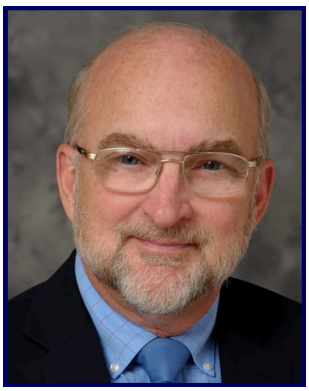
AUGUST 2026

MI Mind Memorandum

The Intervention Issue

VOLUME 4, ISSUE 3

BCBSM MOBILE CRISIS TEAMS OFFER EFFECTIVE CARE – AND HOPE



William Beecroft, MD, DLFAPA
Blue Cross Blue Shield

This article is the first in a series with William Beecroft, MD, DLFAPA, Medical Director, Blue Cross Blue Shield of Michigan Behavioral Health and Behavioral Health Strategy and Planning.

Emerging crisis services are shifting suicide care out of hospital emergency rooms and into the hands of skilled mental health specialists for immediate assessment and intervention. A new option from Blue Cross Blue Shield of Michigan is their mobile crisis team, available to all BCBSM adult and pediatric members.

"The ER is designed for physical injuries, not mental health emergencies; it is not the right environment for mental health crises," points out Dr. Beecroft. "Sixty percent of ERs in Michigan do not have a behavioral health specialist on staff. After patients are medically stabilized, ER visits often set off a cascade of events leading to a high likelihood of involuntary commitment to a psychiatric hospital."

While this path addresses physical safety, the solution doesn't offer a long-term path for mental wellness. Following a short hospital stay, the person returns to the same environment and often, to even greater job, financial, family and emotional stressors.

Mobile crisis teams

After 15 years of research, SAMHSA (Substance Abuse and Mental Health Services Administration) advanced a more effective standard of care: mobile crisis team intervention. Blue Cross Blue Shield of Michigan (BCBSM) now offers this option for members.

Patients can call the phone number on the back of the BCBSM card or 988 to be connected with a mobile crisis team, which will travel to their home, workplace, emergency department, physician's office – wherever the person is, a member of the mobile crisis team will reach them. Mobile crisis interventionists specialize in crisis care. They offer immediate screening, triage and most significantly, hope.

Continued on page 2

In this issue of 'The Mem'

MI Mind

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.

Continued from page 1

BCBSM MOBILE CRISIS TEAMS OFFER EFFECTIVE CARE – AND HOPE

When the mobile crisis team is involved, 90% of people remain at home to continue with their treatment plans. Of those, 65-70% will access the treatment components offered to them.

"When someone has a limited menu of options and they cannot see a path forward, suicide becomes a real option. But when, in that moment, a therapist offers intervention, motivational interviewing, helps identify positive aspects of life in the future and a long-term plan, in the vast majority of cases, people recognize the crisis as temporary. They do want a future, and this creates hope and learned life experience."

After the crisis

Mobile crisis team members stay engaged with patients for 45 days of managed case activity. They follow up with patients on outpatient therapy, connect them with transportation for appointments, and wrap them in care that creates positivity and promise for a brighter future.

"The team members build on the connections they make in the first evaluation and offer structure," says Dr. Beecroft. "Key to this approach is accountability – patients don't want to let the person they've connected with down. As a result, they do what they said they would do. The short-term therapist helps them move forward, and suicidal thinking erodes. While they may still have thoughts of suicide, the intention, plan and means are replaced with structure and a relationship with a treating provider who checks in and wants to help them get better. It pushes suicidal thinking to the background."

How to connect your patients

BCBSM is working to promote mobile crisis phone numbers to their members, and MI Mind participants can be part of that effort by pointing out the number on the back of BCBSM cards and sharing that by calling 988, patients can also be connected with the crisis team. You can also call the mobile crisis team on behalf of a patient, if they are in your office or contact you from another location. Scan the QR code to search for local crisis care support.

988: HELP IS JUST THREE DIGITS AWAY

When someone is struggling with emotional distress, mental health challenges, substance use concerns, or thoughts of suicide, immediate support can make all the difference. The 988 Suicide & Crisis Lifeline provides free, confidential access to trained crisis counselors 24 hours a day, 7 days a week. Available by call, text, or online chat, 988 connects people to compassionate support when they need it most. Remember: reaching out for help is a sign of strength.

