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MI Mind Memorandum

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STUDY STRENGTHENS THE EVIDENCE: SUICIDE-PREVENTION STRATEGIES SAVE LIVES

By Brian Ahmedani, Ph.D., LMSW
MI Mind Program Director

Despite a call to action by the U.S. Surgeon General to strengthen suicide prevention care, data on integrating suicide-prevention strategies in primary care were limited. Working with colleagues from Kaiser Permanente Washington Health Research Institute, the University of California Davis and the University of Washington Seattle, we recently published a study in the Annals of Internal Medicine that backs the effectiveness of suicide prevention tactics similar to those used by MI Mind providers and supported by Zero Suicide International™.

The study was led by Julie Richards, Ph.D., MPH, and conducted at Kaiser Permanente Washington with adult patients in primary care who were also receiving substance misuse care. We were fortunate to include 19 primary care practices in our research over three years. A total of 255,789 patients received usual care, while 228,555 received suicide-prevention intervention during visits with their primary care providers.

After training, providers in the suicide-prevention care practices integrated the Patient Health Questionnaire (PHQ-2) screening for

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The MI Mind Coordinating Center team wishes all our providers, Practice Clinical Champions and Practice Liaisons a happy and healthy New Year. May 2025 be filled with peace, joy, and opportunity for you and your loved ones.

In this issue of 'The Mem'

MI Mind

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depression followed by the Columbia-Suicide Severity Rating Scale (C-SSRS) screening for patients who indicated they had frequent suicidal thoughts. Patients who reported prior month intent or planning for suicide on the C-SSRS received same-day care with a social worker. We trained clinical social workers already in place with the practices. They engaged at-risk patients in safety planning, provided short-term counseling and connected patients with specialty mental health and substance use treatment.

Rates of safety planning were significantly higher by 5.5 plans per 10,000 visits in the suicide-prevention group. However, the most notable outcome was the number of documented suicide attempts: In the 90 days after primary care visits, the suicide attempt rate was 25% lower for the suicide-prevention care practices compared with the usual care practices.

These findings establish vital evidence for health care teams considering how to respond to patients who are at risk for suicide during routine primary care visits as well as organizational leaders considering the value of integrating suicide-prevention care. It is our hope that the evidence and data gained from this large study will be key to expanding suicide-prevention strategies in primary care.

Follow this link to access the study.

MI MIND TEAM'S PASSION AND ENTHUSIASM INSPIRES SENIOR ANALYST

Senior Analyst Julie Ge, MS, was the first member of the MI Mind team to join Program Manager Heather Omdal, MPH, when the Collaborative Quality Initiative (CQI) was first established in 2022.

Julie Ge, MS
Sr. Analyst

Responsible for database administration and development, her role is almost entirely behind the scenes. "I load all the data, check the quality of the data, perform data analysis and generate reports for the team," says Ge. "I'm glad I can help our team and provide my knowledge, so they have all the information they need. It's an amazing project and everyone is very dedicated."

While she doesn't work directly with providers, Ge has enjoyed being included in the regional and collaborative-wide meetings. "I like going to the meetings, talking to the providers and hearing their feedback," she says.

Ge grew up in China, and first aspired to come to the United States when she was in high school. "The U.S. is the best country in the world, and my dream, which I later shared with my husband, was to come to the United States," she recalls. The pair emigrated in 1995 after receiving academic scholarships, with Ge attending Wayne State University for a Master of Science in Computer Engineering.

"I'm so happy my children can grow up in this country, and I do my best to support everyone I meet and do something meaningful every day." With her daughters now 27 and 19, Ge is happy to be considered the "MI Mind Team Mom." She likes looking after her colleagues, which extends to cooking for them on occasion.

Above all, Ge says working with fellow MI Mind team members is the best part of her job. "This is a great team, and we all help and support each other like a family. We have excellent leaders who are dedicated and detailed. Everyone has passion and enthusiasm, and that is best part," she says.

Learn more about Julie Ge and the entire MI Mind team.

PDSA RECOMMENDATIONS AND TIPS FROM THE MI MIND TRAINING TEAM

Whether your practice is in Year 1, Year 2, or Year 3 of MI Mind, a PDSA (Plan-Do-Study-Act) is part of your journey in 2025. Providers often ask the training team what to expect and what makes a good PDSA. Together, we set out to answer these questions by offering our advice and insights.

