MIMIND Memorandum

SEE HOW YOU COMPARE USING THE NEW DATA DASHBOARD



Jeff Warchall, BS, Sr. Analyst, MI Mind

The new MI Mind data dashboard was introduced at the Collaborative-wide Meeting in October, and the first group of MI Mind participants already has access.

"Access to the dashboard is based on how long you have been participating in MI Mind," explained Jeff Warchall, MI Mind Senior Analyst, who created the dashboard. Access will be given in waves:

Wave 1: Oct. 24, 2025Wave 2: Jan. 15, 2026Wave 3: March 15, 2026

• Wave 4: July 1, 2026

"When your wave receives access, we send you an email inviting you to create an account," said Warchall. Physician Organization (PO) leadership must complete the Third-Party Risk Assessment to receive data dashboard access. Check with your PO administrative lead for completion status.

PO leadership is also responsible for submitting data sets for the dashboard. "There are no changes to data entry for clinicians unless requested by your PO leadership," added Warchall.

During the first two years with MI Mind, the focus was on participation and education. Beginning with Year 3, the focus shifts from participation to performance, including suicide screening rates.

"The data dashboard enables you to see how you're doing and even track your performance over time. Using filters and categories, you can identify where to focus changes to make the greatest impact. For example, using the 'demographics' filter, you might see that young women are screened less consistently than middle-aged men."

Once you have access to the new dashboard, you can view and compare data across the collaborative. Labels are anonymized based on access levels. For example, you'll see how you, your practice and your organization compare to other clinicians, practices and organizations, but depending on your access level, you may not see PO, practice or provider names other than your own. Clinicians will be able to see practice names within their own organization, but not the names of other clinicians.

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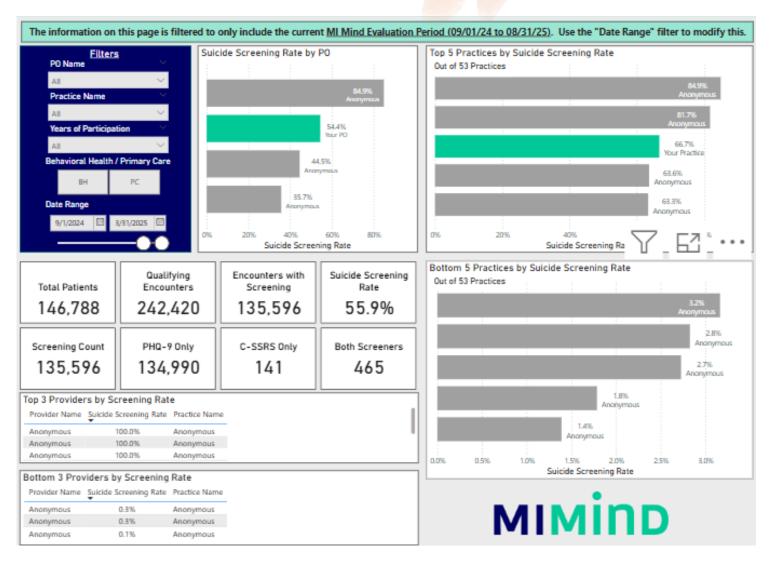
Support for MI Mind is provided by Blue Cross Blue Shield of Michigan (BCBSM) as part of the BCBSM Value Partnerships program. Although BCBSM and MI Mind work collaboratively, the opinions, beliefs and viewpoints expressed in this newsletter do not necessarily reflect the opinions, beliefs and viewpoints of BCBSM or any of its employees.

SEE HOW YOU COMPARE USING THE NEW DATA DASHBOARD

The new dashboard was launched together with the <u>Data Guide</u>, also available on the <u>MI Mind Partner Portal</u> in the Document Library under the section labeled, "Portal and Dashboard Guides." Use the <u>Data Guide</u> for clear, practical information about data collection, reporting and use within the collaborative. <u>Data dashboard</u> information begins on page 25 with "Accessing the Dashboard."

