MDHHS
Michigan Department of Health & Human Services

Michigan Suicide Prevention Council: Strengthening Suicide Prevention Infrastructure Across Michigan

Initial Report
June 2026

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Introduction

Across Michigan, communities are facing a heartbreaking and urgent challenge: too many lives are being lost to suicide. Families, friends, schools, workplaces, health care providers and neighborhoods have all felt the impact. In 2024 alone, 1,443 Michigan residents died by suicide, making it the second leading cause of death for those aged 10 to 34 in the state and 10th leading cause of death for all ages.[1,2] Deaths represent only a small part of the overall impact of suicide. Each year in Michigan, there are 60,000 emergency department visits involving thoughts of suicide and more than 6,000 involved suicide attempts.[3] Communities also face a substantial economic burden, with suicide deaths costing Michigan more than $15 billion annually when accounting for medical costs and the value of statistical life.[4] These numbers reflect a deeper truth: suicide has a far-reaching impact, with consequences that ripple across families, communities and systems.

The urgency for action is reinforced by the 2024 National Strategy for Suicide Prevention, a federal framework developed by the U.S. Department of Health and Human Services that outlines a 10-year roadmap for reducing suicide nationwide. The strategy emphasizes that suicide prevention requires a "whole-of-society" approach, engaging health care systems, schools, workplaces, community organizations, policymakers and individuals with lived experience.[5] National and state guidance is clear: reducing suicide requires more than temporary programs or short-term responses. Michigan needs a comprehensive and coordinated suicide prevention system that supports everyone through prevention, early intervention and postvention.

Despite this clear direction, Michigan has not previously allocated dedicated state funding for the implementation of suicide prevention programs. Historically, Michigan relies on two federal grants that focus on prevention for youth and adult men. As a result, significant gaps remain in the ability to reach the broader population with comprehensive suicide prevention programming. Moreover, the federal grants that support these programs have remained at their original award level since inception. This has created persistent challenges in sustaining program activities as operational and implementation costs continue to increase. The stability of these funding sources has also fluctuated over time, creating uncertainty in long-term planning and limiting the capacity to expand or enhance statewide suicide prevention efforts.

However, lasting change cannot depend on short-term funding alone. When resources are temporary, communities struggle to sustain programs, measure impact, reach people statewide and build the trust needed to support those at risk. Without stable, long-term investment, Michigan cannot fully maintain or expand suicide prevention efforts in a way that effectively reaches and serves every community.

Now is the time to invest in a sustained, equitable suicide prevention system that supports local communities, strengthens collaboration across sectors and gives every Michigander access to hope, help and life-saving support.

The Council's Charge

As part of these efforts, Michigan has established the Michigan Suicide Prevention Council. The Michigan Suicide Prevention Council (hereafter referred to as Council) serves the Michigan Department of Health and Human Services (MDHHS) and state executive leadership by guiding, coordinating and strengthening statewide and community-based suicide prevention efforts. The Council informs policy, promotes best practices and fosters cross-sector collaboration to reduce suicide risk, promote well-being and support implementation of the Michigan Suicide Prevention Plan (2024–2027). To accomplish this, the Council is charged with the following:

- Coordinate statewide suicide prevention efforts, including alignment with the Michigan Suicide Prevention Plan: A Systems Level Approach to Preventing Suicide, 2024- 2027.
- Engage stakeholders such as the Department of Education, the American Foundation for Suicide Prevention, the National Alliance on Mental Illness, the Michigan Psychiatric Society, law enforcement and community mental health organizations.
- Develop and disseminate appropriate age and medically accurate educational materials on suicide risk factors, protective factors and warning signs, in consultation with relevant agencies and experts.
- Advise the department on policy and funding priorities related to suicide prevention, including recommendations for regional coverage gaps in the National Suicide Prevention Lifeline network.

This report provides an overview of the Council's activities, summarizes progress toward strategic goals, details the Council's funding expenditures and presents evaluation of metrics and outcomes. It also offers recommendations to inform future policy direction and guide statewide priorities to support and strengthen Michigan's suicide prevention efforts.

