



# MIMind Memorandum

## In this issue of 'The Mem'

**MI Mind Continues to Grow**

**Literacy Impacts Patient Health**

**Recommended Reading: *No Mud, No Lotus: The Art of Transforming Suffering* by Thich Nhat Hanh**

**PDSA in Brief: What to Expect**

**2025-2026 Scorecard Requirements**

**Join our Team**

**Regional Meetings Recap**

**Coming Soon: MI Mind Dashboard**

**988 Update**

**Impact Video Debut**

**Summer Outreach Events**

**"Frankly Speaking"**

**Thank You Dr. Osunfisan**

**Pets of MI Mind: Tuxi**

## VISIONARY LEADERSHIP AT BLUE CROSS BLUE SHIELD PRIORITIZES SUICIDE PREVENTION



*Marc Cohen, BCBSM,  
Manager, Value  
Partnerships – Quality &  
Performance  
Improvement Initiatives*

Marc Cohen, MHSA, is the program manager for Blue Cross Blue Shield of Michigan Value Partnerships – Quality & Performance Improvement Initiatives. In this role he manages Collaborative Quality Initiative (CQI) development and administration, including MI Mind.

"Our medical leadership is visionary," says Cohen. "They are strong supporters of engaging our provider communities to collaborate on quality and develop clinically relevant and meaningful initiatives like MI Mind."

With 21 CQI programs, Blue Cross Blue Shield of Michigan is a leader in the state. Other insurance plans have replicated individual Blue Cross CQI programs, but none matches the

volume or variation of the program in its entirety.

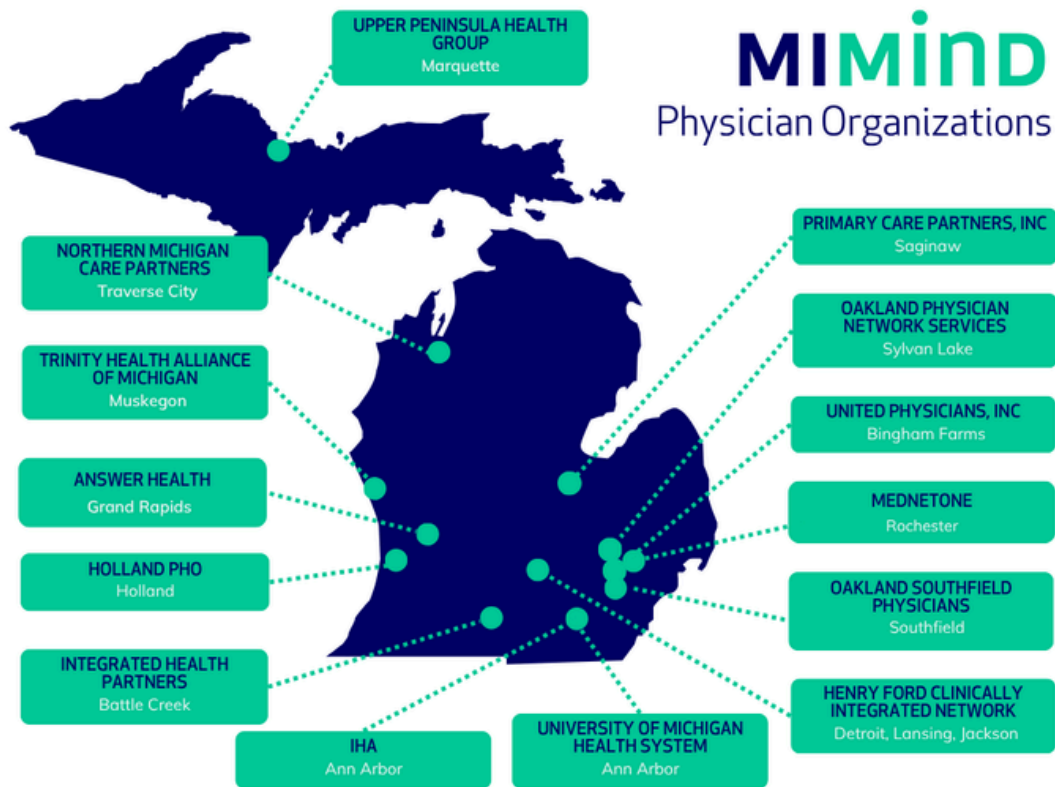
As MI Mind enters its fourth year, Cohen is excited about new data elements providers will receive as part of their engagement. "Until now, much of our evidence is anecdotal. But as data is collected and analyzed, we can apply it to population health, and that leads to significant changes and better outcomes." Behavioral health is a priority for Blue Cross, and the MI Mind program aligns with their perspective: prevent harm, address suicide prevention at every encounter, and improve overall health.