Along with the introduction at the Collaborative-wide Meeting in October, Warchall demonstrates how to use the dashboard at Year 3 and Year 4 module 1 trainings. In addition, training videos are available on the MI Mind Partner Portal and include a walk-through hosted by Warchall.

If you have questions about the new dashboard, email MIMind@hfhs.org.





FINDING YOUR BALANCE DURING SEASONAL CHANGES



Sarah Moore, LMSW, Sr. Clinical Quality Improvement Lead

As we shift into fall and winter and the weather starts to cool, I often find myself reflecting — picturing those familiar back-to-school moments. As humans filled with memories and emotions, we naturally connect certain times of year with specific feelings. The changing seasons, holidays, and routines can stir excitement or anxiety, joy or sadness.

We often carry expectations about how the next few months will feel. For some, the holidays bring happiness and wonder; for others, they can trigger stress or loneliness.

When I think back to my school years, I return to my master's program, where I trained in cognitive behavioral therapy, or CBT. One of the first things we

learned was how to recognize automatic negative thoughts, also known as cognitive distortions. These are quick, habitual thoughts that aren't always rational or true.

For example, you might think, "The holidays are going to be stressful." While that could happen, it's not certain — it's an assumption. In CBT, we call this fortune-telling, when we predict negative outcomes before they happen.

Our thoughts, emotions, and behaviors are closely connected. If someone assumes the holidays will be stressful, they may start to feel anxious. That anxiety might lead to procrastination or avoidance, which ultimately creates more stress when everything piles up.

The goal of CBT isn't to drown out negative thoughts with overly positive affirmations. Aaron Beck, MD, who founded CBT, didn't expect therapists or clients to "live, laugh, love" their way out of challenges. Instead, CBT teaches us to find balanced thoughts, ones that acknowledge both reality and possibility.

Sometimes emotions come first, especially the ones we feel in our bodies, like anxiety or sadness. When that happens, it helps to name what you're feeling — "name it to tame it," as the saying goes — and then explore the thoughts that may be fueling that emotion.

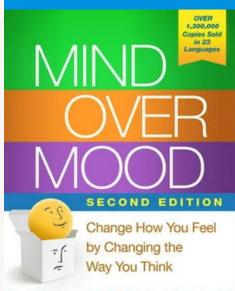
For instance, imagine a student who believes a teacher is unfair. That thought might lead to anxiety, avoidance of schoolwork, or even dropping a class. These anxious thoughts can also lead people to unhealthy coping behaviors, such as drinking to quiet their minds.

The bottom line: try to control your thoughts instead of letting them control you.

The holidays can be especially hard if they remind us of loved ones we've lost. The shorter days and lack of sunlight can also affect mood and motivation. If you notice patterns in yourself, like feeling down every winter, you can challenge those thoughts before they take hold.

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RECOMMENDED READING



Dennis Greenberger, PhD | Christine A. Padesky, PhD

If you're looking for a practical, evidence-based way to better understand and manage emotions, Mind Over Mood is a standout resource.

Grounded in cognitive-behavioral therapy (CBT), the book helps readers recognize unhelpful thought patterns and replace them with more balanced, constructive ways of thinking. What sets it apart is its approachable, workbook-style format — filled with real-world examples and easy-to-follow exercises that make personal growth feel doable, not daunting.

Whether you're supporting patients or simply looking to strengthen your own emotional well-being, Mind Over Mood offers tools that truly work. And for professionals, the companion Clinician's Guide is also well worth exploring.

One lucky reader will win this book, as well as the corresponding Clinician's Guide! Winner will be selected via random drawing from The Mem subscriber list and will be notified by email the week of 12/01/25.

FINDING YOUR BALANCE DURING SEASONAL CHANGES

Instead of thinking, "I know I'm going to be depressed this winter," try reframing it: "I've struggled with winter depression before, so I'll take steps to care for myself." That shift turns a prediction into a plan.

You can also improve your mood by adjusting your behaviors — staying active, keeping in touch with loved ones, honoring those who have passed, and finding small joys in the season. Whether it's trying a new hobby, calling a friend, or simply moving your body, these choices can help you feel more balanced and in control of both your mind and your emotions.