Setting Goals

It can be helpful to talk with team members at your practice before deciding what to test. Make your goal for your PDSA a SMART goal, meaning it should be Specific, Measurable, Attainable, Relevant, and Time-bound. Remember to think small: Design your PDSA around a small change in processes that support suicide prevention efforts at your practice. You can begin by involving only one or two practitioners in the clinic or test a change with multiple practitioners on only one or two days.

Time Management

Collect baseline data at least two weeks prior to running your PDSA and use those numbers for comparison. Build in time for an unexpected result and on the next iteration, make a change to address it. For example, if you roll out a strategy to improve PHQ-9 screening consistency and find appointments run behind schedule, on the next iteration, see what happens if a medical assistant helps with administering PHQ-9 screenings. If you don't get the result you set out to achieve, it doesn't mean the PDSA wasn't successful and won't earn a high score. Use what you learned and apply it on your next PDSA.

PDSA Rubric and Points

Be sure to review the PDSA rubric in the MI Mind Handbook. It's quantified and outlines expectations for timeliness, completeness, quality, originality, and Henry Ford Zero Suicide™ Care Pathway principles. Your grade will be based on how well you meet the expectations. To pass, you must earn at least 14 out of 15 possible points.

Sarah Moore, LMSW, Sr. Clinical Quality Improvement Lead

Tips from the MI Mind QI Lead team

"Year 1 starts with training on the basics of PDSAs. We ask each practice to complete its first PDSA, called a risk assessment pilot. For the first year, MI Mind suggests each practice plan and test a small change in their clinic processes to support increasing suicide risk screening for the adult population at your practice. Increasing suicide risk screening is a great place to start working toward increasing suicide prevention efforts at your practice, as we know that you cannot modify the risk unless you identify it first.

"We know that PDSAs may be new to you, and we want to be available to support you as much as possible during this process. Every year between March and June we provide office hours that participants can pop into for help with talking through any ideas or questions they may have. The MI Mind QI lead team is also available for support outside of training and office hours. Just send us an email or email the Coordinating Center at mimind@hfhs.org for support. In the meantime, check out this short video about Quality Improvement in healthcare that may be helpful."

Leslie Johnson, R.N., Clinical Quality Improvement Lead

"In Year 2, we take a deeper dive into the PDSA and its function and review a PDSA that involves lethal means counseling. We also review SMART goals in detail in the first training. We cover these subjects in the first training so participants have the information and can complete their PDSA at any time before the deadline of May 31, 2025.

"You'll also choose the focus for your PDSA in Year 2. We encourage you to choose one aspect of the Henry Ford Zero Suicide™ Care Pathway, like lethal means counseling or safety planning. In fact, Henry Ford Zero Suicide™ Care Pathway Principles are part of the PDSA rubric. Have a little fun with your PDSA and the team experience that will take you out of your comfort zone."

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PDSA RECOMMENDATIONS AND TIPS FROM THE MI MIND TRAINING TEAM

Olga Gagnon, FNP-BC, MSN Clinical Quality Improvement Lead

"In Year 3, providers are stepping up to take their quality improvement skills to the next level. By now, they've built a strong foundation, and this year we're diving deeper. We are introducing our providers to some of the more advanced quality improvement tools and data metrics. This new knowledge becomes a valuable tool in their toolkit, helping them make thoughtful improvements in their clinics on an ongoing basis.

"Throughout the year, I'll be meeting with each provider three times for one-on-one coaching calls. These calls are more than just check-ins – they're a chance to explore best practices, ask questions, practice using these new skills and metrics, and work through the PDSA together. I see these sessions as a collaborative space where we can dive into any part of the process, making sure each provider feels fully equipped to lead meaningful changes.

"My biggest message is that this PDSA isn't just another task to cross off. It's an invitation to engage every team member, working together to create improvements from the ground up. The goal is to strengthen the clinic's practices and make a real difference in the lives of patients and the broader community. I'm excited to support each practice as they take on this challenge, and I can't wait to see the inspiring work that comes out of it this year!"

BEHAVIORAL HEALTH CRISIS CARE FROM BCBSM

Blue Cross Blue Shield of Michigan (BCBSM) offers immediate connections for patients experiencing mental health, emotional or substance use crises. According to William Beecroft, MD, the organization's medical director of behavioral health, "The beauty of these services is they can meet the member where they are and be accessed any way they need to access them."