Council Membership and Meeting Summary

The Michigan Suicide Prevention Council brings together multisectoral members to achieve its goals. To ensure the Council was representative of various sectors, MDHHS Injury and Violence Prevention Section (IVPS) convened members representing the following sectors: education systems, health care and public health systems, aging and older adult services, workforce and mental health, faith-based organizations, community coalitions, postvention services, Tribal communities, law enforcement and public safety, LGBTQ+ organizations, military and veteran affairs, communications, crisis services and advocacy organizations.

Council members include:

- **Brian Ahmedani, PhD, LMSW** - director, Center for Health Policy and Health Services Research, Director of Research, Behavioral Health Services, Senior Scientist, Henry Ford Health.
- **Liz Baker** - Michigan Chapter, American Foundation for Suicide Prevention.

- **Nancy Becker Bennett** - division director, Grants and Community Services Division, Michigan State Police.
- **Melea Belton, PhD, LPC, NCC** - director of Behavioral/Mental Health Services, Eaton Regional Education Service Agency.
- **Tina Bishaw, LMSW** - crisis counselor, Little Traverse Bay Bands of Odawa Indians.
- **Justin Coates, LMSW** - Community Engagement and Partnership coordinator, Ann Arbor Veterans Affairs.
- **Cindy Ewell Foster, PhD** - clinical professor, director of the Suicide Prevention and Research in the Community Lab, co-director of the Youth and Young Adult Depression and Suicide Prevention Research program, Department of Psychiatry, University of Michigan.
- **Carrie Fiocchi** - Rural Outreach coordinator, Equality Michigan.
- **Jonathan Garvey** - Mental Health and Suicide Prevention analyst, Michigan Department of Military and Veterans Affairs.
- **Kate Hardy** - founder and executive director, Six Feet Over.
- **Krista Hausermann, LMSW, CAADC** - Crisis Services and Stabilization section manager, Bureau of Specialty Behavioral Services, MDHHS.
- **Dan Hoffman** - senior project manager, Clark Contracting Services.
- **Scott Hutchins** - School Behavioral Health Unit supervisor, Office of Health and Nutrition Services, Michigan Department of Education.
- **Keisha Jackson, LPC, NCC** - chief executive officer, Caleb's Kids.
- **Dante Jennings, MPA** - manager of Co-Occurring Service Integration, Genesee Health System.
- **Kasie Kaufman, MPH** - board chair, With One Voice.
- **Vicki Kavanaugh, CPS** - prevention manager, Prevention and Advocacy Division, Arbor Circle.
- **David Lowe** - associate director, Community Mental Health Association of Michigan.
- **Kristine Martens** - program director of Outreach and Education, Copper Shores Community Health Foundation.
- **Donna Norkoli, MCHES** - president of National Alliance on Mental Illness, Wexford and Missaukee Counties.
- **Carla Pretto, RN** - executive director, Association for Children's Mental Health.
- **Tonya Randall, LMSW** - Older Adult Services coordinator, Community Mental Health Authority of Clinton, Eaton, and Ingham Counties.
- **Megan Scott** - Health Services communications specialist, Policy Integration and Evaluation Division, MDHHS.
- **Kim Smith, PhD** - Behavioral Health Urgent Care manager, Common Ground.
- **Tiera Smith, PhD, LMSW-C** - Crisis Call Line specialist, Intensive Specialty Services Division, MDHHS.

- **Sally Steiner, LMSW** - Behavioral Health and Dementia specialist, Aging and Community Services Division, MDHHS.
- **Rebecca Whitman** - police chief, Grand Rapids Community College Police Department.
- **Brandi Woodbury** - senior executive management assistant, Department of Labor and Economic Opportunity.

Ex officio council members include:

- **Nina Bowser, MSW, MPA** - Injury and Violence Prevention section manager, Division of Chronic Disease and Injury Control, MDHHS.
- **Lindsay DeCamp, MHA** - State Suicide Prevention coordinator, Division of Chronic Disease and Injury Control, MDHHS.
- **Mackenzie Furnari, MPH** - Suicide epidemiologist, Division of Epidemiology, Data Analytics and Evaluation, MDHHS.
- **Alicia Goodman, MSA** - Intentional Injury and Violence Prevention unit manager, Division of Chronic Disease and Injury Control, MDHHS.
- **Johnathan Tremblay, MPH** - program coordinator, Division of Chronic Disease and Injury Control, MDHHS.