MAKE PHYSICAL ACTIVITY MEANINGFUL FOR MENTAL HEALTH



As the coldest, darkest months of the year approach, staying active is a challenge. We know physical activity is good for our bodies, but it also boosts mental health — a valuable benefit, especially during Michigan winters. Learn more about the neuropsychological underpinnings of movement from Penelope Friday, Ph.D., Research Fellow, Center for Health Policy and Health Services Research at Henry Ford Health.

Her MI Mind blog article, "The 'Movement Era:' Physical Activity for Mental Health," offers practical strategies for you and your patients who aim to weave more movement into everyday life. Click here to read the article and explore additional posts on the MI Mind blog, "From the Minds of MI Mind."

If you would like to write a MI Mind blog article, you will earn two additional points for your PO Scorecard. For more information and to express your interest, email MIMind@hfhs.org.

SHARING SUICIDE PREVENTION INITIATIVES ON A WORLDWIDE SCALE



Joslyn Westphal, MPH
Director of Operations,
Zero Suicide
International

Joslyn Westphal, MPH, is the director of operations for <u>Zero Suicide International</u> and works closely with the MI Mind team. Partnering with <u>Brian Ahmedani</u>, Ph.D., LMSW (co-director of MI Mind and executive director of Zero Suicide International), her role involves managing the entire portfolio of suicide prevention research, including the launch of international initiatives.

"There is so much to learn from MI Mind's implementation of suicide prevention strategies. We use Zero Suicide learnings to provide the evidence base for MI Mind, and MI Mind generates the evidence we use to scale Zero Suicide work," says Westphal. "I've found it helpful to understand how MI Mind clinicians adapt best practices to fit the local context. We use the same strategy internationally to adapt work into different contexts around the world."

In her work with Zero Suicide International, Westphal is part of the team that has introduced the Henry Ford Zero Suicide® model in more than 20 countries. Today, significant implementation programs are advancing in the United Kingdom and Australia and the team is

collaborating on Zero Suicide implementation and adaptation in countries in the Middle East and Asia.

This fall, Westphal joined Dr. Ahmedani and John Zervos, JD, associate director of Zero Suicide International, in Nepal, Bali, Singapore and South Korea to advance suicide prevention work in Asia.

Zero Suicide International's work includes advocating for policy reform initiatives in countries where suicide is criminalized. "Suicide is illegal in many Asian and Middle Eastern nations where fear of punishment for suicidal thoughts or intent, coupled with high stigma, are major barriers to intervention," she says. Westphal shared that the next Zero Suicide Summit will be held in Bali, Indonesia, part of Zero Suicide International's effort to raise awareness in Asia and increase suicide prevention efforts in low- and middle- income countries.

With a master's of public health in epidemiology and international health, Westphal said she always wanted to pursue international health. She first developed an interest in global health as an undergrad at Kalamazoo College. "Part of all bachelor's programs at Kalamazoo College is study abroad," she explained. "I went to Costa Rica. That experience led me to the master's in public health program at the University of Michigan."

Her focus after graduate school was in managing complex chronic conditions in the global context. Eventually, it led her to Zero Suicide and MI Mind.

"My interest has always been in chronic diseases," she says, "but I developed a true passion for mental health when I began working in the field."



From left, Joslyn Westphal; John Zervos, Associate Director, Zero Suicide International; and Dr. Brian Ahmedani, Executive Director, Zero Suicide International in Bali, Indonesia.



Joslyn Westphal at the Zero Suicide International Asia Alliance Inaugural Assembly in Nepal.

COLLABORATIVE-WIDE MEETING HIGHLIGHTS THE FUTURE OF SUICIDE PREVENTION

The MI Mind CQI gathered on October 24, 2025, at Weber's Boutique Hotel in Ann Arbor for our fall Collaborative-wide Meeting, bringing together participants from across the state of Michigan for a day of learning, reflection, and connection.