"For me, it has been a remarkable experience working with suicide prevention experts [Brian Ahmedani](#) and [Cathy Frank](#). They built the internationally recognized Zero Suicide model here in Michigan, and now we're putting it into action across the state. It's empowering to see how we can transform population health," says Cohen.

Heather Omdal, MI Mind Program Manager, adds, "We are thankful to Marc and to Blue Cross for making MI Mind a priority. As we continue our work, we hope to find additional opportunities to partner with Blue Cross to gather more data and advance suicide prevention strategies."

# MIMind

# MI MIND CONTINUES TO GROW WITH 233 NEW PARTICIPANTS



*As MI Mind kicks off Year 4, the Collaborative Quality Initiative has expanded to 159 practices and 967 physicians and providers.*

This spring, MI Mind welcomed 233 physicians and providers and 25 practices to the Collaborative Quality Initiative through these organizations:

[United Physicians, Inc.](#), one of Michigan's largest physician organizations representing nearly 2,500 physicians with medical staff privileges at hospitals throughout Southeast Michigan.

Northern Michigan Care Partners (NMCP), a collaborative organization that brings together physicians and hospitals across Northern Michigan, including Antrim, Benzie, Cheboygan, Emmet, Grand Traverse and Manistee counties, and works alongside Munson Healthcare hospitals. The organization prioritizes community needs, fosters broad physician leadership and input, and facilitates clinical integration and joint contracting to enable physicians and providers to work together more effectively.

[Oakland Physician Network Services](#), an independent, physician owned and operated corporation comprised of more than 425 primary care and specialty physicians in Southeast Michigan.

[Jackson Health Clinically Integrated Network \(CIN\)](#), a physician-led CIN with a shared governance structure. Network membership cares for nearly the entire population of Jackson County and is growing to serve adjacent areas.

Additional [Henry Ford Medical Group](#) physicians and providers.

These clinicians and practices expand MI Mind's presence into northern and central Michigan. MI Mind is continuing to build strong coverage throughout the state and in densely populated Southeast Michigan.

According to Heather Omdal, MI Mind Program Manager, "MI Mind has achieved robust implementation of our protocols over the last several years. New practices, physicians and providers will be a great addition to collaborative care and continue to help us innovate clinical care pathways within our program."

New MI Mind participants will be officially welcomed at the Collaborative-wide meeting in October.

# 'I DON'T UNDERSTAND!'

## LITERACY IMPACTS PATIENT HEALTH



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

According to the [National Literacy Institute](#), 54% of adults have literacy below a 6<sup>th</sup> grade-level, and 20% are below 5<sup>th</sup> grade. A [2023 measure of adult numeracy](#) revealed that one-third of Americans struggle to perform tasks beyond basic arithmetic and problem solving.

"Patients who struggle with everyday literacy and numeracy will also struggle with health literacy, making it difficult or impossible to understand their health and take action," says Leslie Johnson, R.N., MI Mind Clinical Quality Improvement Lead. Some patients won't ask questions and just tell their doctor they understand because they feel embarrassed.

