

**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

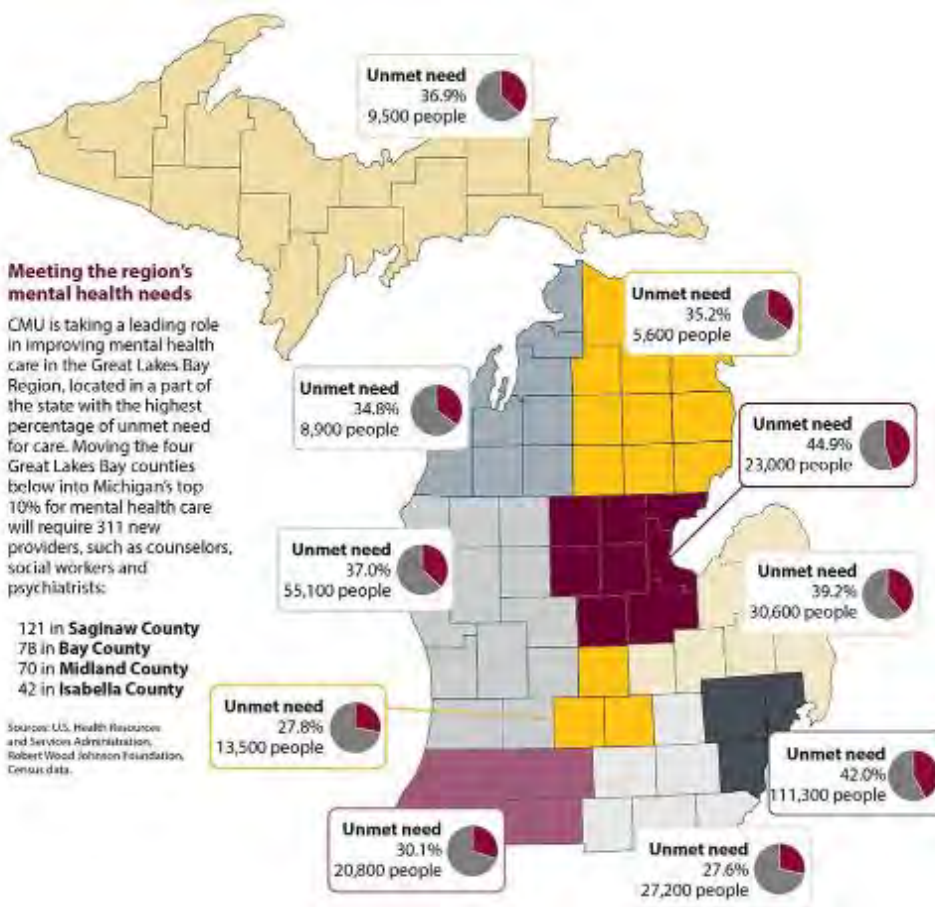
med.cmich.edu/icchw



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Welcome: Agenda Plan for Today's Gathering

- Welcome/Agenda Overview: Dr. Alison Arnold
- Progress Updates:
 - Suicide Prevention Telehealth Toolkit for Providers Dr. Furhut Janssen
 - Telehealth Training Needs Assessment for Providers Dr. Neli Ragina
 - GLBR Comprehensive SP Initiatives
 - Regional SP Resource Inventory Daryn Papenfuse, Dr. Matthew Samocki,
Michigan Health Improvement Alliance
 - Training Collaborations and Partnerships with a Focus on Men Barb Smith
Suicide Resource & Response Network
- Michigan PRiSMM Initiative Updates Kristen Smith, MDHHS
- Next Steps: Engaging with You and Supporting Your Priorities



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)

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



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

- 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.
- 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+.*



**Michigan
PRiSMM Project:**

**Telehealth
Strategy
Outcomes**

Significant Focus Area
for Funding Source:

Centers for Disease
Control

Tier-Three strategy:

Strengthen access and delivery of suicide care

Approach: Telemental Health

To what extent did we implement this Tier 3 strategy as intended?

- Increases in the percentage of Telehealth Network providers trained in use of toolkit
- Increases in the number of patients served through telehealth

To what extent were Tier 3 short-term outcomes

(better trained workforce) achieved?

- Improved use of suicide prevention best practices in telehealth sessions
- Increases in provider reported benefit of telehealth toolkit
- Decreases in reported community-level risk factors

*To what extent did this Tier 3 strategy **reduce risk (lack of access to health care) and increase protective factors** related to target population of vulnerable men physical / behavioral health, stigma reduction, and other social determinant barriers*



**Michigan
PRiSMM Project:**

**Telehealth
Strategy
Timeline**

Timeline Telehealth Strategy:

- Toolkit Development
- Needs Assessment
- Training Network Launch

✓ Needs Assessment June 2021	Early Results Review
Pilot Underway	
Further Alignment to Toolkit Components	
✓ Develop Toolkit Prototype Complete Resource Hub for Review	June 2021
☐ Training Network Launch Recruit 20 Partners to Pilot the Toolkit	June / July 2021



CMU PRiSMM Project – Update

Telehealth Provider Toolkit

First Look!
(Version 1.0 Work in Process)

June 21, 2021



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PRiSMM Telehealth Suicide Prevention Toolkit

First Look: June 24, 2021 (Work in Process)

Target Rollout: August 2021 to Pilot PRiSMM TeleHealth Training Network



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CMU PRiSM Telehealth Advisory Panel

PANEL OF EXPERTS:

