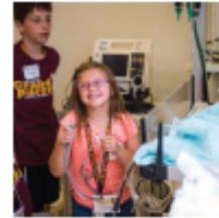


Preventing Suicide in Michigan Men – Michigan DHHS in Collaboration with CMU College of Medicine, CMU Interdisciplinary Center for Community Health & Wellness and Community Partners



COLLABORATING FOR
BETTER HEALTH AND WELLNESS

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Welcome: Agenda Plan for Today's Gathering

- Welcome: Dr. George Kikano, CMU College of Medicine
 - Critical needs call for community-wide collaboration
- Overview PRiSMM Initiative: Alison Arnold
 - CMU's Specific Aims: CMU Team and PRiSMM Partners
- Discuss Opportunities for Regional Collaboration
- Next Steps: Engaging with You and Supporting Your Priorities



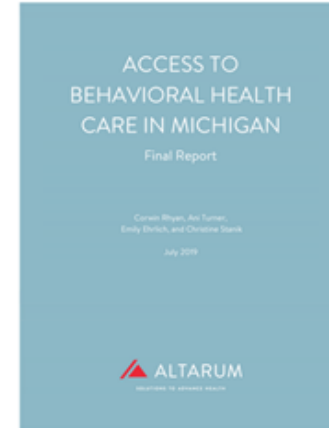
Significant Challenges Pre-Pandemic



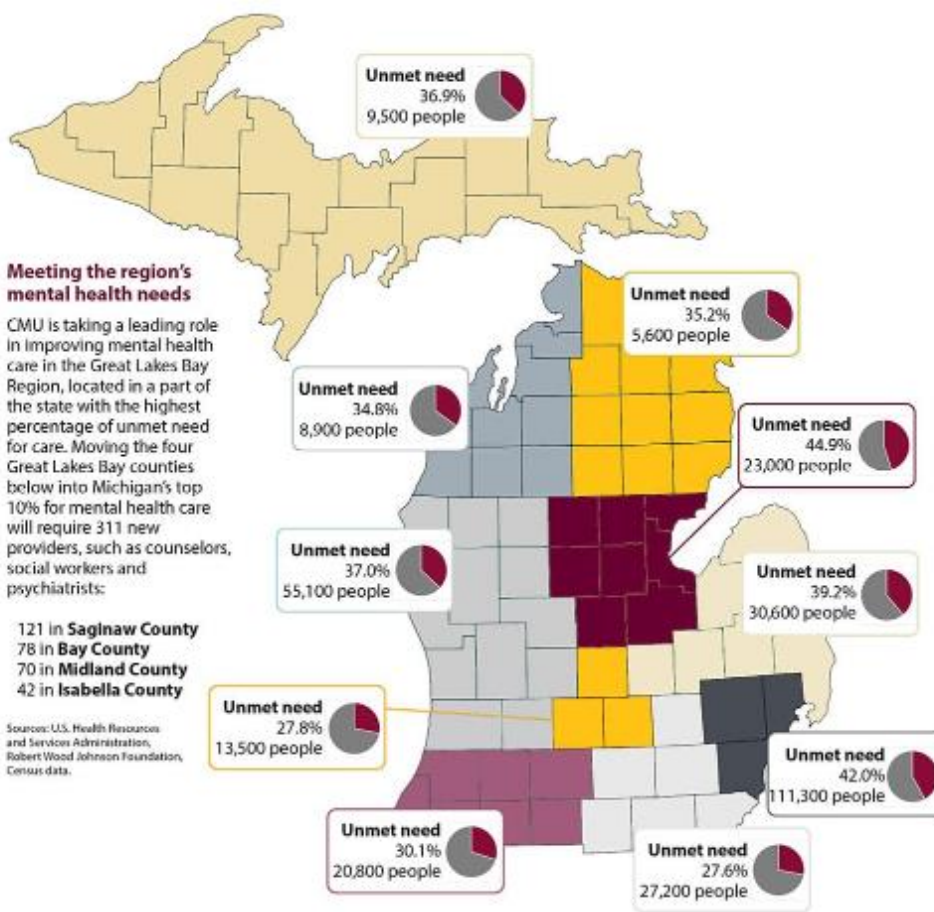
Hundreds of thousands of Michigan residents lack behavioral health treatment

- More than 650,000 Michigan residents with a mental illness and more than 500,000 with a substance use disorder aren't receiving treatment
- 46% of people with anxiety disorders, 53% of people with depressive episodes, and 85% of people with alcohol use disorders are not receiving treatment for their conditions
- 25 counties in Michigan with no psychiatrist; Ten with neither a psychiatrist nor psychologist
- Severe shortage of child and adolescent psychiatrists

**MICHIGAN HEALTH
ENDOWMENT FUND**



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Mental Health Needs Cut Across All Populations.

