two deaths. After several months we can examine adverse trends.
- We have a close working relationship with Michigan Association Suicide Prevention. One coalition member is Vice President of MASP.
- We are working closely with Kevin Epling who initiated Matt's Law against bullying. He is part of a National Coalition and willing to assist us.

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- In May, 2011 we held an Effective Suicide Prevention conference, Depression, awareness and Treatment for youth and Young adults. Eric Hipple and Lauren Kaze, Sheriff Braidwood were speakers. There was standing room only. About 135 attending.
- We recently participated in a national project with SAMSHA.

### **GAPS:**

- Working age men are reluctant to attend informative workshops [about job loss and depression] yet the largest number of suicide deaths in the state actually occur with this age group.
- Children are eager for information about depression, bullying and suicide yet we historically have not been permitted/invited to do educational programs in school systems. Chase Edwards (author of Chase Edwards Legislation) noted there are suicide deaths among pre-school children.

### **RECOMMENDATIONS:**

- SCIPS continue research with other surveillance programs throughout the state
- Continue to work with local law enforcement regarding suicide attempts and deaths
- SCIPS work on creative presentations which will attract young men at risk
- Continue to engage school systems with mental health wellness programs
- Media articles related to all of above
- Continue working statewide and nationally
- More work with not only schools but PTO, Mom's groups
- Safetalk Educational training
- A county-wide educational presentation: Depression and suicide prevention

### **OBJECTIVES:**

**Objective 1:1** Coordinate a county-wide awareness campaign that targets all population groups in Shiawassee County

**ACTIONS:** Presentations on-going with schools, churches, senior groups, civic groups such as Kiwanis and law enforcement through CMH Speaker's Bureau and SCIPS members. Standardized protocols from American Association Suicidology and Suicide Prevention Resource Center are being used. Media articles regarding mental illness, anti stigma and suicide prevention are ongoing in county newspapers. A media guide has been developed through Michigan Association Mental Health Boards. .

**MEASURE:** : A registry is kept of presentations and reported to Shiawassee Health and Human Services Council and/or SCCMHA.

**Objective 1:2** The Shiawassee County Health and Human Services Council

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will serve as the community coordinating network for this plan and will advocate for suicide prevention funding and coordination.

**ACTIONS:** Brief monthly reports are presented to HHSC with a more in-depth report annually.

**MEASURE::** *Endorsement of the Plan by the HHSC.*

**Objective 1:3** The Shiawassee HHSC will designate a lead agency to coordinate local efforts with state and federal efforts.

**ACTIONS:** SCCMHA has been designated as lead agency. Monthly SCIPS meetings are held.

**MEASURE:** SCIPS members are continually informed of state, federal and international Suicide Prevention information. They can then take this information to other parts of the community they serve.

**Objective 1:4** SCIPS and the Lead agency will seek partnerships and collaboration throughout the community in support of this plan.

**ACTIONS:** Outreach to Law Enforcement, school, clergy, senior partners

**MEASURE::** Documentation of collaborative efforts

**Objective 1:5** Educational programs will be conducted across all nine school districts in the county at least annually..

**ACTIONS:** On-going dialogue with school personnel. Presentations initially could be on wellness and resiliency.

**MEASURE:** More work needs to be done with school administration to allow presentations for staff and/or students. However, outreach from two schools has been noted.

**Objective 1:6** Identify other educational programs in the county and encourage a component on suicide prevention, warning signs and services that are available be included in training.

**ACTIONS:** Presentations to SATA, churches, and others

**MEASURE:** Cumulative data presented to SCIPS

**Objective 1:7** Logic statement will be developed in support of this plan within six months of endorsement.

**ACTION:** Completed

AWARENESS

Broaden the Public Awareness of suicide and it Risk Factors

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**Goal #2-**Develop Broad Based Support for Suicide Prevention

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**SUCSESSES:**

- There is a staff person within MDCCH whose primary focus is youth suicide prevention
- Local support from clergy, law enforcement
- A resource directory is published state-wide on the internet

**GAPS:**

- Creative ways to attract working age men to workshops are needed
- Additional opportunities to work with school systems

**MEASURE:** Cumulative data which highlight gaps

**Objective 2-1:** Identify and support a state-level management/structure for the Michigan Suicide Prevention Plan. Continue local HHSC Associated Initiative as an on-going oversight and monitoring group at the local level.

