

MARCH 9, 2023

MIMIND Memorandum



SAVING LIVES WITH FIREARM AND LETHAL MEANS REMOVAL

When suicidal thoughts turn into action, things escalate quickly. Brian Ahmedani, Ph.D., LMSW, MI Mind Program Co-director, explores how removing firearms and lethal means can disrupt the path to suicide and save lives. [Read the full article.](#)

LANGUAGE MATTERS: WHAT'S WRONG WITH SAYING 'COMMITTED SUICIDE?'

Consciously choosing empathetic messaging helps open doors with patients thinking about suicide. Language subtly reflects our own attitudes and influences, even when we don't intend to communicate them. It also shapes how people think about their ideas and feelings, and how others will react to them.

Language that takes the blame for suicide away from the patient and aligns it with other health conditions decreases the stigma that comes with mental health conditions. "The term 'committed suicide' goes back to when suicide was considered illegal and immoral, associating it with committing murder or adultery," explains Sarah Moore, MI Mind Clinical Quality Improvement Trainer. "When we refer to death from a disease, we don't say, 'committed to cancer,' or 'committed to heart failure.'

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Moore also recommends being straightforward when talking to patients about suicide. “Instead of buffering the topic with vague language, be direct. Ask the patient, ‘Have you thought about killing yourself?’ instead of softer terms, like harming or hurting yourself. As a therapist, when I started asking patients more directly, it made the conversation more personal and real, which reverberated with patients, reflecting what they had been thinking,” she says.

Moore suggests starting the work of language choice with colleagues and through your own inner dialogue. Some key terms to focus on are:

Say...	Instead of...
Died of suicide	Committed suicide
Suicide death	Successful attempt
Suicide attempt	Unsuccessful attempt, suicidal gesture
Person living with suicidal thoughts or behavior	Suicidal ideator or attemptor
Suicide	Completed suicide
Increasing drug/alcohol use; talking about wanting to die/being a burden; self-harm (describe the behavior)	Manipulative behavior, cry for help



INTRODUCING MI MIND OFFICE HOURS

Have a question about MI Mind? Training Director Amanda May, LMSW, and Clinical Trainer Sarah Moore, LMSW, are available during office hours to offer additional support for Zero Suicide screening, risk assessment and protocols; lethal means counseling; safety planning; suicide prevention care pathways; and patient interaction scenarios. Log in via the MI Mind [Partner Portal](#) landing page by clicking on the “Office Hours” link in the Newsfeed on the following Wednesdays:

- March 8 from noon to 1 p.m.
- March 22 from 4 to 5 p.m.
- April 12 from noon to 1 p.m.
- April 26 from 4 to 5 p.m.

CONNECT WITH US ON SOCIAL MEDIA

MI Mind is now on LinkedIn and Twitter. Follow us for the latest updates.



MI MIND RECRUITMENT AIMS TO INCREASE PROVIDERS BY 50 PERCENT THIS YEAR



In its first year, the MI Mind team recruited more than 200 providers at five provider organizations. In 2023, they hope to increase those numbers by 50 percent.

“We are looking forward to adding more members to our collaborative and increasing access to connections between behavioral health and primary care providers over the coming years,” says Heather Omdal, MI Mind Program Manager. “We are also excited to expand to areas of Michigan where additional mental health services and quick access are really needed.”

Providers and practices from your organization interested in joining MI Mind should first contact your organization’s administrative leadership, who can apply using the [common application](#) on the [MI Mind web site](#). Applications can be completed any time and will be processed annually during March and April.

Applications for the 2023 cohort that are completed by Thursday, March 30 will be notified of selection by Monday, May 1. Applications not selected for this cohort will be kept on file. The MI Mind team will contact those applicants during the first quarter of 2024 to assess interest in applying for the next cohort.

As a reminder, practices should meet the following criteria:

- Serve an adult (18 years and older) population
- Support integrated models of behavioral health and primary care
- Retain Physician Group Incentive Program (PGIP) Affiliated Provers: Primary care physicians with Patient Centered Medical Home (PCMH) designation, psychologists, psychiatrists
- Learn more about the program goals and requirements at an informative webinar on Thursday, March 16 from 10 to 11 a.m. For information on attending, email homdal1@hfhs.org.

TECH TIPS FROM THE MI MIND I.T. PROS

Read *The Mem* for a regular feature with Tech Tips from MI Mind Data Analyst Jeff Warchall.

This month’s Provider Portal tips:

- Need a username to access to MI Mind Partner Portal? Send an email to mimind@hfhs.org to request one. We will email you instructions to set up your account.
- To check the training status of practices, Provider Organization leaders can access a report called “[Practice Onboarding Status Report](#).”
- The training calendar for Module 3.2 is live. Please feel free to [schedule your next training](#).
- Beginning in April, Provider Organizations can [add participating practices](#) that were not ready in 2022 but want to begin participating this year.
- The document library is filling up with useful information. Access it by clicking on “Document Library” on the [portal landing page](#).