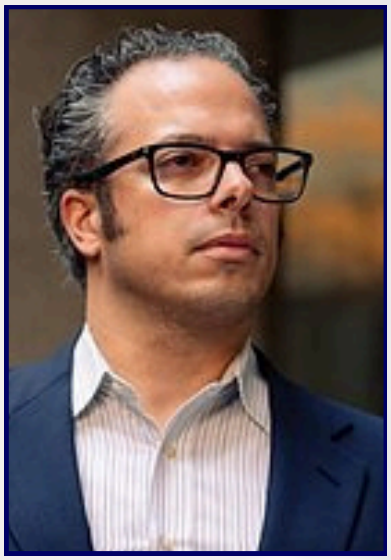
The Lifeline is available to everyone, whether you are experiencing a crisis yourself or are concerned about a friend, family member, patient, or colleague. In Michigan, 988 serves thousands of people each month and offers one of the fastest response times in the nation, helping ensure that support is available when every second counts. Early intervention can prevent crises from escalating and connect individuals to the care and resources they need.

988

SUICIDE & CRISIS LIFELINE

Need emotional support? Call or text 988 anytime, day or night, or visit 988 Lifeline.

MEETING PATIENTS WHERE THEY ARE: USING DIGITAL INTERVENTIONS TO STRENGTHEN SUICIDE PREVENTION



Jordan Braciszewski, PhD
Henry Ford Health

As healthcare systems continue to strengthen suicide screening practices, many primary care clinicians face a familiar challenge: What happens after a patient screens positive?

For patients at immediate risk, the next steps are often clear. But for those in the middle, individuals experiencing suicidal thoughts who do not require hospitalization, yet still need support, clinicians are often left searching for interventions that can be delivered quickly, consistently, and effectively.

One promising solution involves leveraging the Computerized Intervention Authoring System (CIAS), an open-source digital platform developed by Dr. Steven Ondersma from Michigan State University. CIAS enables healthcare organizations to create and deploy interactive digital interventions without writing a single line of code. Through a highly accessible and engaging interface, patients can complete screening, as well as receive educational and behavioral health interventions from virtually anywhere. The platform can integrate with electronic health records, allowing information collected during an intervention to be incorporated directly into a patient's chart. Importantly, CIAS is not a downloadable app that requires users to remember usernames and passwords and does not rely on artificial intelligence. Instead, it is a web-based, rule-driven platform in which all content is intentionally designed and delivered with consistency.

At Henry Ford Health, Dr. Jordan Braciszewski is exploring how CIAS can support suicide prevention efforts, particularly in pediatric settings. One application guides patients through the creation of personalized safety plans while automatically generating documentation that can be incorporated into existing clinical workflows.

For clinicians, one of the platform's greatest advantages is consistency.

"As long as they finish the intervention, the fidelity is 100%," said Dr. Braciszewski. "Though the plans are tailored to each patient, everybody is getting the same thing every time."

The approach is helping address a critical gap between screening and follow-up care. Dr. Braciszewski noted that many patients referred to behavioral health services do not attend their first appointment or do so long after their primary care visit due to a range of individual, logistic, and systemic barriers, leaving clinicians concerned about how to support patients in the days and weeks after a positive screen.

Using a CIAS-based safety planning intervention, patients receive a personalized safety plan before leaving the clinic.

"We've quintupled the amount of safety plans children are getting after screening positive in pediatrics," he said.

Patients appear to value the experience as well. CIAS uses an animated narrator named Peedy the Parrot, who guides individuals through the intervention in a supportive, non-judgmental manner. According to Dr. Braciszewski, some patients report feeling more comfortable disclosing sensitive information through the platform than they might in an initial face-to-face conversation with a clinician. In some cases, that comfort can serve as a bridge to more open and productive discussions with providers.

Describing feedback from participants, Dr. Braciszewski shared, "Patients are telling us it is helpful to disclose thoughts of self-harm without having to first say it out loud."

Continued on page 4

Continued from page 3

Perhaps most importantly, CIAS is designed to fit within existing workflows rather than add to them.

"It is an easy and engaging user interface for patients that allows you to do screening, assessment, interventions, and educational material in an extraordinarily cost-effective way that will also make your job easier, possibly reduce workflow, and – most importantly – keep patients safe."