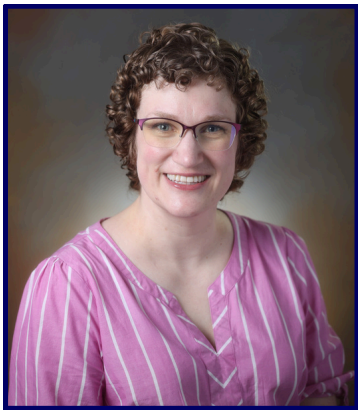
Crisis care options are currently offered at several locations across the state of Michigan and include:

- Psychiatric urgent care, walk-in, and virtual assessment
- Mobile crisis, an emergency mobile unit that can visit the home, office, or other location, and provide over-the-phone crisis counseling
- Crisis stabilization, 24/7 recovery-focused crisis centers offering assessment, treatment, and stabilization
- Crisis residential, short-term stays for ongoing recovery

BCBSM members, healthcare providers, and other individuals can contact a facility near them by phone; patients can also walk into some locations without an appointment. For assistance, patients should call the Mental Health and Substance Abuse number on the back of their member ID cards.

Learn more about how you and your patients can use these resources on the MI Mind Partner Portal under Tools and Protocols for MI Mind participants and on the MI Mind website.

UNEXPECTED PDSA RESULTS LEAD TO VALUABLE PROCESS INSIGHTS



Evonne Edwards, Ph.D. Zero Suicide Clinical Director, Pine Rest Christian Mental Health Services

Evonne Edwards, Ph.D., is the Zero Suicide Clinical Director, a clinical psychologist and chief of Research Instruction and Development at Pine Rest Christian Mental Health Services. Now in Year 3 with MI Mind, she is also Pine Rest's Practice Clinical Champion.

Their Year 1 PDSA resulted in increased consistency using the Columbia-Suicide Severity Rating Scale (C-SSRS) following team education. The baseline of 84% increased to 99% percent compliance over a three-week follow-up period.

In Year 2, Edwards and her team shifted their focus to improving assessment for multiple types of lethal means, including access to medication and patient-specific suicide attempt methods. "We know when people have attempted suicide in the past, they are likely to choose the same method again. For some patients, a car is a patient-specific lethal means," explains Edwards.

They began with a chart audit in one clinic. "We hypothesized there were inconsistencies in documenting details for patient-specific methods, which we confirmed," she says.

Next, they designed and conducted intervention, which emphasized staff education. "We shared data from our chart review, showed where the gaps were, and provided a tip sheet and access to a clinical safety coordinator staff member for support," she says. The intent was three-fold: improve assessment, complete lethal means reduction plans, and confirm that the means reduction plan was implemented. However, after two weeks they re-audited patient charts and found their intervention hadn't worked.

"While we did find lethal means reduction plans were collaboratively developed 100% of the time when access was identified, we didn't find improvements in our other PDSA targets," reveals Edwards. "We directly followed up with patients and their clinicians to ensure means assessment and reduction occurred, then looked for reasons why our intervention wasn't successful."

While their PDSA results weren't what they had hoped, Edwards and her team were encouraged by the opportunities they identified in the process. "We realized we focused on too many variables at once. We needed to break down our PDSA into smaller pieces and keep our targets narrow. Our single PDSA should have been three PDSAs. After each one, we needed to give staff time to learn the process, improve the skill and use it consistently. Once that is achieved, then it's time to train the next step."

