

MIMIND Memorandum



LEGISLATION COMPLEMENTS SUICIDE PREVENTION WORK

National and state legislation includes new features that could complement MI Mind suicide prevention strategies.

Substance Use Disorder Patient Record Law

In February, the U.S Department of Health and Human Services (HHS) modified Confidentiality of Substance Use Disorder (SUD) Patient Records regulations at 42 CFR Part 2 to better align the rule with the Health Insurance Portability and Accountability Act (HIPAA). While continuing to protect patient privacy, the rule improves the integration of SUD health records with the patient medical record, giving providers more complete information about a patient's SUD history. The rule also eases administrative burden for providers.

According to Lauren Lambert, MPP, manager, Health Policy at Henry Ford Health's Center for Health Policy and Health Services Research, "42 CFR is specific to protecting the identity, diagnosis and treatment for patients with substance use disorders, and was initially more restrictive and protective. The final rule, Part 2, permits disclosure based on a single patient consent for treatment, payment and healthcare operations."

The final rule went into effect in April, but health providers have until Feb. 16, 2026 to comply. Compliance will make the exchange of information between providers easier and more streamlined. To learn more, review the HHS [press release](#) and [fact sheet](#) on 42 CFR Part 2.

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MIMIND

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LEGISLATION COMPLEMENTS SUICIDE PREVENTION

Gun Safety Laws

A package of Michigan gun safety bills was signed into law in February. Portions of these laws are helpful in preventing gun-related suicides.

Safe Storage Law

The Michigan Department of Health & Human Services (MDHHS) [Public Act 17 of 2023](#) requires safe storage of firearms to prevent access to minors. Guns must be stored unloaded and locked, either with a locking device like a trigger lock or in a gun safe case if the owner reasonably knows the firearm could become accessible to a minor.



Sharing this law with patients and encouraging compliance could prevent gun-related suicides by delaying gun access. According to MI Mind Program Director Brian Ahmedani, Ph.D., LMSW, “Any disruption in a path to suicide can disrupt the suicide attempt. If a firearm or other planned means is not easily available, suicidal people seldom switch to another means in that moment. Disrupting a person’s cognitive path can allow the crisis to dissipate.” Read Dr. Ahmedani’s Blog about [firearm and lethal means safety](#).

Extreme Risk Protection Orders (ERPO)

Also known as “red flag laws,” these civil court orders temporarily prevent a person in distress or crisis from using a firearm to inflict damage on themselves or others. ERPO Public Act 38 is of particular interest to healthcare providers. The law enables healthcare providers, family members and law enforcement to file an ERPO petition for a restriction that prohibits a person in crisis from possessing or purchasing firearms and ordering the surrender and seizure of the individual’s firearms.

Physicians, physician assistants, nurse practitioners, certified nurse specialists, and licensed mental health professionals can file an ERPO petition if they believe a patient is at risk of harming themselves or others. A judge has 24 hours to decide on a protection order after a request is filed. If granted, the judge then has 14 days to set a hearing for the individual to prove they do not pose a significant risk. A standard order lasts one year. ERPOs are appropriate interventions even if the individual at risk does not possess a firearm, because they also prevent future firearm purchases while the order is in effect.

The University of Michigan Institute for Firearm Prevention provides helpful [summaries of the ERPO laws](#). They also provide [instructions for how to file an ERPO](#). If you have additional questions about SUD, safe storage, or ERPO laws, contact your organization’s health policy team.

END-OF-YEAR MI MIND TRAINING UPDATE



*Sarah Moore,
LMSW, Clinical
Quality
Improvement
Trainer*



*Leslie Johnson,
RN, Quality
Improvement
Lead*

The MI Mind Training Team is preparing to wrap up and celebrate completion of training and PDSAs for Cohorts 2022 and 2023 in June. Training dates for the next measurement period and training season will be available on the [MI Mind Partner Portal](#) in the coming months. The MI Mind team will notify P.O. leads when these dates are available.

“While you don’t need to sign up yet, you can log onto the MI Mind Partner Portal to review training materials and resources available and get familiar with the platform if you are new to the program,” says Sarah Moore, LMSW, Sr. Quality Improvement Lead and Clinical Trainer. “We have seen the MI Mind practices and providers making strides to introduce changes in their clinics and with patients to support suicide prevention efforts. We have also gleaned some best practices and ideas from participants to support further Zero Suicide recommendations, and the MI Mind team looks forward to sharing those in the coming year.”

If you have questions about training or logging into the MI Mind Partner Portal, email the MI Mind team at MIMind@hfh.org.

REGIONAL MEETINGS KICK OFF IN ANN ARBOR

The first MI Mind Regional Meeting was held May 22 at Weber's Inn in Ann Arbor.

Response for the second Regional Meeting, Tuesday, June 11 from 6 to 8 p.m. at the [Delamar Traverse City](#), was excellent and the meeting is filled.