**ACTIONS:** HHSC Continues to receive monthly reports

**MEASURE:** SCIPS continues to have attendance at Michigan suicide prevention coalition and Michigan Association Suicide Prevention.

**Objective 2-2:** Present the Shiawassee County Plan to the Health and Human Services Council Steering Committee, then to the Council as a whole. Obtain buy-in from the council for the local plan.

**ACTION:** Completed

**MEASURE:** On-going buy-in

**Objective 2-3:** Stakeholders will review the local plan and distribute information for use in each of their agencies. Agencies will begin to use educational materials to decrease stigma and encourage seeking help when needed.

**ACTIONS:** SCIPS brochures and other suicide prevention materials have been distributed in the community.

**MEASURE:** Community agencies are using and requesting more materials. A compiled list of presentations is being maintained.

**Objective 2-4:** Share plan with City Councils, County Board of Commissioners, Superintendents Association, First Responders, Law Enforcement, Chamber of Commerce and State/Federal Officials.

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**ACTIONS:** While there have been community presentations completed and materials at fairs and other community events, this needs to be continued.

We will gain support from newly formed SCCMHA Board Ambassador Committee.

**MEASURE:** Records of presentations will be kept by lead agency.

**Objective 2-5:** Share the plan with schools, local colleges, medical professionals, agency personnel, faith-based community members, and others who will be involved in the plan to encourage their support and involvement.

**ACTIONS:** College presentations have been held. Information has been delivered to local physicians. There have been church presentations.

**MEASURE::** Annual presentations and combined listing.

**Objective 2-6:** Work with media and other public campaigns publishing statistics, signs and symptoms. Encourage stories about treatment success.

**ACTIONS:** SCIPS members assist with articles and talks

**MEASURE::** Media articles related to suicide prevention with statistics are kept by lead agency. Regularly distribute information from Michigan Assn. Suicide Prevention and American Association Suicide Prevention. (at least monthly)

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The Mental Health Association in October, 2008 says about 90% of Americans periodically lose sleep over financial/economical issues.
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**Goal #3-Promote Awareness and Reduce the Stigma**

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**SUCCESSSES:** SCIPS members and others are being requested to speak on suicide prevention.

**GAPS:** While talks are being completed in the community we need to develop a plan to repeat them at least annually.

**Objective 3.1:** Will develop within its first year a speaker's bureau to meet with public and private sectors to assist local efforts to promote awareness that suicide is a preventable public health problem that reaches many citizens in this county. Within this year speakers will begin presentations with county groups utilizing the state-wide anti-stigma campaign. (*being done*)

**ACTIONS:** Speakers bureau from CMH with SCIPS staff are speaking to various groups. This will continue.

**MEASURE:** A listing is being compiled.

**Objective 3.2:** Begin training with sub-committee, Health and Human Services Council members and then community stakeholders using Person-First Language, focusing on the person, not their disability. (*done, with Ambassador Training*)

**ACTIONS:** Presentations continue being made. SCCMHA Board Ambassador committee helps support this.

**MEASURE:** Since data is being compiled we can compare talks this year with previous years and evaluate gaps.

**Objective 3.3:** Continue community activities promoting awareness such as County Fair, Career Fairs helping people realize that mental illnesses are like any other treatable health condition. *(being done)*

**ACTIONS:** We continue to attend community fairs and the county fair.

**MEASURE:** We gather comments from the community and evaluate what is working and what is not. We need, however some type of pre and post meeting evaluation.

**Objective 3.4:** Support people with mental illnesses and developmental disabilities by helping to develop community resources that assist them.

**ACTIONS:** A community resource manual is available at SCCMH. Also, materials are available from National Suicide Prevention agencies.

**MEASURE::** Pre and post test with stakeholders. Compile comparison data. Maintain speaker's bureau data and review annually, what groups have been covered; what groups are being missed. Review shortfalls.