SPONSOR PROFILE: EMPOWERING PROVIDERS WITH THE RIGHT TOOLS AND RESOURCES

As the director of Blue Cross Blue Shield of Michigan's (BCBSM) award-winning Value Partnerships Program, Tom Leyden oversees a portfolio of more than 50 statewide quality improvement programs, including the Collaborative Quality Initiative (CQI) MI Mind. Value Partnerships engage providers with innovative, proven strategies that improve patient care and incentivize providers who participate. Started over 25 years ago, Leyden says the reason CQI programs have been successful are "based on Michigan providers working together to address common, shared concerns."

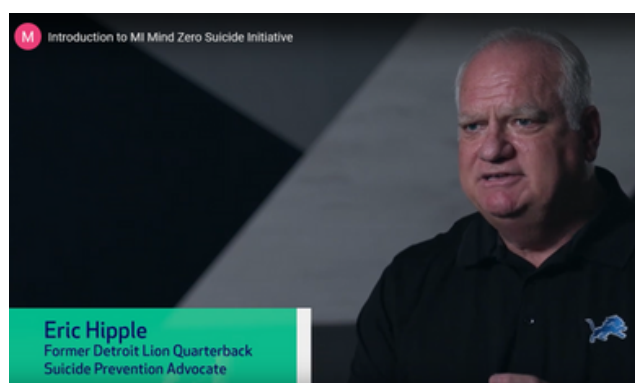


Leyden says the benefits of participating in a CQI include "having the resources and data at your fingertips to help you fully understand the opportunities that exist, not only within your own practice, but within your health care network." With more than 20,000 primary care physicians and specialists, along with acute-care hospitals throughout the state of Michigan participating in the Value Partnerships Program, there is plenty of opportunity to gain insight and information within the network.

With the last few years being exceptionally challenging for providers and patients, Leyden says the launch of MI Mind has come at a particularly important time. "The statistics that the MI Mind team has been able to share with us have been very powerful," he says. "We need more leaders to address the mental health crisis and I think the MI Mind leaders are the right folks to spearhead this campaign."

Paired with the expertise of the MI Mind team and the Zero Suicide Model, Leyden says participants in the CQI will have the right tools and resources to empower them when they have a patient who presents with suicidal ideation. "It's important that providers don't feel alone or feel as though they lack the resources, background, training and bigger network to address it," he says.

HAVE YOU SEEN THE MI MIND VIDEO?



MI Mind co-directors Cathy Frank, MD, and Brian Ahmedani, Ph.D., share their views on suicide prevention and the MI Mind CQI in this new video, "[A Quest for Zero](#)," created by the MI Mind team. Detroit Lions fans will recognize former quarterback Eric Hipple in the video. Hipple lost his son to suicide in 2000. The video is also available on henryford.com/MIMind.

NATIONAL DOCTOR'S DAY AND SOCIAL WORK MONTH

The MI Mind team would like to wish all our doctors a very happy Doctor's Day, Thursday, March 30, and all our social workers a happy Social Work Month throughout March.



MI MIND TEAM SPOTLIGHT: SARAH MOORE, LMSW

If you've participated in Module 2 training on organizational support to suicidal risk, you've already met MI Mind Clinical Quality Improvement Trainer Sarah Moore. Since joining MI Mind in August 2022, she has continued provider training based on the Zero Suicide guidelines for screening, assessment, lethal means counseling and weapon safety, among other preventive interventions. A clinically trained, master's level social worker, her career started out "more micro, but always with the thought of transitioning to a macro, programmatic focus in the future," she says.



Prior to joining MI Mind, Moore was a medical case manager in Henry Ford Health's Infectious Disease (ID) clinic. "I counseled newly diagnosed people who were faced with telling their partners and making HIV a part of their lives. Often, patients struggled with their diagnosis," she says. "I supported ID providers who sometimes took on the role of primary care provider and therapist. I'm now supporting MI Mind Primary Care providers who are in that same position."

According to Moore, some of the most successful interventions for therapists begin with a warm hand-off from primary care. "Patients trust their PCPs, and when a PCP recommends a particular therapist, it leads to greater success in establishing the therapist-patient relationship. PCPs can also provide important information to the therapist about family relationships, substance use, and other factors that are key to helping the patient," she reveals.

Promoting a symbiotic relationship between therapists and PCPs means "truly wrapping arms around the patient," says Moore. "Therapists and PCPs support each other, and MI Mind supports both, making more connections as we move forward."

As the daughter of a Vietnam veteran, Moore has seen a positive change in healthcare for veterans and others at higher risk for suicide. "I wanted to be part of a well-established, evidence-based program that supports the veteran and LGBTQ+ communities, as well as others at higher risk," she says.

[Learn more](#) about Sarah Moore and the entire MI Mind team.



RECOMMEND 988 WITH CONFIDENCE

In its first six months, call volume to the 988 Suicide and Crisis Lifeline increased significantly when compared to the former 10-digit number. Call volume from December 2022, when compared with one year earlier, increased by 48%. Chats increased by 263% and texts answered increased by 1,445%. Not only is the easy-to-remember number receiving more traffic, counselors are handling it quickly and effectively. The average speed to answer is just 44 seconds. Of the 2.1 million calls, texts and chats that were routed to the response center in its first six months of operation, 89% were answered by a counselor. Most not answered were due to callers hanging up before connecting. Ninety-eight percent of contacts do not lead to first responder involvement.

[Learn more](#) about 988.

CONTACT US

To reach the MI Mind team, email MIMind@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.