Passionate about health literacy, Johnson recalls when a patient she cared for as an in-home nurse tripled his medication: "He saw his PCP and then went to two

urgent care centers with ongoing knee pain. At each visit, he received a different NSAID and was taking all three medications. After I contacted his PCP, I was able to let the patient know which one he should take."

Limited health literacy is associated with more ED visits, hospitalizations, medication non-adherence and mortality. It is a strong predictor of health status. However, even educated patients may fail to understand materials.

Johnson explains, "We sometimes presume people have knowledge they do not. Even when someone has a high level of education, they may not have high health literacy and are unable to comprehend unless it is presented in plain language."

For MI Mind physicians and behavioral health providers, it is important to estimate a patient's health literacy. "People at risk for suicide who also have low health literacy may not understand warning signs, the importance of telling their provider if they screen positive, and their treatment plan. While the PHQ-9 is designed to be easy to read, patients with low literacy may have difficulty with it and need more support reading and answering the questions," advises Johnson.

### How do I measure my patients' health literacy?

The [rapid estimate of adult literacy in medicine](#) is a short assessment tool. The patient reads a list of seven words and says "pass" if they don't know how to say the word. "If the patient is unable to say or read the word, you'll know you need to spend more time with them and use more plain language to be sure they understand," recommends Johnson.

A keyway to assess understanding is "teach-back." Johnson explains, "Simply ask the patient to tell you what you told them or what you've reviewed with them. Their ability — or inability — to repeat the information will reveal their understanding and simultaneously give you the opportunity to clarify."

Practices can use readability checkers to evaluate the reading levels of their written materials. The [Simple Measure of Gobbledygook](#) is a free tool that enables you to copy and paste text into the calculator to measure reading level.

To learn more about health literacy, contact Leslie Johnson, BSN, R.N., CPHQ, [ljohns19@hfhs.org](mailto:ljohns19@hfhs.org).

## RECOMMENDED READING

No Mud,  
No Lotus



Thich Nhat Hanh

*No Mud, No Lotus: The Art of Transforming Suffering* is a short but profound guide to embracing pain with mindfulness and compassion.

Drawing on Buddhist wisdom, Thich Nhat Hanh reminds us that just as the lotus can only bloom in muddy water, happiness can only arise when we face and understand our suffering. With a simple, compassionate tone, he encourages readers to stop running from discomfort and instead gently sit with it, using mindfulness practices such as conscious breathing and present-moment awareness. Through this approach, we learn that suffering is not a mistake or detour — it's a necessary part of the human experience that, when met with understanding, can lead to healing and joy.

The book's hopeful message, practical exercises, and reflections on impermanence make it a meaningful resource for anyone seeking peace amid life's challenges.

*One lucky reader will win this book! Winner will be selected via random drawing from The Mem subscriber list and will be notified by email the week of 8/25/25.*



# THE PDSA IN BRIEF:

## WHAT TO EXPECT FOR YOUR COHORT



*Sarah Moore, LMSW,  
Sr. Clinical Quality  
Improvement Lead*



*Leslie Johnson, BSN,  
R.N., CPHQ, Clinical  
Quality Improvement  
Lead*



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

As MI Mind cohorts gain experience with CQI protocols and Plan-Do-Study-Act (PDSA) cycles, PDSAs become increasingly individualized for each practice and patient population. The MI Mind CQI team learns from every cohort and fine tunes the PDSA process for the next year, maximizing learning for participants.

### Year 1

In Year 1, Practice Clinical Champions and Practice Liaisons work with their clinic team to test a small change in processes to work toward increasing suicide risk screening at their practice. “Every year, we understand how to better prepare participants for the PDSA,” says Moore. “In Year 1, our goal is to set you up for success. We look for learning and improvement.”

While some providers join MI Mind with experience using the PHQ-9, for others, using the PHQ-9 with patients may be new. Practices also gain awareness, insight and experience with the PDSA process and generate ideas for future PDSAs.