(ongoing)

Pre and post tests are not readily accepted-people are reluctant to do them. We need to design a better way to gather data-proposal for next year.

Community Risk Factors: Economy, crime, homelessness, mental illness, stigma

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#### **Goal #4-Develop and Implement Community-Based Suicide Prevention Programs**

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**SUCSESSES:** Educational programs accepted at Senior Centers and with some churches. SCIPS coalition is truly community-based.

**GAPS:** We need to do more work with school systems promoting educational programs for teachers and students. These need to be designed to be helpful and not just "more work for teachers". Wellness based information is most useful.

**Objective 4.1.** Share best-practice information with schools across the county.

Provide information to school administration from American Association Suicidology, Suicide Prevention Resource Center and National Institute of Mental Health regarding suicide awareness. All schools in Shiawassee County will be encouraged and supported to develop suicide prevention programs for their district following the Michigan Model.

**ACTIONS:** Attempting to connect with school administration. A coalition member is also a member of STOPS coalition to prevent underage drinking. This provides another school connection. SCCMHA Ambassador Committee has three school connected members.

**Measure:** Schools encouraged to include mental health wellness and depression symptomatology in their staff training plans.

**Objective 4.2** Promote the use of educational programs and other venues for reaching the business community, senior population, young adults, and other at risk populations at senior centers, Salvation Army, Chamber of Commerce, churches and others.

**ACTIONS:** SCIPS brochures have been distributed to above groups. On-going talks are presented when requested.

**MEASURES:** Copies of media articles are being compiled along with speaker bureau information. *Collect data from presentations to be sure they are ongoing at least semi-annually or updated more often as new research arises. This will be formatted in a report to Health and Human Services Council.*

**Objective 4.3** Agencies designated in this plan will define and implement activities that increase early identification and intervention services and Best Practice guidelines for use in their own organizations.

**ACTIONS:** Brochures have been provided to agencies. News articles are written. Information from SPRC and AAS are included.

**MEASURE;:** documentation of the development and dissemination of guidelines.

**Objective 4.4** Develop on-going and economical professional development for schools, agencies, churches and other personnel with up-to-date information from National Suicide Prevention Organizations. (*ongoing*)

**ACTIONS:** On-going. Resiliency is stressed. Wellness is taught with all talks.

**MEASURE:** Catalog information received and distributed to the community. We need to devise a better system for this-a project to work on in 2010.

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## **Goal #5-Reduce Stigma by Promoting Education and Awareness**

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**SUCSESSES:** Police continue to provide gun locks. STOPS coalition is active in the community teaching dangers of underage drinking.

**GAPS:** Youth in particular don't seem to be aware of the dangers of drug overdose, particularly of Tylenol and other over the counter medications. Youth seem to be more willing to talk about mental health issues however than are the elderly.

**Objective 5.1.** Recommend professionals routinely assess the presence of lethal means in the home and educate about general risks and suicide risks. It will be important to empower and inform. For instance that gun locks are available free from law enforcement for weapons. That lockboxes may be necessary to keep medications safe. Cleaning and other poisonous household products should be kept separately and out of reach of small children. Education about the risks of alcohol abuse. The

dangers of drinking and driving, teen risk talking with teen drivers. Discussions about informative programs like Coalition to Prevent Underage Drinking. (*member underage drinking coalition*)

**ACTIONS:** Suicide coalition has member on STOPS Coalition to prevent underage drinking. Encourage SCCMHA staff to routinely assess the presence of lethal means in the home.

**MEASURE:** Information used from NIMH, SAMSHA, SPRC and other national organizations...Annual report to HHSC.

**Objective 5.2.** Suicide prevention gatekeeper training programs would include content about assessing lethality in the home, including firearms and actions to reduce risks. (*gun locks available at local law enforcement*)

**ACTIONS:** ASIST trainings (2) have been completed in community. One member is a trainer for Safe Talk and will hold a class after the first of the year.

**MEASURE:** Pre and post test by Safe Talk trainer. Some SCCMHA staff have completed ASSIST training as have some coalition members.

**Objective 5.3.** Community leaders will define and implement strategies to reduce accessibility of lethal means, including firearms, in the home. (Law enforcement, schools, public health, etc.)