The meeting opened with a moment of silence, setting the tone for a day centered on compassion and collaboration. Dr. Cathrine Frank, MI Mind Co-Director, delivered the State of MI Mind address, highlighting milestones achieved and the collective progress we continue to make in advancing suicide prevention in clinical practice.

Next, Dr. Hsueh-Han Yeh and Jeff Warchall to presented "From Numbers Insights: Understanding the Power of Data," offering a first look at biostatistics and the new MI Mind Data Dashboard. The live dashboard demo showcased how participating organizations can track performance measures, explore demographic trends, and identify opportunities improvement — turning data into actionable insights that strengthen care pathways across practices.

Attendees were then inspired by two keynote speakers whose personal and professional journeys brought the work of suicide prevention to life. Senator Debbie Stabenow shared her continued commitment to making "health care above the neck a priority," while Miss Michigan 2025, Hannah Palmer, founder of The Sunflower Project, encouraged participants to "ask, listen, and repeat" as we all work to break the stigma surrounding mental health. Her message, "Your mental health does not define you," resonated deeply throughout the room.

The meeting concluded with MSHIELD CQI's presentation, "Getting Comfortable Being Uncomfortable," led by Julia Weinert and Dr. Sheryl Kelly, who challenged participants to reflect on their comfort with discussing suicide and offered strategies to build shared language and confidence in addressing this critical topic.

As always, Program Manager Heather Omdal closed the day with gratitude, reflection, and a reminder that together, we are transforming data, dialogue, and discomfort into meaningful change — and saving lives along the way.







Top: MI Mind team poses with Senator Debbie Stabenow.
Middle: Hannah Palmer, Miss Michigan 2025, gives her
opening remarks during her keynote speech.
Bottom: Dr. Hsueh-Han Yeh addresses the MI Mind
collaborative during her talk on biostatistics.

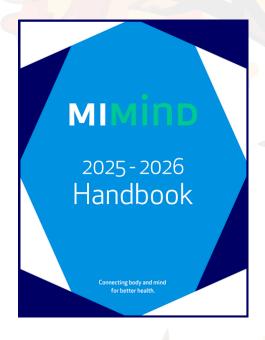
COMPLETE YOUR ANNUAL CARE PATHWAY SURVEY BY DEC. 1, 2025

Every year, the MI Mind QI Lead team asks Practice Clinical Champions/Practice Liaisons to complete an annual survey. This year, we've made the survey more comprehensive to capture detailed information about suicide prevention processes in your clinic. In past years, the QI Lead team has met with each practice to discuss the clinic's suicide prevention protocol and/or strategies together. As we've grown to 150+ practices, we have merged those questions with our annual survey for Practice Clinical Champions/Practice Liaisons to complete and provide the information independently.

If you haven't already, log into the <u>MI Mind Partner Portal</u> to complete the Annual Care Pathway Survey. You can access the survey through your Practice Champion Dashboard. The information we collect will be compiled, analyzed and presented at regional meetings in the spring. If you have questions about accessing or completing the Care Pathway Survey, email us at <u>MiMind@hfhs.org</u>.



CHECK OUT THE UPDATED MI MIND HANDBOOK



The MI Mind Handbook, a comprehensive guide for Physician Organizations (POs), has been updated. The MI Mind team developed the handbook to answer questions participants commonly have and make helpful resources available in one central source. Click here to access the handbook or find it on the MI Mind Partner Portal in the document library. The 2025-2026 handbook includes the following key information:

- PO and practice roles: pgs. 11-13
- PO and practice participation requirements: pgs. 15-16
- Attendance policy: pg. 18
- Training schedule for Years 1 through 4: pgs. 21-24
- PO Scorecard examples for Years 1 through 4: pgs. 25-30
- VBR Scorecard examples for Years 1 through 4: pgs. 31-34
- VBR rubrics: pgs. 35-36

Consult the handbook when you have questions. If you can't find the answer in the handbook, a member of the MI Mind team is ready to assist – email us at MIMind@hfhs.org.

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 gualified person, please share the job description with them.