Focus of Preventing Suicide in Michigan Men Provides Resources for Communities to Mitigate Health Risks of Men 25+

High rates of *despair and deaths*

- Overdoses
- Suicides
- Alcohol-related illness
- Stigma

White men out of the labor force, have the worst health markers in the country, including high levels of opioid addiction and reported pain, and the lowest levels of hope compared to any labor market cohort. (Deaton & Case, 2020)

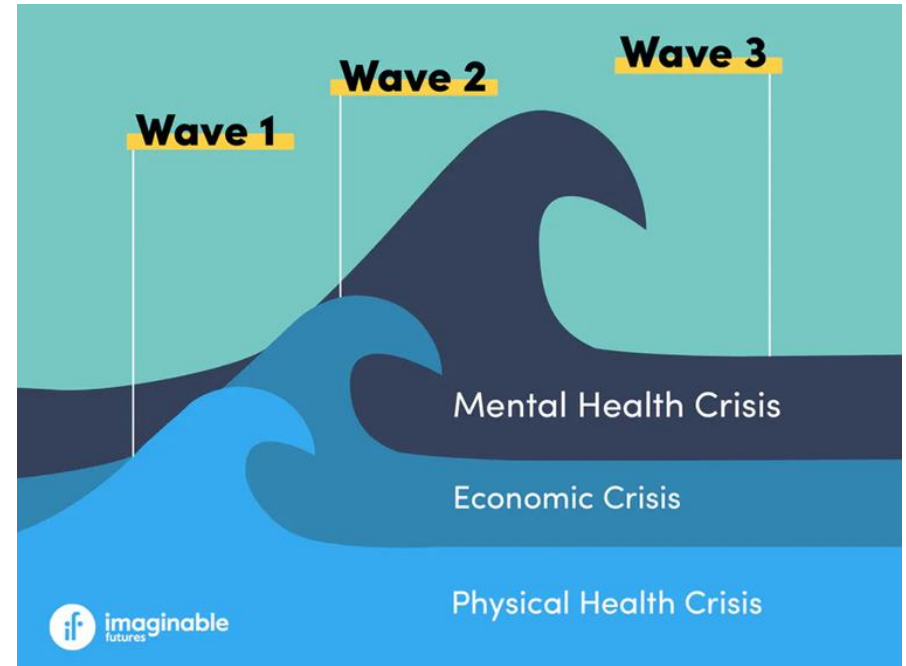


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Pandemic Impacts: Prolonged and Mounting Mental Health Crisis

New first responder data from the National EMS Information System (NEMSIS) shows:

- Significant increases in mental distress, overdose rates, and suicides.
- Mental health and overdose calls to first responders doubled in 2020 compared to both 2018 and 2019.
- Suicides have seen an increase



PRiSMM Initiative - Goals

Michigan Department of Health & Human Services

- **Preventing Suicide in Michigan Men - PRiSMM**
 - Five-year initiative, \$4.93M Funding from CDC
- **Comprehensive multi-component collaboration to reduce suicide morbidity and mortality by 10% over five years**
 - Specific focus on adult men age 25+
- **Addressed significant risk factors**
 - Rural and urban residence
 - Access to firearms
 - Limited access to behavioral health
 - Need for high quality interventions tailored to unique needs of men



PRISMM Initiative – Overall Approach

Michigan Department of Health & Human Services

Comprehensive Approach:

- Create coordinated multi-sectoral partnerships
- Use existing data to understand suicide circumstances
- Create inventory local SP efforts and identify prevention gaps and opportunities
- Implement select strategies/approaches from the CDC
- Develop and evaluation stakeholder communication and communication plan

Partners:

- UM Injury Prevention Center
- University of Maryland
- CMU College of Medicine and Interdisciplinary Center for Community Health & Wellness
- Henry Ford Health Systems
- Michigan Department of Corrections