As Michigan clinics continue to explore innovative approaches to suicide prevention, digital tools like CIAS may offer a scalable way to provide timely, evidence-informed support while strengthening the connection between screening, safety planning, and follow-up care. By meeting patients where they are, both clinically and technologically, healthcare organizations can expand access to support while helping more individuals receive the care they need when they need it most.

ADAPTING MI MIND STRATEGIES FOR THE UP'S LIMITED RESOURCES

Kathryn Kass, PA-C
Upper Great Lakes Family Health

In Michigan's Upper Peninsula, access to mental health care is extremely limited. Because of this, Kathryn Kass, PA-C, and the team at Upper Great Lakes Family Health – Hancock, in Michigan's Keweenaw Peninsula, have learned to be strategic when patients screen positive for suicide risk on the PHQ-9.

"We have just one behavioral health nurse practitioner who supports our entire organization through telehealth," explains Kass. "The therapists and psychiatrists in the UP are excellent, but there are not enough to go around. We have to be judicious about how we utilize them and careful not to overburden specialists or frustrate patients with long waits for care."

The MI Mind process has made a difference for Kass and her colleagues. "I took the education I received through MI Mind and converted it into a workflow I could use successfully where I'm at with the resources I have," she says.

Through their collaborative care model, Kass confers with the nurse practitioner and director of behavioral health for the 10 Upper Great Lakes clinics when a patient screens positive for suicide risk. In the workflow, Kass and her colleagues use the local ER when patients are acute with an intent to attempt suicide. If it makes sense, Kass can put the patient directly on the nurse practitioner's schedule or start medications. But in many cases, she leverages the support nurses who have been locally trained in suicide prevention, initiates a phone check-in process and follow-up care, and sends Caring Cards.

"The MI Mind process has laid it out for us. Much of the time, we don't need a specialist. By following the process and the patient, we can care for and monitor them. They do well and appreciate the time we spend with them, and that's what matters. People feel heard and cared for," she says.

While telehealth counseling is an option for some people in her area, Kass says many do not have devices, network connections or the skills to use online counseling. Others simply prefer in-person therapy.

Transportation is another barrier patients encounter. "Cars are not available to everyone, and our elderly patients may not be able to drive," she says. "We ask questions about their cell service, internet, and transportation options. Then, I change my approach based on their responses."

Kass compares the MI Mind process to CPR: "Everyone knows their job. That is what MI Mind is doing, and it's the right approach."

‘I’M HERE FOR YOU:’ CARING CARDS PREVENT SUICIDE

Elise McNulty, LMSW, PMH-C
IHA Medical Group

When Trinity Health IHA Medical Group partnered with MI Mind in 2022, the team began PHQ-9 screening with every patient prior to primary care visits.

According to Elise McNulty, LMSW, PMH-C, Program Manager for Behavioral Health Integrated Services at the Ann Arbor practice, “We screen patients electronically as part of the check-in process. If they answer question 9 with a 2 or 3, our clinician, typically a social worker, calls the patient within 24 hours. We follow up on their response right away, because their appointment could be up to one week later.”

The clinician makes three contact attempts over three days, and when they reach the patient, engages them in a conversation that includes completing a risk assessment and safety planning. Afterward, the clinician sends a Caring Card to the patient thanking them for taking the call and offering encouragement, resources, and a direct phone number to reach them.

“There is evidence through multiple studies that Caring Cards are an effective strategy to reduce suicide risk,” she says. “The key to the note is that we make no asks or demands. It is just a message to say thank you for talking to me, I heard you, and I’m here for you.”

If the clinician cannot reach the patient, they send a MyChart message or, if they can see the patient is not checking MyChart, a handwritten note. The messages include resources the patient can contact if in crisis.