MARK YOUR CALENDAR FOR THE DECEMBER 'ON MI MIND' WEBINAR



Date: Tuesday, Dec. 16, from noon to 1 p.m. EST

Presenter: Doree Ann V. Espiritu, M.D., psychiatrist and Lead of the Behavioral Health Integration (BHI) with Primary Care at Henry Ford Health.

Topic: Caring for the Caregivers of Patients with Dementia: Easing the Burden

CME and CEU credit is available. Watch your email for a webinar invitation and more details.



SAVE THE DATE FOR REGIONAL MEETINGS IN JUNE

Mark your calendars for the 2026 MI Mind regional meetings, scheduled for Tuesday, June 16 at <u>The Kensington Hotel</u> in Ann Arbor, and Tuesday, June 23, at the <u>Amway Grand Plaza Hotel</u> in Grand Rapids.



EARN ADDITIONAL POINTS FOR YOUR PO SCORECARD

Enhance collaboration and patient care while earning additional points for your PO Scorecard. Practice Clinical Champions and Physician Organization (PO) leads can earn:

- 10 points by giving a 10- to 15-minute presentation at a regional meeting this spring. Present about 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 by writing a MI Mind blog article.
- 2 points by writing an article for the MI Mind Memorandum newsletter.

For more information and to express your interest, email MIMind@hfhs.org.

MI MIND TEAM SUPPORTS NATIONAL WALKS FOR SUICIDE PREVENTION

The National Alliance for Mental Illness (NAMI) walk took off Sept. 20 on the University of Detroit Mercy McNichols campus. MI Mind team members supported participants and laced up their walking shoes for this annual event. More than \$140,000 was raised to directly support NAMI's mission of mental health education, advocacy, support and public awareness. Learn more about NAMI Michigan walks.

On Sept. 27, the MI Mind team was joined by more than 1,500 participants for the American Foundation for Suicide Prevention (AFSP) Out of the Darkness Walk on Detroit's Belle Isle. Together, event participants raised almost \$140,000 to support AFSP research, education, advocacy, and assistance for those affected by suicide. <u>Learn more</u> about the Out of the Darkness walks.



MI Mind Project Manager Gabrielle Benton and Sr. Marketing Specialist Jason Robertson offered a warm welcome to NAMI walk participants the University of Detroit Mercy McNichols campus.



From left, Gabrielle Benton, Jason Robertson, Sr. Clinical Quality Improvement Lead Sarah Moore, and Dan Saleh raised MI Mind awareness and took part in the Out of the Darkness Walk on Belle Isle.



HOPE IN ACTION: AFSP MICHIGAN BRINGS SUPPORT WITHIN REACH

The American Foundation for Suicide Prevention (AFSP) Michigan Chapter is helping communities — and clinicians — turn awareness into action. Through programs like Talk Saves Lives and the Interactive Screening Program, AFSP offers approachable, evidence-based tools for recognizing warning signs, starting meaningful conversations, and connecting people to help.

Clinicians can share AFSP's "Getting Help" resources with patients or use them for their own well-being, while local and virtual trainings make it easy to bring suicide prevention into everyday care. It's a simple, hopeful way to strengthen connection and community.



"FRANKLY SPEAKING" WITH DR. FRANK



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

Seasonal gatherings offer a chance to catch up with loved ones. For some, the holidays are joyful, for others, bittersweet, and for some, they are sad and even painful. As you share this time with others, you may notice a loved one struggling with sadness, loneliness, or hopelessness. If it looks like someone is in trouble, they probably are.

First, listen and be present. Validate the person's feelings to further understand and express caring. Ask directly about hopelessness and suicidal thoughts. Do not dismiss depression or suicidal thoughts, nor encourage the person to "snap out of it" or invalidate their feelings.

Know that asking about suicidal thoughts does not lead to suicide. On the contrary, simply helping a person feel heard can make a difference.

Next, ask the person what he or she needs. Calling the 988 Suicide & Crisis Lifeline for advice, next steps and resources can benefit you and your loved one. If the person suffering is willing, the 988 staff member can talk directly with them.