**ACTIONS:** Working with STOPS coalition. Public presentations in community.

**MEASURE::** Compile data presented by community leaders. Compare suicide statistics annually to ascertain whether information is making an impact.

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Recent data from Central Dispatch (911) reports an average 21 suicide attempt calls per month and an average 1.4 suicide deaths per month.
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**Goal #6-**Improve the Recognition of and Response to High Risk Individuals within Communities

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**SUCCESSSES:** Community activities and news articles are assisting with community gatekeepers.

**GAPS:** Additional information needs to be distributed to local Emergency Room and other community programs.

**Objective 6.1.** Develop a list of gatekeepers in Shiawassee County with assistance from Health and Human Services Council. (Who are the people who regularly come into contact with families in distress). (*being sent newsletters*)

Gatekeepers must be trained to recognize behavioral patterns and risk factors that place individuals at risk for suicide. These same people should be given effective strategies to intervene. (What agencies in the community will assist).

Key gatekeepers in Shiawassee County include, but are not limited to:

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...Physicians  
...Programs that serve elderly  
...Law enforcement, court  
...Volunteers-nursing home and respite  
...Hospitals, emergency care  
...Shiawassee Community Health Center (Integrated Care Program)  
...Funeral directors  
...Specialty groups-teen groups, scout leaders, cultural diversity groups

...Teachers and school staff  
...Clergy and faith based organization  
...Workplace supervisors-EAP  
... Mental Health and substance abuse treatment providers  
After hours clinics  
... Homeless coalition members

**ACTIONS:** Information has been distributed to many of above gatekeepers. Two ASIST trainings have been done for community people. We need a Safe Talk suicide prevention training.

**MEASURE:** Coalition keeps listing of trainings and distribution of materials.

**Objective 6.2.** Within one year SCIPS will identify and distribute guidelines for suicide risk screening for the primary care settings, emergency department, senior programs and other gatekeepers listed above. At the same time a resource list will be distributed for the county. (*in process*)

*Data Source Suicide Prevention Lifeline-SAMSHA-guidelines.  
Resources-Shiawassee County Mental Health*

**ACTIONS:** Some information has been distributed but additional follow up needs to be done in 2010.

**MEASURE:** By documenting this information for review we can identify gaps.

**Objective 6.3.** Recommend that training regarding suicide risks and identification and suicide prevention crisis plans be included in annual county-wide in-service for all school personnel. Within three years and in compliance with the State suicide prevention plan, assist all state funded colleges and universities in the county to develop suicide prevention policies and implement one or more prevention strategies patterned after evidence-based approaches.

**ACTIONS:** Minimal information has been distributed. We have gathered information on School suicide prevention toolkits. It would be good to review this and develop information for our county school systems.

**MEASURE:** Document which schools utilize this information and requests for addition information.

*Measure: Feedback from educational programs about success of this information with their teachers or students.*

**Objective 6.4.** SCIPS will work closely with suicide monitoring groups such as Medical Examiners, Law Enforcement, Child Death Review to assist with surveillance data. They will develop a team to monitor patterns and seek expanded knowledge of suicides in the county and make recommendations to lead agency for prevention. (*initial report completed*)

**ACTIONS:** Two reports have been completed with 911 Dispatch. The additional Death Review statewide should offer additional information.

**MEASURE:** Comparing annual data for at least five years could give us an idea of trends in our county.

The Shiawassee County plan is meant to follow the guidelines of the National Strategy and State of Michigan plans but is to be adapted to our county's diverse ages and at risk populations.

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**Goal #7-Expand and Encourage Utilization of Evidence-based Approaches to Treatment**

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**SUCSESSES:** SCIPS has successfully partnered with Michigan Association Suicide Prevention and Michigan Association Community Mental Health Boards to present a joint Suicide Prevention conference. Another was planned for this year but cancelled due to lack of registration. Suicide Prevention is also one of the goals of the MACMHB Public Relations committee.