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Preventing Suicide in Michigan Men

CMU's Specific Aims

Great Lakes Bay Region:

- Reduce suicide morbidity and mortality by 10% in five years with a focus on men 25+ years

Approach

- Cultivate a **comprehensive suicide prevention approach** for the Great Lakes Bay Region (GLBR) to align multi-sector partners' efforts, resources and suicide prevention strategies with a *focus on the region's most vulnerable populations which includes men 25+*.
- Provide technical assistance and create statewide **Suicide Prevention Telehealth Training Network** and **Toolkit** of telehealth strategies to support the State's Comprehensive Suicide Prevention Plan.



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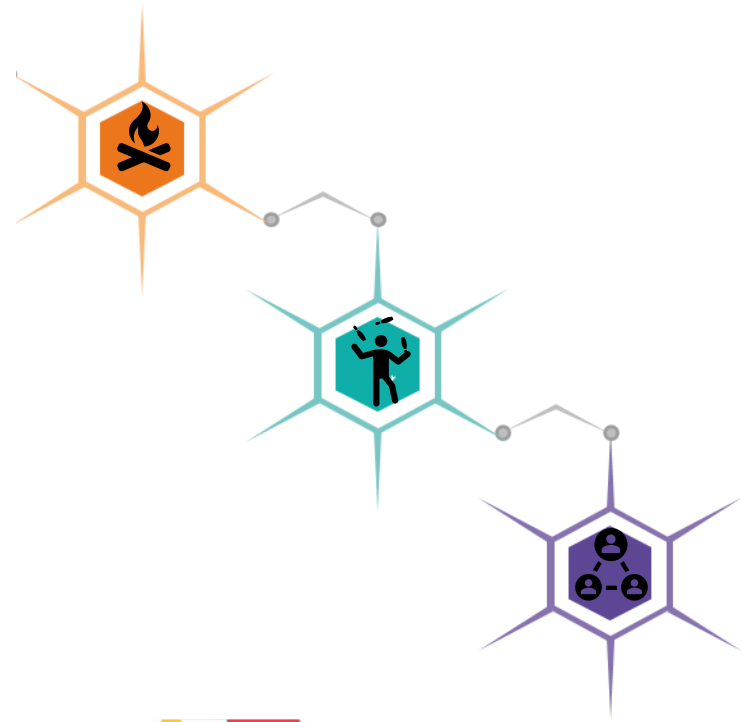
Regional Comprehensive Suicide Prevention Approach: Work Plan and Key Activities

- **Multi-sectoral planning process and generation of plan**
 - Formalize an advisory committee structure
 - Align SP efforts across existing regional partnerships
 - Integrate PRiSMM with existing plans and initiatives focused on SP and Mental Health
 - Generate an initial plan of priorities and four-year implementation timeframe
- **Utilize data on vulnerable populations to inform SP approaches**
- **Create On-going inventory of SP programs and resources (activities, programs, gaps)**
 - **Regional Inventory** and dashboard with Michigan Health Improvement Alliance (MiHIA)
 - Support regional resource hub to be developed
- **Select and implement strategies/approaches for PRiSMM**
 - Community Prevention (Tier 1): Create Protective Environments, Reduce stigma, Counseling on access to lethal means
 - Health Care Provider Organizations (Tier 2): Gatekeeper training, Enhanced clinical training



Engage with Community Coalitions

- Align PRiSMM project to support local county and community plans and priorities
 - County Health Improvement Plans
 - Community Needs Assessment
 - Mental Health Authority and Agency Plans
 - THRIVE Initiative
- Collaborate uniquely with communities:
Connect and leverage resources/expertise in each community and build regional networks for suicide prevention



Engage with Community Coalitions

- Provide Training and Resource Connections for Evidence-based Approaches and Programs
 - LivingWorks Model
 - **ASIST:** Two-day training to learn how to prevent suicide by recognizing signs, providing a skilled intervention, and developing a safety plan to keep someone alive
 - **safeTALK:** Half-day training to recognize when someone is thinking about suicide and connect them to an intervention provider
 - **START:** Online self-directed training
 - **Man-Therapy Michigan:** Web-based outreach program that addresses men's mental health issues and suicide prevention. Provides for specific local listings and resources to be added
 - **CALM:** Counseling on Access to Lethal Means
 - **Zero Suicide Health Care Model** (screening, assessment, intervention, engagement in care, suicide-specific outpatient care)