IHA patient feedback is convincing evidence of the impact the practice’s Caring Cards are making:

"*...after I completed some pre-appointment questionnaires in the patient portal I received a phone call from a social worker at this practice. Based on my responses to the PHQ-9, we had a lengthy discussion about my mental health, including my current diagnoses, how I am currently feeling and what kind of treatment I am receiving for it. She was extremely friendly and caring throughout our discussion, and even though I already have a mental health care team in place, she let me know that I can contact her any time I have any concerns or need additional support. To my surprise, yesterday I received a note from her in the mail thanking me for taking the time to discuss my mental health with her, and again offering support in the future if I need it. This was an incredible gesture – above and beyond anything I would expect from a provider. I think it's incredible that she took the time to send me this note…”*

"I appreciate your time, and appreciate being able to share without judgment. To me, it's crucial to be honest, in ALL areas of life. Otherwise, I would just be wasting my time and yours. I realize my thoughts and feelings aren't wrapped in pretty paper, with a pretty bow. If I don't share the rough stuff, the difficult stuff, the dark stuff, I wouldn't have the chance to learn and grow. Thank you, again. Also, thank you for the resource information. I like knowing that the information will always be readily available, especially in times of crisis. "

Feedback from one of IHA’s team members:

"I got a call from a MI Mind patient who shared that his therapist told him she can no longer see him, and he was feeling very alone and lost. He says he received my Caring Card in the mail, and it reminded him that I am still here to support him, and it made him decide to reach out again..."

Click here to learn more about Caring Cards and access four MI Mind online Caring Card templates.

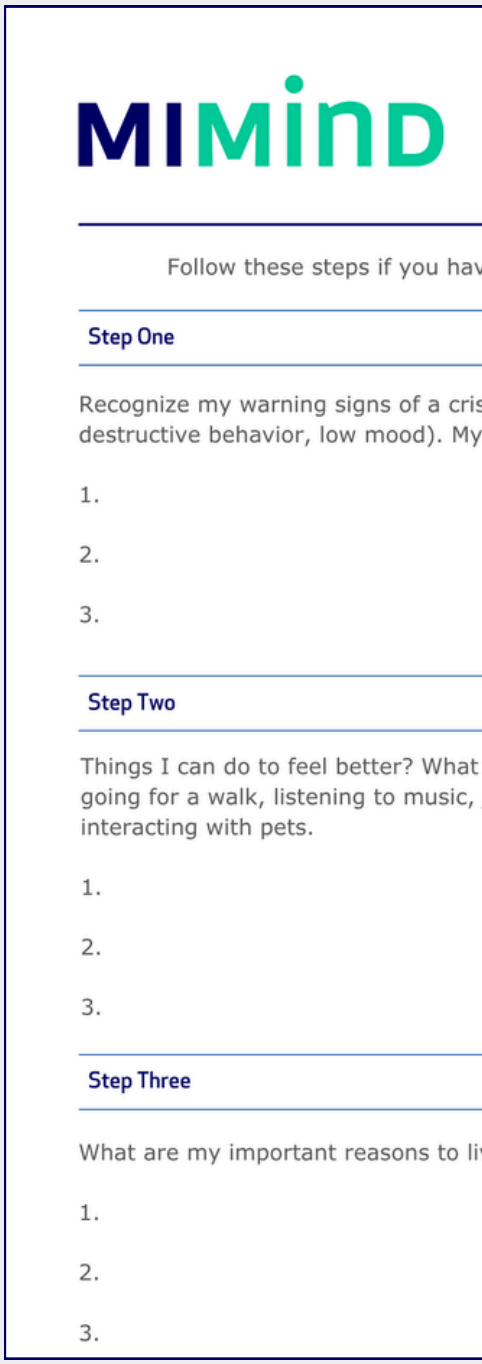
SAFETY PLANNING TRAINING ENHANCES HOLISTIC CARE

Kiarra Lane, LMSW
Trinity Health

At Trinity Health Family Medicine Residency Clinic in Grand Rapids, a brief safety planning in-service for primary care providers enhanced safety planning throughout the practice.

Kiarra Lane, LMSW, Behavioral Health Specialist, explained, "Since most of our physicians already have relationships with their patients, we wanted them to feel more comfortable approaching and conducting safety planning. Our Behavioral Health team held a short in-service covering when and how to introduce a safety plan with patients who screen high on the PHQ-9. Even if the risk of suicide is low, we encouraged them to talk with patients and develop a plan in case thoughts become more severe."

Prior to the in-service, PCPs asked practice therapists for assistance with safety plans during patient visits. Now, says Lane, the physicians complete them independently and implement them into their workflows. At follow up visits, physicians revisit safety plans, find out if there are any changes, and make updates.


MIMIND

Follow these steps if you hav

Step One

Recognize my warning signs of a cris
destructive behavior, low mood). My

1.