“Every year, we continue to see better and better PDSAs from Year 1,” says Moore.

### Year 2

In Year 2, the MI Mind CQI team anticipates participants will build on knowledge gained in Year 1. Practices are encouraged to select a change within the Zero Suicide Care Pathway for their PDSA.

“In the past, many have chosen to complete PDSAs on [Caring Cards and Letters](#), lethal means counseling, and [safety plans](#),” says Johnson. “Others developed a change to increase PHQ-9 screening and move closer to screening every patient, every time.”

Practices may discover that a change isn’t effective. “One practice learned email reminders for team members did not increase PHQ-9 consistency. Finding out what doesn’t work is just as valuable and opens possibilities for different tactics in the future,” adds Johnson.

### Year 3

By Year 3, participants have become more familiar with the PDSA process. They engage in three coaching calls with the MI Mind CQI team regarding advanced quality improvement.

“The PDSAs are higher caliber and more advanced,” explains Gagnon. “We provide a detailed educational worksheet to support quality improvement and structure Year 3 work. The focus is on data and utilizing advanced quality improvement strategies to target the specific needs of each clinic.”

Gagnon reports that Year 3 PDSAs have been impressive, incorporating unique strategies that improve the clinic processes in following the Zero Suicide Care Pathway. “We’ve seen creative solutions in Year 3, such as integrating kiosks into the check-in process to address patient technology challenges with PHQ-9s and educating staff on critical incident processes. Participants honed in on exactly what was most needed for their clinic to truly improve patient care and follow what the Zero Suicide Care Pathway stands for,” she adds.

### Year 4

By Year 4, participants will be familiar with the PDSA rubric and process. “Our goal is that they utilize the skills learned in previous years and combine them with the new advanced quality improvement tools taught this year to improve patient care within the Zero Suicide Care Pathway,” say Gagnon.



# A PRACTICAL SYNOPSIS OF 2025-2026 SCORECARD REQUIREMENTS

The MI Mind team offers a brief overview of the Physician Organization (PO) and Value-based Reimbursement (VBR) Scorecard components for 2025-2026:

**Collaborative Meetings:**

- Regional Meeting: Practice Clinical Champions and/or Practice Liaisons attend one Regional Meeting, held annually in spring. This is a requirement for the PO and VBR Scorecard for all years of participation.
- Collaborative-wide meeting and quarterly meetings: PO leadership attends one Collaborative-wide meeting, held annually in the fall, and quarterly meetings throughout the year. This is a requirement for the PO Scorecard for all years of participation.

**Training Curriculum:** Practice Clinical Champions and/or Practice Liaisons attend their assigned curriculum, which are measured on both the PO and VBR Scorecards. There are four hours of training in Years 1 and 2, while there are three hours of training in Years 3 and 4.

**Annual Care Pathway Survey:** Practice Clinical Champions and/or Practice Liaisons complete an annual Care Pathway Survey on the MI Mind Partner Portal for each practice. This is a requirement for the VBR Scorecard for all years of participation.

**Plan-Do-Study-Act (PDSA):** Practice Clinical Champions and/or Practice Liaisons complete one PDSA per practice with a passing score according to the PDSA Rubric. This is a requirement for the PO and VBR scorecard for all years of participation.

**Data:** In all years of participation, data components are coordinated between each PO and the MI Mind Team. The PO can opt to either submit data directly or utilize an approved third-party Data Partner.

- Year 1: POs set up the legal and technical framework for submitting data, which is measured on the PO Scorecard.
- Year 2: POs begin an introductory data submission process, which is measured on the PO Scorecard.
- Years 3 and 4: POs begin regular data submissions which are measured on the PO Scorecard, and are assessed on data performance measures, which are measured on both the PO and VBR Scorecards.