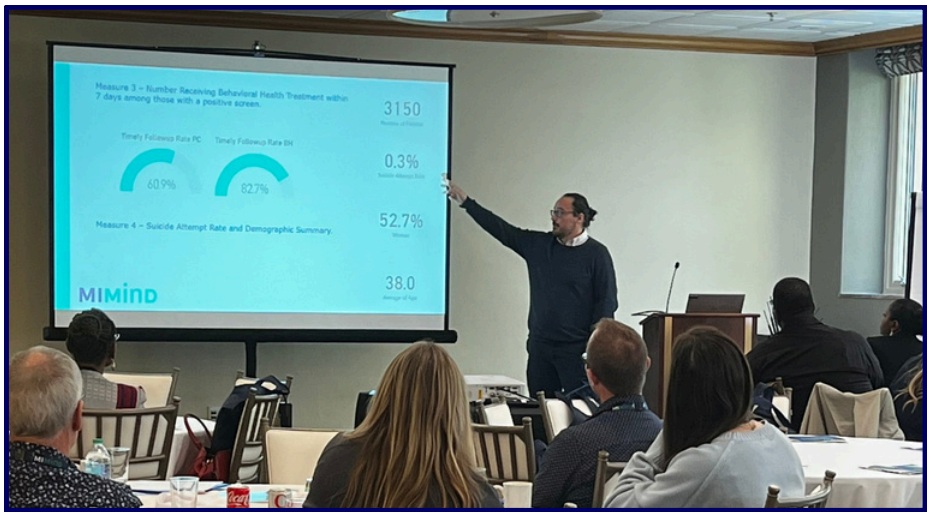
About Pine Rest

The third largest non-profit behavioral health provider in the nation, Pine Rest Christian Mental Health Services offers eight inpatient units, four partial hospitalization programs, psychiatric urgent care, addiction treatment, and recovery care. The main campus is located in Grand Rapids with 20 outpatient locations extending to northern Michigan. Pine Rest serves 55,000-60,000 patients a year who range in age from children to older adults. Learn more at https://www.pinerest.org.

The complexities of their PDSA also highlighted how they could better use Epic tools, giving providers clickable boxes where available and splitting fields for more detailed documentation. It also exposed other gaps, such as a need to expand training to team members in various roles and settings.

In Year 3, Edwards and her team have clear direction for their PDSA. "We think it's important to share our experience with other MI Mind Physician Organizations to demonstrate that not every PDSA is going to have the results you expected," she says. "For us, the process and the learning experience were invaluable as we continue our work this year."

SAVE THE DATES FOR 2025 REGIONAL AND COLLABORATIVE-WIDE MEETINGS



Key MI Mind meetings in 2025 have been scheduled. Please add to your calendar:

Regional Meetings from 11 a.m. to 2 p.m. on:

- Tuesday, May 20, 2025
- Tuesday, June 3, 2025

A Practice Clinical Champion and/or Practice Liaison from each participating practice are required to attend one of the three Regional Meeting options to receive credit on their Physician Organization Scorecard. Physician Organization leaders are encouraged to join.

The Collaborative-wide Meeting will be held Friday, October 24, 2025, from 9 a.m. to 1 p.m. Physician Organization leadership are required to attend to receive credit toward their Scorecard. Practice Clinical Champions and Practice Liaisons are also welcome to attend the Collaborative-wide Meeting.

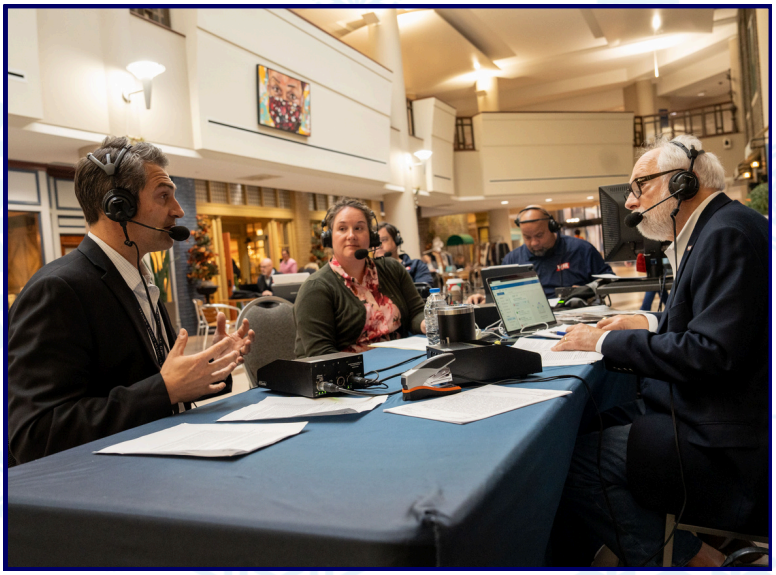
Locations for the Regional and Collaborative-wide Meetings will be announced soon. Watch your email, the spring issue of the MI Mind Memorandum newsletter and the MI Mind website for details.