2.

3.

Step Two

Things I can do to feel better? What
going for a walk, listening to music,
interacting with pets.

1.

2.

3.

Step Three

What are my important reasons to li

1.

2.

3.

"We think our patients feel more comfortable talking with their physicians," says Lane.

With a new group of residents starting soon, Lane and her team will include an overview of MI Mind protocols and safety planning in orientation.

Since the in-service, Lane says their PCP and Behavioral Health teams have learned that positive PHQ-9s are often connected with employment, housing and other basic needs their patients are struggling to fulfill. "Now that we are aware, we connect patients with community services during their visits. They are open to it and appreciate the support."

Using the PHQ-9 has changed a lot of things, says Lane. "Before we joined MI Mind, our patients' mental health needs were not consistently addressed simply because they weren't always brought up in primary care visits. Now, we bring it up with everyone at every visit and offer interventions."

Collaborative care between the practice's physicians and Behavioral Health team has enabled the practice to ensure mental wellness is part of good health. Lane says, "Sometimes patients aren't ready to engage in therapy, but we use collaborative care as a way to check in with them, see how things are going, and introduce some coping skills. If our patients have a crisis situation, they already have a Behavioral Health specialist on their care team."

REGIONAL MEETINGS RECAP

This past June, MI Mind brought participating providers and practices together through three regional learning opportunities, including meetings in Grand Rapids, Ann Arbor, and a statewide virtual session. Attendees explored the upcoming Youth Initiative, patient voice integration, statewide partnerships, crisis-support resources, data strategy, performance measurement, and the use of dashboard insights to guide PDSA cycles and strengthen clinical workflows.

A special thank-you goes to the participants who brought this work to life through practice presentations. In Grand Rapids, Carleen Riley-Mercado, LMSW, CAADC, MAC, Trinity Health Alliance of Michigan, shared crisis-support tools and culturally responsive screening approaches; Evonne Edwards, PhD, and Cassandra Boensch, Answer Health Physician Organization, examined a PDSA cycle focused on C-SSRS screening; Jeff Andert, PhD, ABPP, Integrated Health Partners, explored multiple data sources in evaluating suicide risk; and Malia Boss, MPH, Holland PHO, discussed strengthening screening and follow-up through patient- and population-level strategies.

In Ann Arbor, Annette Bazan, Manager of Population Health, Silver Pine Medical Group/United Physicians, Inc., highlighted efforts to improve PHQ-9 screening for patients receiving behavioral health services; Lisa MacLean, MD, Henry Ford Health, presented a safety-planning improvement project; and Laura Petersen, MHSA, Michele Brown, LMSW, and Kazia Kelly, LMSW, Michigan Medicine, shared their centralized crisis social work model. During the virtual meeting, attendees welcomed an encore presentation from Malia Boss, MPH, Holland PHO, while Allison Holbrook, BSN, RN, Upper Peninsula Health Group, highlighted suicide prevention strategies in rural and resource-limited settings, emphasizing cultural responsiveness and addressing social determinants of health. Together, these presentations demonstrated how innovation, data, teamwork, and continuous improvement can strengthen suicide prevention across diverse care settings.

‘ON MI MIND’ WEBINAR SERIES KICKS OFF IN SEPTEMBER

Three webinars are planned to kick off the 2026-2027 training year. “On MI Mind” webinars are offered at no cost. All MI Mind participants are invited to attend and share the information with others in their clinics and Physician Organizations. The webinars are open to anyone with an interest in the topics. CMEs and CEUs are available.

A Practice Clinical Champion or Practice Liaison from each participating practice in Years 2, 3 and 4+/Advanced Cohorts are required to attend one of the webinars MI Mind will offer during this training year. Watch your email or check the MI Mind website for more details and registration links for these and more upcoming webinars:

- **Tuesday, Sept. 22 from noon to 1 p.m. (ET)**: Firearm Prevention: From Research to Practice, presented by Natasha Bagdasarian, MD, MPH, FIDSA, FACP, Chief Medical Executive for the State of Michigan, and Patrick Carter, MD, Director, Institute for Firearm Injury Prevention.
- **Tuesday, Oct. 20 from noon to 1 p.m. (ET)**: Tools for Suicide Prevention: Understanding Michigan’s Extreme Risk Protection Law, presented by Laura Seewald, MD, University of Michigan Institute for Firearm Injury Prevention and Clinical Assistant Professor, Department of Emergency Medicine.
- **Tuesday, Nov. 17 from noon to 1 p.m. (ET)**: Addressing Perinatal Mental Health in Healthcare Systems, hosted by Amy Loree, Ph.D., LP, PMH-C, Associate Scientist, Henry Ford Health and Associate Research Professor, MSU College of Human Medicine.