Please note that there are no additional steps for Practice Clinical Champions and/or Practice Liaisons to take regarding data submission, unless directly specified by their corresponding PO Leadership. If you have questions about PO and VBR Scorecard requirements, email [MIMind@hfhs.org](mailto:MIMind@hfhs.org).

Michigan Mental Health Quality Initiative		Measurement Period	PGIP P
Measure #	Weight		
1	33%	recruitment of PCPs (primary care and psycho)	PCPs must b
		POs with 1) more t	or POs with
		POs with eligible S	or POs with adult PCP
		POs with SCP/25%	or POs with
		NOTE: Failu any relate	
2	15	PO Represe	PO Repre
		PO Repre	quarterly
		PO Repre	quarterly
		PO Repre	quarterly
		PO Repre	including

## HELP US GROW THE MI MIND TEAM

The MI Mind team is expanding with the addition of a Quality Improvement Lead position for Behavioral Health. Quality improvement experience is required. In addition, we are seeking candidates with expertise in at least one of the following areas: family medicine, behavioral health, or pediatrics, as the position will support the launch of our Youth Zero Suicide initiative. If you know a qualified person, please share the [job description](#) with them.



# REGIONAL MEETINGS GENERATE THOUGHT-PROVOKING DISCUSSIONS

In May and June, MI Mind Regional Meetings were held in Midland and Traverse City and offered virtually. The Midland meeting attracted the most attendees. Regional Meetings are held every spring and bring Practice Clinical Champions and Practice Liaisons together to share best practices. Speakers earn points for their Physician Organization (PO) scorecard for presenting.

Heather Omdal, MPH, MI Mind Program Manager, said, "Participant presentations at all three meetings were excellent. Attendees were very engaged and shared their experiences and insights. Formal presentations and informal discussions were thought-provoking and motivating for our team and our participants. The MI Mind team thanks everyone for attending and for completing the post-meeting survey. We appreciate knowing what was helpful for you and look forward to implementing your suggestions at future meetings."

Sarah Moore, LMSW, MI Mind Sr. Clinical Quality Improvement Lead, added, "Our speakers helped create a great collaborative environment and opened up conversation about unique ways to support quality improvement and care pathways for suicide prevention. It is energizing when participants from all over the state come together, meet personally and share their ideas."

## Midland Meeting, May 20, 2025

Keynote: Brian Ahmedani, Ph.D., LMSW, MI Mind Program Co-Director

Participant presentations:

- Jill Fenske, M.D., University of Michigan Health System
- Kiarra Lane, LLMSW, and Monica Johnson, LMSW, Trinity Health Alliance of Michigan
- Elise McNulty, LMSW, PMH-C, Trinity Health IHA Medical Group

Physician Organizations in attendance:

- Answer Health
- Henry Ford Medical Group
- Integrated Health Partners
- MedNetOne
- Primary Care Partners, Inc.
- Trinity Health Alliance of Michigan
- Trinity Health IHA Medical Group
- University of Michigan Health System
- Upper Peninsula Health Group



*Continued on page 8*



## REGIONAL MEETINGS GENERATE THOUGHT-PROVOKING DISCUSSIONS

Keynote: Cathrine Frank, M.D., MI Mind Program Co-Director

- Michelle Richards, LMSW, Primary Care Partners, Inc.

- Answer Health
- Holland PHO
- Primary Care Partners, Inc.
- Trinity Health Alliance of Michigan
- Trinity Health IHA Medical Group
- Upper Peninsula Health Group