**GAPS:** Additional dialogue is needed with Hospital Emergency Department and Shiawassee Community Health Center (HDI). Integrated program. (In process)

**Objective 7.1.** Within one year in collaboration with the Michigan Association of Community Mental Health Boards the local Community Mental Health Authority will distribute to it's providers up-to-date evidence-based standards of care as referenced in the Michigan Suicide Prevention Plan. *(information to Program Directors)*

**ACTIONS:** Materials utilized are from American Association Suicide Prevention, Suicide Prevention Resource Center and others.

**MEASURE:** Evidence of distribution. Update information as it is presented nationally.

**Objective 7.2.** Lead agency will work with emergency departments and inpatient facilities to help ensure engagement in follow-up care upon a suicidal patient's discharge. An updated resource list of local and nearby agencies will be made available to these facilities, along with criteria to enter service.

**ACTIONS:** Hospital liaison utilizes this information.

**MEASURE:** Hospital liaison records are maintained at SCCMHA

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Elderly Age 65 years and older represent the highest suicide rate

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**Goal #8-Improve Access to Community Linkages with Mental Health and Substance Services**

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**SUCSESSES:** Co-occurring disorders and treatment is being looked at throughout the mental health system across the state. Focus on substance abuse issues is being

expanded. State and national anti-stigma campaigns are helping to disseminate information.

211 System now available.

**GAPS:** More Safe Talk trainings.

**Objective 8.1.** Identify in collaboration with SCCMHA and HHSC and disseminate information about programming for co-occurring disorders of mental health and substance abuse as this combination of disorders significantly increases suicide risk.

*Data Source: Public documents describing model programming*

**ACTIONS:** Statewide Ambassador handbook explains co-occurring disorders and treatment. Ambassador training is being expanded across the state.

**Measure:** *Feedback from community stakeholders on an annual basis regarding their understanding of agency intake and assessment processes.*

**Objective 8.2.** Increase community and professional knowledge of the relationship between mental illness and substance abuse and their high correlation to suicide.

- Implement an awareness campaign
- Recommend training regarding this be included for gatekeepers

**ACTIONS:** SCCMHA is actively involved with STOPS program to prevent underage drinking. This gives an opportunity to discuss the correlation between mental illness and substance abuse.

**MEASURE:** Documentation of community training. Pre and post test when possible.

**Objective 8.3.** Continue and intensify Anti-Stigma campaigns in the community. Support legislation and policies that provide insurance coverage for evaluation and treatment of mental illnesses and substance abuse equal with coverage for other illnesses and conditions. *(support Parity bill)*

**ACTIONS:** Now that National Parity Bill is passed there is encouragement that there will be a State parity bill. Discussions regarding Health Insurance at the National level may affect this.

**MEASURE:** *Gather data on presentations. Gather information on legislative lobby groups and voting.*

**Objective 8.4.** Maintain resource listing of local mental health and substance abuse services, and national hotlines. First Call for Help is in the county, and this information is available to them and updated regularly. *(done)*

**ACTIONS:** There is a county resource manual and an agency resource directory. The challenge is making people aware of these and what information is there.

**MEASURE:** *Feedback from the community on easy-access to service.*

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Articles are published regularly in two local newspapers about suicide prevention, mental health wellness and stigma

**Goal #9-Improve and Expand Surveillance Systems**

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**SUCSESSES:** On-going education continues with first responders and community gatekeepers. Two Suicide Survivor conferences have been held and there is a request for another in the spring.

**GAPS:** **SCCMHA** is assisting our new Survivors of Suicide Support Group. We just received information from group members that they find the group very helpful.

**Objective 9.1.** Continue education with: first responders, law enforcement, funeral directors, medical staff about post-trauma services following involvement with a suicide death. Offer education about Critical Incident Stress Management Services, grief counseling, victim advocates, clergy and others and what type of service each might offer and when. *(being done)*

**ACTIONS:** CISM team pre incident education and work with church groups and others. SCIPS prepares packets for funeral homes to hand-out to suicide survivors.