UPDATES FROM THE MI MIND TRAINING TEAM

Clinic Connection Groups offer online opportunity for sharing and collaboration

During the upcoming 2026-2027 training year, MI Mind participants will be invited to join MI Mind Clinic Connection Groups. This voluntary, online forum is an opportunity to connect with peers, share resources and best practices, and strengthen collaboration across the Collaborative Quality Initiative (CQI). The goal is to create a participant-driven, additional source of support for MI Mind providers and patients throughout Michigan. More information about Clinic Connection Groups will be available from the MI Mind Coordinating Center later this year.

Schedule training on the MI Mind Partner Portal

Sign in to the MI Mind Partner Portal to schedule all synchronous module trainings and coaching calls for the year. In addition, the MI Mind training team will send updates regarding CME/CEU opportunities, asynchronous training options, and webinar details closer to the start of the training year in September. We will also send an update when the Annual Care Pathway Survey is available to complete on the MI Mind Partner Portal.

REGISTER FOR THE NOVEMBER COLLABORATIVE-WIDE MEETING TODAY

Join us for the 2026 MI Mind Collaborative Wide Meeting, Friday, Nov. 6 from 9 a.m. to 1 p.m. at The H Hotel in Midland. At least one person from each participant's Physician Organization (PO) leadership is required to attend to receive credit toward their Performance Index Scorecard. Practice Clinical Champions, Practice Liaisons and all participating providers are welcome and encouraged to attend but are not required.

Natasha Bagdasarian, MD, MPH, FIDSA, FACP, Chief Medical Executive for the State of Michigan, is the keynote speaker. You'll also enjoy a delicious lunch and opportunities to connect with MI Mind colleagues from across the state. Register by Friday, Oct. 9.

WALK WITH MI MIND

Mark your Calendar for Autumn Walks Supporting Mental Health

MI Mind clinicians, family, and friends are invited to join the MI Mind team for two walks supporting mental illness and suicide awareness and prevention this fall. MI Mind team members will host booths and walk at both events.

National Alliance on Mental Illness (NAMI) Walk Michigan
Saturday, Sept. 19 beginning at 9 a.m.
University of Detroit Mercy
4001 W McNichols Rd., Detroit
Learn more

American Foundation for Suicide Prevention (AFSP) Out of the Darkness Walk
Saturday, Sept. 26, check-in begins at 8 a.m., the walk begins at 10 a.m.
Belle Isle in Detroit
Learn more

INTERVENTIONS TO PREVENT SUICIDE: ENSURING NO ONE FALLS THROUGH THE CRACKS

Each year, healthcare systems encounter countless individuals experiencing suicidal thoughts or behaviors. Yet many people who die by suicide have interacted with healthcare providers shortly before their death. This reality underscores the importance of implementing evidence-based interventions that identify risk, engage patients in care, and provide ongoing support across settings.

One resource that addresses this challenge is Brief Cognitive-Behavioral Therapy for Suicide Prevention by Craig J. Bryan and M. David Rudd. The book outlines Brief Cognitive-Behavioral Therapy (BCBT), a structured, evidence-based approach designed specifically for individuals at risk of suicide. Rather than focusing solely on symptom reduction, BCBT helps clinicians establish safety, strengthen emotional regulation and crisis-management skills, identify reasons for living, and address the thought patterns that contribute to suicidal crises.