Virtual Regional Meeting in August

For those who could not attend the in-person meetings, a virtual Regional Meeting is scheduled for Thursday, Aug. 1 from noon to 2 p.m. Watch your email for details and a registration link.



Round-table discussions at the Ann Arbor Regional Meeting brought providers together for collaboration.



MI Mind Program Manager Heather Omdal and Senior Analyst Julie Ge welcomed participants to Weber's Inn.



Kristyn Spangler, LMSW, associate division director – Behavioral Health, IHA Medical Group, presented on how behavioral health and primary care partner to prevent suicide at IHA Medical Group.



Nicole Steffen, LMSW, team lead/coordinator, Trinity Health Medical Group – West Michigan, presented on Trinity Health's suicide prevention policies, their integration of the PHQ-9, and how behavioral health and primary care coordinate in their clinics.

NEW MEMBERS INVITED TO OCTOBER COLLABORATIVE MEETING



All Provider Organization (P.O.) leaders, including new MI Mind members, will be invited to a Collaborative meeting on Friday, Oct. 11 from 9 a.m. to 1 p.m. at [St. John's Resort](#) in Plymouth, Mich. Watch your email, The MI Mind Memorandum newsletter and the [MI Mind website](#) for details.

WHITE HOUSE INVITES MI MIND PROGRAM DIRECTOR FOR SUICIDE PREVENTION STRATEGY UNVEILING



MI Mind Program Director Brian Ahmedani, Ph.D., LMSW, met U.S. Surgeon General Vivek Murthy, M.D., at the White House in April.

Brian Ahmedani, Ph.D., LMSW, MI Mind program director, travelled to the White House for the unveiling of the [U.S. National Strategy for Suicide Prevention](#) in April. At the same time, the White House released the first ever Federal Action Plan to accompany the National Strategy, which lays out specific steps for preventing suicide.

The invitation recognizes Henry Ford Health's groundbreaking [Zero Suicide Initiative](#) that began more than 20 years ago and continues to influence suicide prevention strategies domestically and internationally. Cathy Frank, M.D., MI Mind Program Director, also led this charge.

"Throughout the National Strategy and Federal Action Plan, it is clear that healthcare systems are critical for suicide prevention," said Dr. Ahmedani. "MI Mind is a ground-breaking, first-of-its-kind statewide effort that has an incredible opportunity to become a model on how we can work together to prevent suicide across the nation."

The National Strategy focuses on identifying and supporting people with increased risk through treatment and crisis intervention, preventing reattempts, promoting long-term recovery, and supporting survivors of suicide loss. The Federal Action Plan identifies 200 actions to be initiated and evaluated over the next three years. These include identifying ways to address substance use and suicide risk together in the clinical setting, funding a mobile crisis locator for use by 988 crisis centers, increasing support for people impacted by loss from suicide, and evaluating community-based suicide prevention strategies. Read the [official White House press release](#) for more details.

ZERO SUICIDE INTERNATIONAL SUMMIT

MI Mind and Henry Ford Health, together with world-renowned suicide prevention experts, will host the 5th [Zero Suicide International Summit](#) in Liverpool, England June 23-25. The Summit is presented in partnership with Zero Suicide Alliance.



The event brings suicide prevention experts together to share insights, best practices, innovations, and implications of the Zero Suicide Model in the pursuit of reducing suicide globally. MI Mind Program Director Brian Ahmedani, Ph.D., LMSW, is a featured speaker at the event.

988 CALL ROUTING BY LOCATION

The U.S. Federal Communications Commission has introduced a bill (Local 988 Response Act of 2023) that will require telecommunications companies to route calls to the 988 Suicide and Crisis Lifeline based on the caller's physical location rather than the caller's cell phone area code. Most people keep their cell phone numbers when they relocate, and their cell phone area code does not reflect the location where they currently live.

The proposed requirement is intended to ensure that when callers reach out to 988 for help, they will be connected with the call center/response team closest to where the call generated. Call center teams will be able to offer local follow-up and ongoing support for callers in their neighborhoods. Callers' specific locations will not be revealed. The bill will also instruct phone carriers to allow calls and texts to 988 even if an individual's phone plan is inactive or the carrier is experiencing a service interruption, similar to what already exists for 911 calls. [Learn more.](#)

UPPER PENINSULA PROVIDERS REFLECT ON MENTAL HEALTH CARE CHALLENGES



Kelly Fletcher, M.D., has provided primary care in rural settings throughout her career.

MI Mind providers in Michigan's Upper Peninsula (U.P.) have unique challenges when it comes to suicide prevention care for their patients.

According to family practitioner Kelly Fletcher, M.D., a MI Mind provider with Upper Peninsula Health Plan (UPHP), "In the U.P., we lack inpatient availability for high-risk patients and have minimal resources in our clinics. We often have to rely on our emergency departments for patients in crisis."

UPHP behavioral health provider Dorothy Kahler, Ph.D., echoes Dr. Fletcher's observations. She has seen many of her colleagues retire in recent years without new ones to fill the void. Telehealth offers some relief, is appealing to patients and reduces long waits for counseling, which can be three months or more.