Plan to Present at a Regional Meeting
Practice Clinical Champions and Physician Organization (PO) leads are invited to present at Regional Meetings. Presentations are 10- to 15-minutes long and can describe how you have strengthened your care pathway, partnered with other resources or organizations to prevent suicide, or another topic related to MI Mind protocols, processes, or suicide prevention. Presenters receive additional points on their PO Scorecard. For more information and to express your interest, email MIMind@hfhs.org.

JANUARY "ON MI MIND" WEBINAR: MOTIVATIONAL INTERVIEWING

Join the first MI Mind webinar of 2025 on Tuesday, Jan. 21 from noon to 12:45 p.m. Jordan Braciszewski, Ph.D., will present an overview of Motivational Interviewing geared toward primary care providers. This empirically supported, collaborative, goal-oriented communication style is valuable when patients are at risk for suicide. Dr. Braciszewski is a licensed clinical psychologist and senior scientist at the Henry Ford Health Center for Health Policy and Health Services Research.

Learn more and register for this and other upcoming MI Mind webinars, offered at no cost to any interested provider or healthcare professional.



ILLUMINATING SUICIDE RISK ON MICHIGAN RADIO

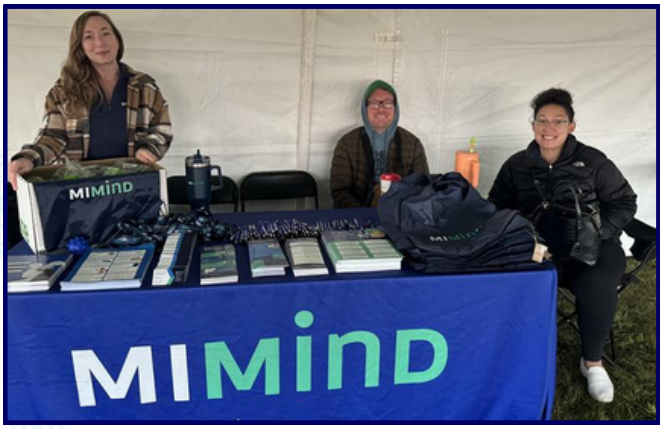
On Nov. 14, 2024, 760 WJR radio's Paul W. Smith interviewed Brian Ahmedani, Ph.D., LMSW, MI Mind Program director, on the program, "The Great Voice." Dr. Ahmedani addressed the effectiveness of treating suicide risk directly through healthcare provider screening. He also highlighted the global efforts of Zero Suicide International™. Listen to the interview and forward to the six-minute mark for the start of Dr. Ahmedani's comments.

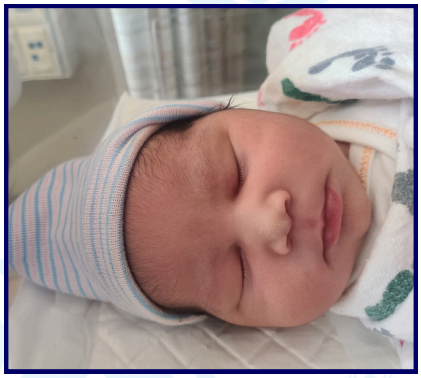
WJR's Paul W. Smith interviewed Brian Ahmedani, Ph.D., LMSW, MI Mind Program Director, about suicide prevention. Emily Sexton, Chief Executive Officer of Henry Ford Behavioral Health Hospital, was also interviewed for the broadcast.

INVITE MI MIND TO YOUR NEXT EVENT OR WALK

The MI Mind team is available to host a booth or table, provide materials or simply attend events in Michigan that align with MI Mind's suicide prevention mission. In the past year, the team has attended PRIDE events, Transgender Pride in the Park, and multiple walks to increase suicide prevention and mental health awareness. The team finds event participants interested in learning about MI Mind and express gratitude for the work providers are doing. Let us know your needs for the next event you are hosting or participating in by emailing MIMind@hfhs.org.

MI Mind hosted a table and a team of walkers in October at the American Foundation for Suicide Prevention's (AFSP) Out of the Darkness Community Walk, held on Belle Isle in Detroit. From left are team members Sarah Moore, Sr. Clinical Quality Improvement Lead; Jason Robertson, Sr. Marketing Specialist; and Gabrielle Benton, CQI Program Coordinator. Also at the walk were team captain Leslie Johnson, Clinical Quality Improvement Lead, and Tiwalola Osunfisan, M.D., MI Mind Content Expert.