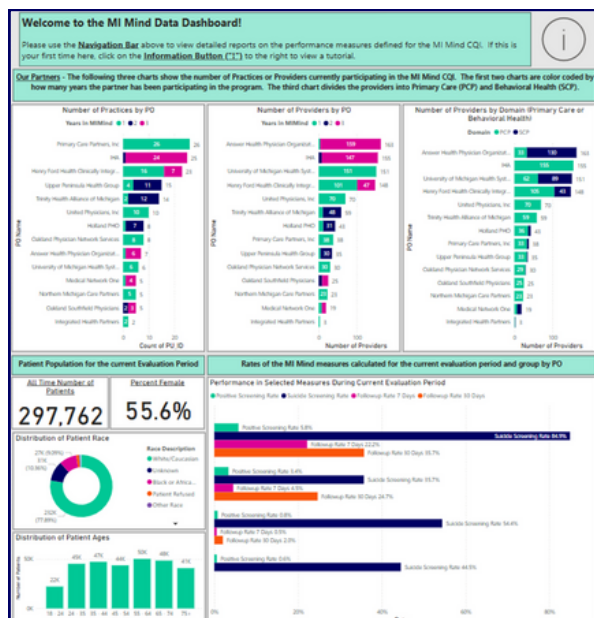
Keynote: Cathrine Frank, M.D., MI Mind Program Co-Director

- Steven Bartek, M.D., University of Michigan Health System
- Sarah Gurd, BSN, R.N., Answer Health

- Answer Health
- Henry Ford Medical Group
- Trinity Health Alliance of Michigan
- Trinity Health IHA Medical Group
- University of Michigan Health System
- Upper Peninsula Health Group



## ACCESS YOUR MI MIND DATA DASHBOARD THIS FALL



“Practice Clinical Champions and Practice Liaisons can use the data dashboard to see how they and their clinic are performing in the measures rolled out this year and how they compare to the group,” explains Clinical Quality Improvement Lead Olga Gagnon, FNP-BC, MSN.

"There are no additional tasks or data for clinicians to submit," adds Gagnon.

MI Mind team members will provide instructions and support for using the dashboards when they go live.



# 988 LIFELINE CONTINUES SERVICE FOR ALL PEOPLE

Beginning July 17, the national [988 Suicide & Crisis Lifeline](#) no longer offers the option to “press 3” for LGBTQ+ youth services. This option connected callers with counselors specializing in assisting LGBTQ+ people under age 25. It is important to communicate to patients that the 988 Lifeline is still available 24/7 and that everyone who calls or texts the service will be connected with trained crisis counselors. Counselors assist all people who are suicidal, experiencing a mental health crisis or in emotional distress.

The [Trevor Project](#) continues to offer crisis counseling services especially for LGBTQ+ young people. Their services are always available (24/7), confidential and free.

Patients can:

- Call: 1-866-488-7386
- Text: 678-678
- Chat: <https://chat.trvr.org/>

In Michigan, the 988 Lifeline has one of the fastest response times in the nation and assists as many as 9,000 callers per month.

# 988

---

## SUICIDE & CRISIS LIFELINE

## MI MIND MATERIALS ARE AVAILABLE IN MULTIPLE LANGUAGES

The graphic displays MI Mind resources in four languages: English, Spanish, Chinese, and French. Each language section includes contact information for the 988 Suicide & Crisis Lifeline, Trans Life Line, Veterans Crisis Line, and a local MI Mind crisis line. The English section also lists the 988 Lifeline, Trans Life Line, Veterans Crisis Line, and a local MI Mind crisis line. The Spanish section lists the 988 Lifeline, Trans Life Line, Veterans Crisis Line, and a local MI Mind crisis line. The Chinese section lists the 988 Lifeline, Trans Life Line, Veterans Crisis Line, and a local MI Mind crisis line. The French section lists the 988 Lifeline, Trans Life Line, Veterans Crisis Line, and a local MI Mind crisis line.

MI Mind materials for patients and their loved ones are available in English, Arabic, Bengali, French, Hindi, Mandarin, and Spanish. These include:

- If you're thinking about suicide, read this first
- Preventing suicide, tips for parents
- Understanding and helping someone who is suicidal
- Crisis Cards

To access these materials, visit the [Tools and Materials page](#) on the MI Mind website and scroll to the bottom of the page. The materials are free to access and printer friendly.