Dr. Fletcher has provided primary care in rural settings her entire career, and says for most patients, "the PCP is their everything." She estimates that among her patients, at least half have mental health symptomology. "Patients come in for a physical health need and along the way we discover they also need some mental health care. The MI Mind protocols, such as the PHQ-9 and safety plans, increase the frequency and regularity of screening and offer a clear, evidence-based path for prevention and treatment. Having more connections to resources is helpful," she says. She often uses her own history of substance misuse and mental health challenges to connect with patients, and finds patients are receptive. "They take their guards down," she says.

Based in Marquette, Dr. Kahler is a "one-woman show," acting as sole therapist, secretary and accountant for her practice. She points out that another limiting factor for U.P. residents is insurance coverage. "Many therapists just don't take certain insurances, including Medicare and Medicaid. It makes finding a therapist, covering the cost, and getting an appointment when needed too challenging for many people to overcome." Dr. Kahler has had several clients who experienced suicidal ideation and some who have attempted suicide in the past.

Dr. Kahler keeps communication open and provides her personal cell phone number for patients in crisis. "When a client needs to be in touch between sessions, they can contact me directly. When they're having a hard time, I can usually help them get back on track by reminding them what to do and lightening their mood until I can see them in person."



Dorothy Kahler, Ph.D., is an avid kayaker and takes advantage of the many kayaking opportunities in Michigan's Upper Peninsula.

In her practice, Dr. Kahler relies consistently on face-to-face communication with her clients. She says, "MI Mind has made me more aware of the importance of always screening for suicide risk and not becoming overly confident that patients aren't at risk. It's better to be cautious."

Dr. Fletcher has observed that patients can get their "feathers ruffled" when asked questions about suicide, as the stigma associated with mental health in the U.P. remains strong. Many have never been exposed to the availability of mental health care, therapy and medication. She says, "I find that patients who consider the questions too personal or invasive are often the ones who are at risk for suicide. They've already deemed something is not okay. MI Mind helps us through the challenge of getting them to share that information. It's good quality care."

MI MIND TEAM WELCOMES OLGA GAGNON, R.N.

Olga Gagnon, R.N., recently joined the MI Mind team as Clinical Quality Improvement Lead. Committed to improving patient safety and clinical quality, she aims to help bridge the gaps of healthcare inequality through sustainable measures to increase compliance with best practice standards, ensuring model fidelity.



Gagnon has six years of clinical experience, including serving in staff RN and charge nurse roles on the Corewell Health Royal Oak Intermediate Medical Care Unit for critically ill patients. She completed her capstone nursing rotation in the Intensive Medical Psychiatry unit for high-acuity patients at Massachusetts General Hospital. She has led and supported three quality and process improvement initiatives, collaborating with the State of Michigan Psychiatric Hospitals and the Michigan Surgical Quality Collaborative.

Together with the MI Mind team, Gagnon is currently focused on developing Year 3 training. She looks forward to working with providers through training sessions and one-on-one coaching calls, guiding them as they further integrate suicide-prevention initiatives into patient care and clinic operations.

With a bachelor of science in biopsychology, cognition and neuroscience from the University of Michigan, Gagnon will receive a master of science in nursing with a specialization in family nursing practice from Simmons University in Boston in 2024. [Learn more](#) about the MI Mind team.

SUMMER PRIDE EVENTS

The MI Mind team participates at several summer events celebrating the LGBTQ+ community by providing MI Mind materials and showing support for the events and participants. For people who identify as LGBTQ+, stigma, prejudice and discrimination can increase the likelihood of stress, depression and other mental health concerns. Depression, anxiety and substance misuse, especially when unaddressed or when people lack access mental health care, increase risk for suicide. The MI Mind team is attentive to the mental health needs of this community.



Motor City Pride

The Motor City Pride festival and parade will be held at Detroit's Hart Plaza on Saturday, June 8 and Sunday, June 9. The mission of Motor City Pride is to foster pride in and respect for the LGBTQ community. For more information, visit <https://motorcitypride.org/>.



Downriver Pride

This event is Friday and Saturday, June 21 and 22, in downtown Wyandotte. The celebration is in Parking Lot One, just off the Detroit River between Oak and Elm streets. Learn more at <https://www.downriverpride.com/>.



Transgender Pride in the Park

On Sunday, Aug. 24, Transgender Michigan will celebrate the 25th anniversary of Transgender Pride in the Park. The free, picnic-style event is held in Martin Road Park, 1900 Orchard Avenue in Ferndale. Learn more at <https://www.transgendermichigan.org/transgender-pride>.

CONTACT US

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

The MI Mind Memorandum is a newsletter for providers participating in the MI Mind Collaborative Quality Initiative (CQI). If you have questions or suggestions for *The Mem*, please contact Program Manager Heather Omdal, homdal1@hfhs.org.