The purpose of the initial council meeting was to build connections among its members by providing an opportunity to meet face-to-face and engage in dedicated time together without the interruptions of online technology. The council members participated in a series of exercises designed to prompt reflection on the overall suicide prevention program, share suicide prevention projects and efforts from their respective areas, identify strategic priorities and share next steps.

Progress on Strategic Goals

During the initial council meeting, members reviewed the Michigan Suicide Prevention Plan and identified current efforts across its five strategic directions (SD):

- SD 1: Create supportive environments that promote healthy and connected communities.
- SD 2: Coordinate community-based services to promote wellness and build resilience.
- SD 3: Improve access to and delivery of suicide care.
- SD 4: Ensure quality data and research are available and used for planning, implementation and evaluation.
- SD 5: Reduce harm and prevent future risk.

Through small-group discussions and activities, council members identified progress across all five strategic directions of the Michigan Suicide Prevention Plan, highlighting some activities spanning community prevention, coordinated services, safer suicide care, data and quality improvement and postvention.

- SD 1 Progress: Upstream protective factors and connection through coalition and community voice, awareness training, workplace safety and health, crisis system integration and public messaging.
- SD 2 Progress: Strengthen coordinated service networks and resilience through cross-sector coordination, peer and mobile crisis capacity, lethal means safety, clinical readiness and culturally tailored strategies and services.
- SD 3 Progress: Advance safer suicide care, rapid access, and systems transformation through Zero Suicide adoption and care pathways, crisis response and stabilization capacity and provider education and consultation.
- SD 4 Progress: Elevates timely accessible data for continuous improvement through state surveillance and dashboards, death review team, translation and dissemination of data and research and lived experience integration.
- SD 5 Progress: Implementation of postvention supports, reduction of immediate and long-term harms and prevention of future suicide behavior through postvention and recovery programs, safe messaging and media best practices.

Michigan's work reflects a whole-community, system-level approach, consistent with national guidance, emphasizing actions within and across communities by moving upstream to build protective environments, coordinating services and peer supports, transforming suicide care within health and community systems and using data to drive continuous improvement.

Despite substantial progress across coalitions, schools, health systems and community partners, the majority of Michigan's suicide prevention work is occurring in pockets, without consistent, statewide infrastructure to coordinate, sustain and scale these efforts.

Recommendations for Future Policy and Funding Priorities

Following discussion and formal voting, the Michigan Suicide Prevention Council selected two primary priorities for immediate state action that strengthens Michigan's capacity to deliver a comprehensive, evidence-informed public health approach to suicide prevention for measurable impact across Michigan.

Priority 1: Sustained State Funding for Suicide Prevention Infrastructure

The Council recommends creating an Office of Suicide Prevention within MDHHS, supported by dedicated, ongoing state appropriations. Michigan currently lacks a continuously funded, state-level structure for suicide prevention, limiting the state's ability to implement comprehensive, coordinated and sustainable strategies. Utilizing the State Suicide Prevention Infrastructure Recommendations, a formal office charged with leadership, data analysis, communications, technical assistance and strategic planning, would bolster prevention, crisis response and postvention services while enhancing cross-sector coordination and access to resources for all Michiganders.[6] A 2025 national analysis by the Association of State and Territorial Health Officials, supported by the Centers for Disease Control, found that 12 states have formalized suicide prevention infrastructure in law, including designated

offices, demonstrating that centralized leadership and authority are increasingly recognized as critical to sustained prevention efforts.[7] While we recognize no single solution exists, establishing a dedicated Office of Suicide Prevention provides a central point of coordination to build and sustain a statewide infrastructure, align policy, standardize workforce training, strengthen public communications and coordinate cross sector collaboration.

By making this investment, Michigan would demonstrate its commitment to suicide prevention as both a critical public health and economic priority, while ensuring statewide efforts remain stable, strategic, coordinated and effective over time.