If you need materials in a language not yet available, please email us at [mimind@hfhs.org](mailto:mimind@hfhs.org). We are tracking requests for additional languages to direct our future materials translations.

## MI Mind Impact Video Debut

Check out our latest video highlighting MI Mind's statewide progress in improving mental health care. Hear directly from clinicians and leaders as they share insights into MI Mind's mission, the essential support provided by the Coordinating Center, BCBSM, and future plans for advancing quality mental health care and suicide prevention across Michigan.



# SPREADING HOPEFUL MESSAGES AT SUMMER OUTREACH EVENTS

The MI Mind team ventures to events throughout the year to provide suicide prevention outreach and materials to attendees. This summer, team members joined the Henry Ford Health Pride Employee Resource Group at Motor City Pride, held June 7 and 8 at Detroit's Hart Plaza. They also hosted a booth at [Viewfest 2025](#), the largest mental health experience in the nation, at the Detroit Zoo on July 13.

MI Mind will host a booth at the NAMI Walks Michigan, Saturday, Sept. 20, at the University of Detroit McNichols Campus. [Learn more.](#)

## Join the MI Mind team at the AFSP Out of the Darkness Walk

Leslie Johnson, BSN, R.N., CPHQ, Clinical Quality Improvement Lead, is leading the MI Mind team for this year's Out of the Darkness Walk on Saturday, Sept. 27 at Belle Isle. Check-in begins at 8 a.m. MI Mind participants, their friends and family members are invited to [join the MI Mind team](#) and raise awareness and funds to support suicide prevention.



## MANY THANKS TO MI MIND CONTENT EXPERT

Tiwalola Osunfisan, M.D., Henry Ford Health Psychiatrist and the Lead Physician for Behavioral Health Integration initiatives with Primary Care and Women's Health, has worked with the MI Mind CQI as a content expert since its first year in 2022. She will continue to support MI Mind in a volunteer capacity. The MI Mind team extends heartfelt thanks for her wisdom and continued encouragement.

According to Dr. Osunfisan, "I believe in the mission of MI Mind and growing awareness in the Michigan primary care physician community. MI Mind raises the confidence of our physicians, who become equipped with the knowledge and information they need as first mental health responders. By giving them language and direction, they gain the courage to ask patients difficult questions and the resources to provide follow-up care. Patients no longer need to hide part of themselves, and physicians can build more authentic, honest relationships with them."

Dr. Osunfisan thanks the entire MI Mind team, especially [Dr. Cathy Frank](#) and [Dr. Brian Ahmedani](#), for the opportunity to work with them as a content expert. She looks forward to the expansion of Henry Ford Zero Suicide® model on a global scale.



# “FRANKLY SPEAKING” WITH DR. FRANK



*By: Cathrine Frank, M.D.  
Co-Director, MI Mind*

There are many risk factors that impact suicide. Certain conditions are called non-clinical drivers of health which are non-medical conditions that impact a person's health outcomes, quality of life, and functioning. We know that some societal issues influence non-clinical drivers of health and put people at statistically greater risk for suicide. For example, patients who are exposed to poverty, limited affordable housing, trauma, discrimination, fewer educational and occupational opportunities, violence (such as childhood abuse and neglect), and lack of access to healthcare are at higher risk.

While anyone can experience suicide risk, some populations experience more difficult social conditions and have higher suicide rates than the general population. The highest rates of suicide in 2023 occurred in non-Hispanic American Indian and Alaskan Native people (23.8/100,000 lives) with non-Hispanic White people (17.6/100,000 lives) secondarily affected. The suicide rate among males is approximately four times higher than females (22.7/100,000 lives as opposed to 5.9/100,000 lives in females), while the LGBTQ+ community and veterans have higher risk for suicide as compared to the general population.