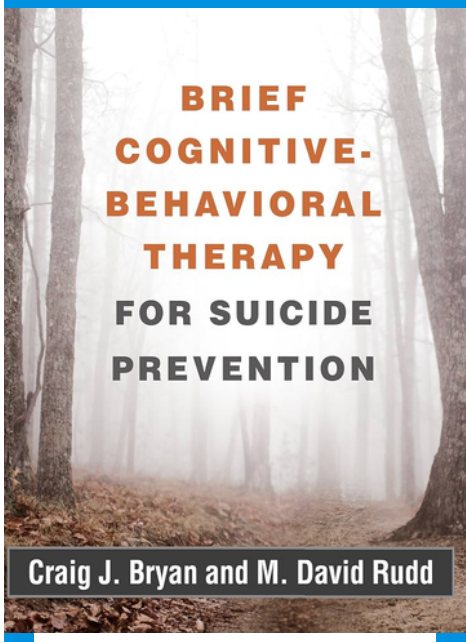
The approach reflects a growing understanding that suicide prevention requires more than risk assessment alone. Effective interventions must be embedded within a broader system of care that supports people from the moment risk is identified through recovery and follow-up. Many of the core elements described in BCBT, including collaborative safety planning, lethal means safety counseling, crisis response planning, and relapse prevention, mirror practices promoted within the Zero Suicide framework.

Importantly, the book reinforces the idea that suicide prevention is a team effort. Clinicians, primary care providers, behavioral health specialists, care managers, family members, and community partners all play a role in helping individuals stay connected to care. When healthcare systems utilize structured screening, clear care pathways, evidence-based treatments, and proactive follow-up during transitions in care, they create a safety net that reduces the likelihood that someone will be missed. This is particularly critical during periods of elevated risk, such as after hospitalization or while waiting for specialty treatment.

Another important lesson from BCBT is that suicide prevention does not end when a patient leaves an office, emergency department, or inpatient unit. Suicide risk is often elevated during transitions in care, especially after hospitalization or while waiting for follow-up treatment. The strategies outlined in BCBT help clinicians prepare patients for these vulnerable periods through safety planning, coping skills development, and ongoing support. More broadly, the book reflects a shift in suicide prevention away from trying to predict who will die by suicide and toward delivering effective interventions for everyone identified as at risk. By focusing on evidence-based practices and continuity of care, healthcare teams can create a more reliable and compassionate safety net that helps ensure individuals receive the support they need when they need it most.

Ultimately, Brief Cognitive-Behavioral Therapy for Suicide Prevention offers more than a clinical treatment model. It provides practical strategies that support a shared goal across healthcare settings: ensuring that every person experiencing suicide risk receives timely, compassionate, evidence-based care and that no one falls through the cracks of the healthcare system.

RECOMMENDED READING



In Brief Cognitive-Behavioral Therapy for Suicide Prevention, Craig J. Bryan and M. David Rudd present a practical, evidence-based framework for treating individuals at risk for suicide. The book provides clinicians with step-by-step guidance for building collaborative therapeutic relationships, assessing suicide risk, developing safety plans, strengthening coping skills, and reducing the beliefs that contribute to suicidal crises. Rich with case examples, clinical scripts, and reproducible tools, this manual bridges research and practice in a highly accessible way. It is an invaluable resource for behavioral health professionals seeking effective, structured interventions to help save lives.

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 08/24/26.*

FRANKLY SPEAKING: MI MIND PARTNERS WITH THE STATE TO PREVENT FIREARMS-RELATED SUICIDES

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

Natasha Bagdasarian, MD, MPH, FIDSA, FACP, Chief Medical Executive for the State of Michigan, has made reducing gun violence and suicide prevention a priority in her tenure. She established and chairs the state's Gun Violence Prevention Task Force.

With the support of Blue Cross Blue Shield of Michigan, MI Mind has partnered with Dr. Bagdasarian and her coalition to address firearms-related suicides. Together with Dr. Bagdasarian and her task force, the MI Mind team will implement these new strategies this year:

Webinars

MI Mind will produce two webinars, open to all interested healthcare providers and individuals. More information and registration links for these webinars will be sent via email soon.

Tuesday, Sept. 22 from noon to 1 p.m. (ET): Firearm Prevention: From Research to Practice, presented by Natasha Bagdasarian, MD, MPH, FIDSA, FACP, Chief Medical Executive for the State of Michigan, and Patrick Carter, MD, Director, Institute for Firearm Injury Prevention.

Tuesday, Oct. 20 from noon to 1 p.m. (ET): Tools for Suicide Prevention: Understanding Michigan's Extreme Risk Protection Law, presented by Laura Seewald, MD, University of Michigan Institute for Firearm Injury Prevention and Clinical Assistant Professor, Department of Emergency Medicine. Click here to learn more about Extreme Risk Protection Orders (ERPOs), which allow family members, healthcare providers and law enforcement to petition a judge for the temporary removal of firearms from individuals posing a danger to themselves or others.