**MEASURE::** *Compile data about presentations and statistical information. (being done)*

**Objective 9.2.** Increase distribution of resource materials that are available for family and friend survivors. *(new materials available)*

**ACTIONS:** Materials are being distributed sporadically. A plan needs to be developed for follow up.

**MEASURE:** *Maintain distribution list.*

*Data Source: American Association Suicidology  
Suicide Prevention Resource Center  
Survivors of Suicide-SOS groups  
National Suicide Prevention Resource Center  
Span*

**Objective 9.3.** Explore the possibility of creating a survivor support group or gather information on near-by groups and web sites available to meet and provide services to new survivors.

**ACTIONS:** Survivor information to funeral homes. This needs to be expanded.

*Date Source: Survivors of Suicide-SOS Groups*

**MEASURE:** Distribution lists and feedback.

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**Support Michigan Association Suicide Prevention-encourage membership.**

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**Goal #10-Support and Promote Research on Suicide and Suicide Prevention**

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**SUCSESSES:** We are beginning to gather data on the cost of untreated mental illness and suicide attempts. Death Review Statistics are being expanded.

**GAPS:** There is not a state-wide surveillance system that includes suicide attempts and deaths.

**Objective 10.1.** Review Michigan Department of Community Health reports on suicides and suicide attempts and Child Death Review Statistics annually. Monitor trends, methods, and other information pertaining to Shiawassee County. We now have Adult Death Review statistics.

**ACTIONS:** Trends are being monitored in the county.

**MEASURE:** Statistical report-5 year data.

**Objective 10.2.** Gather information annually about results of Michigan Youth Risk Behavior Assessment for the State of Michigan and if available for Shiawassee County.

**ACTIONS:** YRBS will be available locally in 2011

**MEASURE:** STOPS coalition to prevent underage drinking assist to gather information about risks for you.

**Objective 10.3.** Monitor Suicide Prevention Resource Center website [www.sprc.org](http://www.sprc.org) and provide regular reports about evidence-based approaches.

**ACTIONS:** On-going

**MEASURE:** SCIPS minutes

**Objective 10.4.** Develop public/private partnerships within the community to build support for suicide prevention research and strategies to assist at-risk populations within the county.

**ACTIONS:** We have strong partnerships in the community. Through anti-bullying, wellness, integrated health and others.

**MEASURES:** Reports to SCCMHA administration and HHSC members.

**Objective 10.5.** Investigate and compile data over a three year period on social and economic costs of untreated mental illness, substance abuse and suicide and how to reduce costs locally.

*Date Source: Michigan Department of Community Health*

**ACTIONS:** While some information has been accumulated, this needs to be expanded.

**Measure:** *Evaluate over three year period.*

Resources:

- Michigan Suicide Prevention Plan
- Monroe County Suicide Prevention Plan
- Kent County Suicide Prevention Plan
- Wexford County Suicide Prevention Plan

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- Michigan Department of Community Health
- Michigan Medical Examiners Office
- SAMSHA
- National Suicide Prevention Resource Center
- Michigan Association Suicide Prevention
- Suicide Prevention Resource Center

### **GOALS AND OBJECTIVES**

The Michigan Plan addresses the problem of suicide with an integrated approach to suicide prevention over the lifespan. The goal of the Shiawassee Suicide Prevention plan is to reduce incidence of suicide attempts and deaths across the life span by providing education, intervention and prevention. Any plan must be versatile, integrated, and widely accepted. The Subcommittee has begun education in the community during National Suicide Prevention week with placemats in local restaurants and followed that with a Balloon Launch and Candle walk for National Survivor of Suicide day. Since that original Survivor conference at a local school we have held two Survivor Conferences at Baker College-both were well-received. People are beginning to meet together and talk about suicide prevention. This is a first step in an awareness program.

The commitment of a diverse group of community members and government leaders at the state and local level and of the private sector is needed to effectively implement the local plan.

SCCMHA staff and SCIPS members are presenting in the community. A record is being kept of these presentations for future evaluation.

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**LIAISON SUMMARY:** Members of this coalition are interested and active. They take information into the community through their daily work lives.

There is still much to do and it is easy to become discouraged. That is why this report seemed necessary to show some things have been done. People in the community are beginning to talk about suicide and suicide prevention-a big step in the right direction.

This report shows some gaps. This will be helpful to coalition members to plan activities for the upcoming year.

Joan Durling, Liaison  
November 2011