As physicians and therapists, we universally screen for suicide risk, but awareness of all of a person's risk factors, including non-clinical drivers of health, can help us identify and when possible, modify risk factors. At MI Mind, we use this awareness to design and offer preventive services that align with how a group uses health care. While we cannot change all risk factors, we can address these conditions and lower suicide risk by being aware and offering a broad array of services that matches lifestyle and public health needs.

## FREQUENTLY ASKED QUESTIONS FROM MI MIND PARTICIPANTS



### How can I earn additional points on my PO scorecard?

There are several opportunities for Practice Clinical Champions, Practice Liaisons, and Physician Organization (PO) leads to earn additional points:

- 10 points: Present at Regional or Collaborative-wide meetings. The upcoming Collaborative-wide meeting is Friday, October 24, from 9 a.m. to 1 p.m. at Weber's Boutique in Ann Arbor. Presentations are 10- to 15-minutes long and can describe your PDSA, 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.
- 2 points: Write a [MI Mind blog](#) article.
- 2 points: Write an article for the [MI Mind Memorandum](#) newsletter.

For more information and to express your interest, email [MIMind@hfhs.org](mailto:MIMind@hfhs.org).

### When can I register for the fall Collaborative-wide Meeting?

Registration is now open for the 2025 Collaborative-wide Meeting, Friday, Oct. 24, from 9 a.m. to 1 p.m. at Weber's Boutique in Ann Arbor. Physician Organization leadership are required to attend to receive credit toward their Scorecard. Practice Clinical Champions and Practice Liaisons are also welcome to attend, but it is not required. Participants enjoy delicious meals and MI Mind “swag” in addition to opportunities to connect with MI Mind colleagues from across the state. This year's keynote speakers will be Former Michigan State Senator Debbie Stabenow and current Miss Michigan, Hannah Palmer. [Register today.](#)



# TUXI D. LUXE: FROM HAMTRAMCK PORCH CAT TO HIGH-RISE DIVA

Just before the COVID pandemic erupted, a black-and-white cat began showing up on Sr. Clinical Quality Improvement Lead Sarah Moore's porch in Hamtramck.

"When I started working from home, I went outside to visit Tuxi every day. I was seeing patients back-to-back for therapy, and Tuxi helped me get out of the house and disconnect from work," she recalls. "Tuxi would greet me on the porch every day and even go on walks with me".

Soon Moore and her landlord set out to find the chatty cat a home. "But when I thought about it, I realized she was my cat and I was her human and I couldn't imagine anyone else taking care of her. By fall 2020, she was living inside with me," says Moore.

Her first cat, Tuxi has captured Moore's heart over the last five years, moving with her from Hamtramck to a high-rise apartment in Detroit proper. A true Detroit lady, Tuxi earned her full name, Tuxi D. (for Detroit) Luxe, from her diva-like attitude and her formal tuxedo attire. Friendly and food-motivated, the now eight-year-old Tuxi has charmed Moore, her friends and family.



A licensed medical social worker, Moore recognizes that pets comfort people and can be invaluable during tough times. "The drive to be there for your pet and care for them creates purpose, and pets offer reciprocal love. Having a pet can lead a person contemplating suicide to think twice," she says.

The American Foundation for Suicide Prevention (AFSP) also recognizes the value of pets in preventing suicide and publishes the Paws for Prevention calendar every year. Tuxi was selected to appear in the 2025 calendar as the April calendar pet.

Moore says Tuxi has taught her many lessons: "I'm always learning from her. She rests when she needs to, lets people know what she wants, and isn't afraid to talk to anyone. She's always there for me, and I love to connect with people through her crazy 'come-up' story."

## CONTACT US

To reach the MI Mind team, email [MIMind@hfhs.org](mailto:MIMind@hfhs.org), 1 Ford Place, Suite 5E, Detroit, MI 48202.

If you have questions or suggestions for *The Mem*, please contact Sr. Marketing Specialist, Jason Robertson, [jrober40@hfhs.org](mailto:jrober40@hfhs.org).