Patient materials

The MI Mind team will develop written materials for adult and adolescent patients on the dangers of firearms, risks, safety and safe storage. These will be available to all participating MI Mind practices.

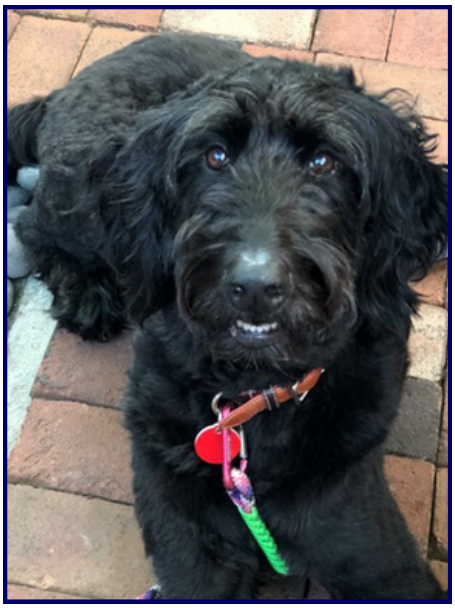
These strategies will complement current state initiatives, which include public education on firearms risk, promoting safe firearms storage and gun lock use, and advocating for background checks prior to firearm purchases. The MI Mind team will email more information about the webinars and patient materials this fall.

Gun-related suicides surpass homicides in the US

- The U.S. gun death rate is among the highest in the world.[1]
- The majority – 62% – are suicides, not homicides.[2]
- More than half of all suicides in our nation, 56%, involve firearms.[3]
- Firearm suicide deaths increased by more than 25% between 2015 and 2024.[4]

1. https://www.pewresearch.org/chart/u-s-gun-death-rate-is-among-the-highest-in-the-world-but-much-lower-than-in-some-countries/
2. https://www.pewresearch.org/short-reads/2026/04/28/what-the-data-says-about-gun-deaths-in-the-us/
3. https://www.kff.org/mental-health/three-questions-about-firearm-deaths-key-patterns-from-a-decade-of-data/
4. https://injuryfacts.nsc.org/home-and-community/safety-topics/guns/

‘BEST DOG IN THE WHOLE WORLD’ OFFERS CONSISTENCY THROUGH LIFE’S CHANGES



At almost 15 years of age, Piper has seen relationships develop, children join the family, and moved to new homes without batting a golden doodle eyelash.

Chelsie Dryer, MPH, MI Mind Quality Improvement Lead, was just dating her husband when Piper came into her life. “She’s been through a lot with us. We got her, then we were engaged, married, had babies, and made many moves to different apartments and family homes from Oklahoma to Michigan,” she says.

Half golden retriever and half poodle, Piper gets her striking black coat from her black poodle parent. “She has more of the golden retriever personality with energy like a poodle. She spends most of her days napping, but still looks and acts young and playful. When we take Piper for walks, people say they love our puppy,” says Dryer. “She is calm and gentle, and the idyllic family dog.”

A steady source of comfort to Dryer, her husband and two daughters, Piper has offered the entire family consistency. “So much has changed over the past decade and a half, and she is a constant in our lives,” says Dryer. “She’s always sweet and always happy to see us, greeting us at the door when we come home. Through many stages of life, she has been there.”

Piper spends most of her days dozing in her favorite chair or sunbathing, and especially enjoys visiting her “grandparent’s” cabin in Michigan’s Upper Peninsula, where she swims in the lake and runs on the property.

She also enjoys spending time with Dryer’s daughters. “They are all best friends,” she says. “When my girls were infants, Piper even woke up in the night with me and stayed by my side while I fed them. She’s always there for me.”

Dryer says Piper is always up for cuddles and gives her family unconditional love and acceptance: “A big part of the mental health support dogs offer is that they never judge and never ask you to earn their love. Dogs give life a sense of meaning and source of enrichment. I’m a dog lover and a big Piper fan – I think she’s the best dog in the whole world.”

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 Sr. Marketing Specialist, Jason Robertson, jrober40@hfhs.org.