Optimize Telehealth Capacities for Suicide Care and Prevention: Objectives – CMU Specific Aim

- Identify and address SP Telehealth needs for: provider training, capacity building, patient access barriers and service gaps
 - Conduct telehealth needs assessment
 - Align SP efforts across existing regional partnerships
- Build a Telehealth SP Toolkit for providers
 - Tailored to meet needs of Great Lakes Bay Communities and Michigan
- Form Telehealth Training Resource Network for PRiSMM initiative



Optimize Telehealth Capacities

- Improve access to mental health specialty care that might not otherwise be available (e.g., in rural areas)
- Bring care to the patient's location
- Help integrate behavioral health care and primary care, leading to better outcomes
- Reduce the need for trips to the emergency room
- Reduce delays in care
- Improve continuity of care and follow-up
- Reduce the need for time off work, childcare services, etc. to access appointments far away
- Reduce potential transportation barriers, such as lack of transportation or the need for long drives
- Reduce the barrier of stigma



Optimize Telehealth Capacities for Suicide Care and Prevention: Objectives

- Identify and address SP Telehealth needs for: provider training, capacity building, patient access barriers and service gaps
 - Community Telehealth Need Assessment Survey
 - Provider Telehealth Need Assessment Survey
- Goals:
 - Identify gaps between needs being met and needs to be met
 - Improve patient care and access to treatment



Identify and address SP Telehealth needs for: provider training, capacity building, patient access barriers and service gaps

- Outcomes measured

- A. Short term:

- Develop provider training
 - Capacity building

- B. Long term:

- Satisfaction with telemental health services
 - Satisfaction with care
 - Improved access to care
 - Improved compliance with treatment and follow up visits
 - Improved mental health, reduction in suicide behavior



Priority Areas for Suicide Prevention

CHAT-STORM QUESTIONS & DISCUSSION

In the Chat Box, Please share a few comments in response to the following questions:

(We'll pause to give you time to think and type. Then we'll discuss.)

Consider what you've heard now about PRiSMM – and how it may connect:

1. What are some gaps/needs/challenges your organization is encountering?
(related to telehealth, training, SP services and men)
2. Where are opportunities for collaboration?
(regionally as well as with partners and SP initiatives across Michigan)



Inviting Your Engagement

- **Meet with your Community Coalition Leaders**
 - Contact: Alison Arnold and Barb Smith
- **Invite Your Organization to Pilot Telehealth Needs assessment**
 - Contact: Dr. Neli Ragina
- **Share Your Information and Input to Build Inventory of Resources**
 - [Click here to fill out regional inventory](#)
 - MiHIA will provide support for Regional SP Inventory and dashboard for tracking key data for PRiSMM target population
- **Contribute Your Expertise in Key Interest Areas**



Keep On Your Radar!

- **Regional Programs & Events – Spring / Summer!**
 - Suicide intervention Training Week – May 17
 - Walk for Hope – Aug 8
- **Michigan Programs & Events:**
 - Michigan Suicide Prevention Commission Recommendations Report Sent to Governor and Legislature on March 19
 - UM Suicide Prevention Summit – March 16 (Virtual)
 - 2021 Virtual Child & Adolescent Behavioral Health Summit, Children’s Foundation – April 13-14
- **New Resources from CMU: On Demand Podcast Education**
 - NEW! Covid-19 and Children’s Health
 - Responding to A.C.E.s – Resources for Resilience

Go to: cmumedical.podbean.com

LEARN MORE: med.cmich.edu/icchw



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**COMMUNITY HEALTH
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PRiSMM Initiative

Great Lakes Bay Core Planning Team

- **CMU Project Leads**

- Dr. Alison Arnold, CMU Interdisciplinary Center
- Dr. Neli Ragina, College of Medicine
- Dr. Furhut Janssen, CMU Medical Education Partners

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- **Community Partner Leads**

- Barb Smith, Suicide Response Resource Network
- Dr. Matthew Samocki, Great Lakes Bay Regional Alliance, THRIVE
- Daryn Pappenfuse, Michigan Health Improvement Alliance

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