MI MIND TEAM GROWS WITH A NEW FAMILY MEMBER

Please join the MI Mind team in welcoming their newest family member, Wulfe Sidereal Warchall-Spence. Sr. Analyst Jeffrey Warchall, his wife Samantha Spence, and Wulfe's big sister, Fox Aphelion were joined by Wulfe in October. She weighed in at seven pounds, seven ounces. "Wulfe was born with a full head of hair, just like her sister," says Warchall. "Fox is very excited to have a little sister and likes to 'help' with diapers so much that we have had to do a couple impromptu baths."

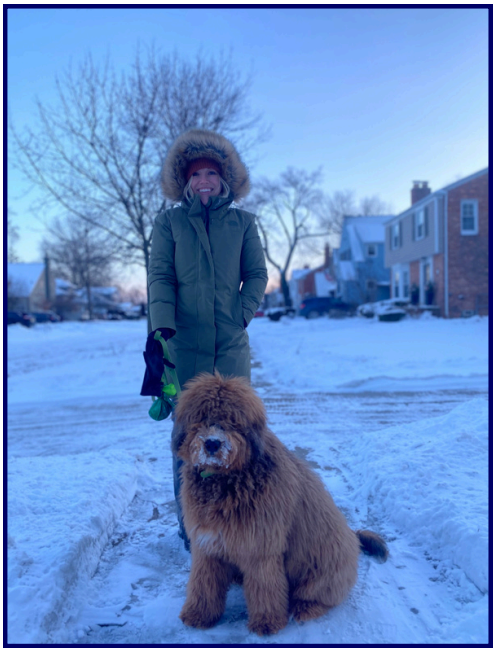
SEASONAL AFFECTIVE DISORDER RESOURCES FOR PATIENTS AND PROVIDERS

When the holiday season comes to an end and Michigan's dark, cold winter days set in, seasonal affective disorder (SAD) can lead to a shift in mood or worsen symptoms of depression. Providers and patients alike benefit from self-care. According to Denise White-Perkins, M.D., Ph.D. Chair, Department of Family Medicine, Henry Ford Health, "This can begin with taking small moments for self-care like eating a healthy meal/snack, getting a good night's rest, exercising, or offering support to a friend or family member who is struggling.

Additionally, meditating, taking a yoga class, or doing some breathing exercises may reduce feelings of stress and anxiety. Volunteering or engaging in random acts of kindness can also boost your mood and sense of purpose." (Read more from Dr. White-Perkins about Self-Care on the MI Mind blog.)

The National Institute of Mental Health (NIMH) offers patient-facing information about SAD that is easily shareable and may be helpful for your patients. This fact sheet from NIMH about SAD is written at a higher reading level.

INTRODUCING THE "PETS OF MI MIND" - GOUDA



Pet owners already know pets boost their mood, but a 2019 Washington State University study provided evidence. Researchers discovered 10 minutes of cuddling or petting a dog or cat significantly lowers cortisol. The study measured cortisol levels in 249 college students throughout the day and after an animal interaction. Those who had high cortisol levels, and even those whose cortisol levels were low before the interaction, had significantly less cortisol in their saliva after 10 minutes of petting or cuddling a dog or cat. Pets can also reduce loneliness and increase feelings of social support.

Pets are not only good for our mental health and managing stress, but they benefit our physical health by getting us moving. According to Heather Omdal, MPH, MI Mind Program Manager, her dog Gouda has been especially helpful in getting her through Michigan winters. "Coming from the west coast, the long, cold days of winter are hard for me," she says. "Gouda gets me outside and moving. Even when I don't feel like it, he needs to romp and he loves the snow. It's motivation to get out for a walk or to play no matter what the weather, and that lifts my mood. I always feel better and the long, dark days of winter are easier to manage. And, of course, he excels at cuddling all year round."

Gouda is an 18-month-old Bernadoodle. Weighing in at just over 100 pounds, he enjoys tug of war, playing hide and seek, the dog park with his friend Rio, cool tile on a hot day, belly rubs, and performing tricks for treats (he can roll over, spin, and shake with both paws!).

CONTACT US

To reach the MI Mind team, email MIMind@hfhs.org, One Ford Place, Suite 5E, Detroit, MI 48202.

If you have questions or suggestions for *The Mem,* please contact Program Manager Heather Omdal, homdal1@hfhs.org.