Priority 2: Aligning Policy and Licensure to Educate Professionals

Strengthening Michigan's suicide prevention infrastructure requires an educated, prepared workforce and the Council recommends advancing policies that embed suicide prevention, intervention and postvention competencies into professional education, training and licensure requirements across relevant fields. Requiring mandatory suicide prevention education for specific professions such as mental health clinicians, medical providers, K–12 educators and school staff, law enforcement and first responders, and death investigation professionals would create a consistent baseline of competency across disciplines, reduce variability in care and promote shared responsibility for identifying and responding to risk.

Licensure-linked requirements should specify core competencies such as the recognition of risk and protective factors, evidence-based screening and assessment, brief intervention and safety planning, culturally responsive communication, referral and care coordination, and postvention support, and allow for a mix of pre-licensure coursework, supervised practice, continuing education tied to renewal and periodic competency assessment. Implementing these standards through coordinated action by legislators, licensing boards and professional associations, with dedicated funding for training development and incentives to support participation will reduce silos, strengthen statewide coordination and institutionalize ongoing skill development. By aligning expectations across professions and building robust evaluation and reporting mechanisms to track training completion and outcomes, Michigan can improve early identification and referral, enhance the quality of crisis response and increase the state's overall capacity to prevent suicide and respond compassionately and effectively after a loss.

Evaluation Metrics and Outcomes

Collectively, the Council will develop evaluation metrics to assess progress and impact. If the Council's newly identified strategic priorities receive funding, these metrics can be refined and used to monitor implementation, accountability and outcomes over time. Preliminary metrics and anticipated outcomes are outlined below for each priority area.

Priority 1: Sustained State Funding for Suicide Prevention Infrastructure

Metrics may include tracking suicide prevention funding by source, comparing state funding to grant funding; the number of full-time positions dedicated to statewide prevention efforts beyond grant-supported roles; and the percentage of Michigan counties with active prevention initiatives.

Anticipated outcomes include a more stable and coordinated statewide suicide prevention system, reduced reliance on short-term or one-time funding, expanded statewide coverage of prevention initiatives, and stronger alignment across agencies, systems and communities.

Priority 2: Aligning Policy and Licensure to Educate Professionals

Metrics may include the number of new or updated policies supporting suicide prevention, the percentage of licensed professionals completing suicide prevention training, the extent of cross-sector engagement in trainings and the number of trainings offered across the state.

Anticipated outcomes include increased adoption of workforce knowledge, confidence, and competency in suicide prevention, intervention and referral practices. It is expected to improve consistency in suicide prevention education across professional disciplines, strengthen policy alignment related to training and licensure requirements, and increase the number of professionals prepared to identify and support individuals at risk.

Council Funding Allocations and Expenditures

The State of Michigan appropriated $125,000 in funding to establish the Michigan Suicide Prevention Council and carry out the legislative charges. This investment will advance the development of clear priorities, measurable outcomes and practical, culturally responsive interventions that drive coordinated statewide action, reduce fragmentation and lead to sustainable, measurable impact across Michigan communities. Additional support will strengthen engagement, training and resource development to ensure the work is actionable, accessible and aligned with community needs. Detailed allocations are outlined in the budget summary below.

Investment Area	Purpose and Use of Funds	Amount ($)
Facilitation & Strategic Expertise	Establish a contract with The University of Michigan Injury Prevention Center (U-M IPC) to provide facilitation and support in developing a comprehensive, data-informed statewide council. U-M IPC has the capacity to rapidly deploy a multidisciplinary team and resources to effectively support council initiatives.	$100,000
In-Person Convening Support	Support for meeting logistics, space and engagement to foster collaboration among Council members and partners.	$5,000
Training & Capacity Building	Training aligned with identified needs of Council members and informed by community and partner input.	$5,000
Resource Development & Dissemination	Creation and distribution of tools, materials and guidance to support implementation of prevention strategies.	$5,000

Translation Services	Translation of materials to support accessibility and broader reach across communities.	$10,000
Total State Appropriation		**$125,000**

Next Steps

The July 2026 Council meeting includes a focus on identifying specific action items aligned with each strategic priority and establishing corresponding metrics to evaluate progress and impact. Additionally, the Council will review its charge to ensure it is fully aligned with the identified priorities and proposed actions, supporting a cohesive and focused approach moving forward.

The Council will also prioritize identifying, translating and disseminating educational materials to ensure accessible, culturally responsive information reaches communities across the state consistent with the broader charge.

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