Comparing mental and physical health normalizes mental illness and the need for treatment. It can be reassuring. You can recommend that your loved one see their family physician or a mental health professional and encourage them to be candid. While MI Mind clinicians ask about suicide at every interaction, it is not yet a consistent national practice. In an emergency situation, a trip to the ER may be needed for assessment and recommendations.

While the winter holidays are joyous for most, it is not a happy time for everyone. By offering a listening ear and meeting someone "where they are," you may be the help a person needs. Together with the MI Mind team, I encourage the NAMI philosophy, "Start the conversation, be the difference." In so doing, you may save a life. Suicide is preventable, not inevitable.





NAMI OFFERS SUPPORT GROUPS FOR LOVED ONES

When your patients tell you about a loved one who is struggling with mental illness, consider referring them to free, confidential support groups offered by the National Alliance for Mental Illness (NAMI). The peer-led Family Support Groups are designed for any adult with a loved one who has experienced symptoms of a mental health condition. Because they follow a structured model, all participants have an opportunity to be heard.

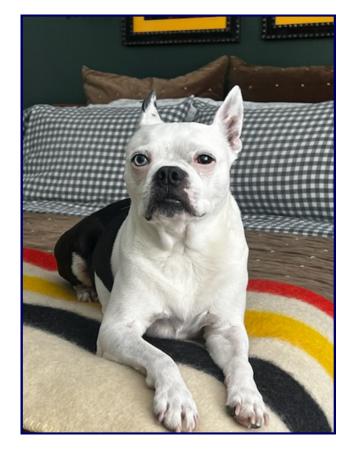
<u>Click here</u> for a schedule of virtual and in-person NAMI family support groups throughout Michigan. Refer patients to <u>www.nami.org</u>, where they can search for "Family Support Groups" to learn more and access the schedule.

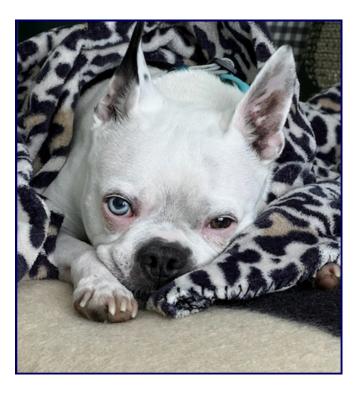
BOSTON TERRIER ACE SOAKS UP THE LOVE AND COMPLETES HIS FAMILY

"I've been his dad for five years now," says MI Mind Senior Marketing Specialist Jason Robertson. "I say Ace is my adopted son through marriage – he came with my husband, Liam. He's the piece that fits perfectly into our puzzle." While couples like Jason and Liam already know their dogs are good for their mental health, studies show that couples with dogs report lower stress levels and blood pressure during arguments, and the responsibility of pet ownership adds a sense of purpose and shared connection.

A typical Boston terrier, almost 13-year-old Ace (he's a Capricorn like his dad, Jason) loves to play and is as energetic as a puppy. He demonstrates his breed's intelligence by taking hold of his leash in his mouth and leading the way home from walks.

With one blue eye and one brown eye, Ace's unique look is a signifier of deafness. Although he was born without the ability to hear, Ace has developed the keenest understanding of his dads. "I am a touchy-feely person, and Ace soaks it all up and reciprocates with kisses. It's how he gives back to me," says Jason. "Even Liam, who isn't as demonstrative, will accept a kiss from Ace now and then."





Ace ventured through life with Liam before Jason came into the picture and made them a family of three.

Weighing in at 25 pounds of muscle, Ace guards the family home during the work day, but is happiest when everyone is together. Ace got his name from his "great grandmother's" love of card games, and over the years has earned a host of nicknames, including the elaborate Mr. Spanky Beau Jenkins.

With vegetarian dads, Ace shows a clear preference for peanut butter, carrots, red (not green) apples, green beans, and Honey Nut Cheerios at snack time, a bedtime treat Ace and Jason indulge in together.

"We don't take Ace to many places, because if he got off leash he couldn't hear us, but he loves going to 'grandma's' house and playing with her dogs," says Jason. "If we were able to take him out into the world, I think he would have been an amazing therapy dog."