Dr. Furhut Janssen, CMU Medical Education Partners

Dr. Katherine Dollard, Psy.D., LP, Director Behavioral Health MidMichigan Health

Dr. Jacqueline List, CEO List Psychological Services

Dr. Kai Anderson, Assistant Director Psychiatry Residency Program, CMU College of Medicine

Dr. Jonathan Henry, Clinical Associate Professor Psychiatry, CMU College of Medicine

Dr. Nazzareno Liegghio, DO, Associate Chief of Staff for Mental Health Aleda E. Lutz VA Medical Center

SUPPORT:

Dr. Neli Ragina, Director Student and Residents Clinical Research, CMU College of Medicine

Dr. Alison Arnold, Director CMU Interdisciplinary Center for Community Health & Wellness

Andrea Beatty, Coordinator CMU ICCHW

Anushree Jagtap, Graduate Research Assistant, CMU College of Medicine

Nathan Shen, Graduate Research Assistant, CMU College of Medicine

CMU College of Medicine Information Technology Team



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Development Process for Toolkit

The Panel Reviewed Existing "Toolkit" Models

- Numerous curated resource hubs and toolkits for providers regarding telehealth for primary care and mental health services

American Psychiatric Association :

<https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/toolkit>

American Psychological Association :

<https://www.apa.org/ed/ce/telehealth>

Rural Health:

<https://www.ruralhealthinfo.org/toolkits/telehealth/2/specific-populations/behavioral-health>

AACAP (child psychiatry):

https://www.aacap.org/AACAP/Clinical_Practice_Center/Business_of_Practice/Telepsychiatry/toolkit_videos.aspx

CMS general medicine toolkit:

<https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf>



Propose to Organize and Framed
by the Comprehensive SP Model

What **Telehealth**
Health components
might be included
to assist providers?

What unique
components would
be appropriate for
serving **adult men**?



Toolkit Design Considerations

The Panel Discussed Primary Audiences / Users

Clinical Providers:

- Small, medium, large practices

Providers types and settings

- Types: Primary care, licensed counseling, psychologists, psychiatrists,
- Settings:
 - Private, CMH
 - Hospital systems
 - Recovery centers
 - VA clinical settings

Other

- Networks and PRiSMM Partners
- State National SP Associations



Interweave Three Strands

Suicide Prevention-Intervention-Postvention Continuum Key Points of Care

Telehealth Optimization

Practices

Scenarios, Tools, Templates, Digital Prescription Therapy (DPT)

Adult Men

Risk Reduction

Modifiable Factors to Improve Access



PRiSM TH Toolkit for Providers
Organized to Present TH Resources and Tools
Aligned to the Comprehensive Approach To Suicide Prevention Model



[Source: Suicide Resource Prevention Center](#)



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PRiSMM Toolkit
Includes
Components for
Each Strategy Area
of the SPRC's
***Comprehensive
Suicide Prevention
Framework
Model***



Provider Actions
aligned with key
points of care

TH Suicide Care Across
the Continuum:
Prevention
Intervention
Postvention



Telehealth
Actions
in Practice

Direct links to evidence-
based resources, videos

Templates:

TH Consent Forms

Safety Plans

Risk Assessment Screens



Resources & Tools

Convenient
Access. Hub
includes links
and resources
for Provider well-
being, and peer
shared resources



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A Brief Toolkit Tour and First Look

UNIVERSITY OF MEDICINE
SCHOOL OF MEDICINE

About Education Research Patient Care Impact Events News & Media

Preventing Suicide in Michigan Men (PRiSMM)

Genevieve / College of Medicine / Impact / International Center for Community Health & Wellness / PRiSMM Telemental Health Toolkit

PRiSMM Telemental Health Toolkit

What is PRiSMM?

The Michigan PRiSMM project is being led by Michigan Department of Health and Human Services (MDHHS). By 2024, the statewide PRiSMM initiative will work to reduce the number of suicide deaths and attempts among men ages 25 and older by at least 10 percent. From 2014-2018, more than 6,700 Michigan men lost their lives to suicide. Two thirds of the suicide deaths in Michigan are white men. Michigan's initiative is one of nine projects in the U.S. to receive grant funding by the U.S. Centers for Disease Control and Prevention (CDC). As a PRiSMM collaborative partner, Central Michigan University is working with MDHHS, state and regional partners to create a replicable Toolkit for training and deployment of suicide prevention (SP) strategies tailored for service providers and practices in Michigan's isolated and rural communities.

Toolkit Settings and Suicide Care

The Suicide Prevention Telemental Health Toolkit is a resource for providers to help strengthen access and delivery of suicide care.

The Toolkit is a work in progress. During 2023-2025, resources will continue to be updated. The toolkit will also be receiving a review of providers who will receive training and provide ongoing input.

Share
f t in v s

Explore

- PRiSMM Telemental Health
- Identify and Assist
- Increase Help Seeking
- Effective Care/Treatment
- Care Transitions/Linkages
- Respond to Crisis



Optimize Telehealth Capacities for Suicide Care and Prevention: Concurrent Objectives

- ✓ **Build a Telehealth SP Toolkit for Providers**
 - Tailored to meet needs of Great Lakes Bay Communities and Michigan

- ☐ **Launch Telehealth Training Resource Network for PRiSMM initiative – August 2021**
 - ☐ Recruiting Pilot Network of 25 Providers to Test Drive Toolkit
 - ☐ Engage in 6-month Professional Learning Collaborative (Meet virtually once per month)
 - ☐ Participate in TH Focused Educational Programs

- ✓ **Identify and Address SP Telehealth Needs for: Provider Training, Capacity Building, Patient Access Barriers and Service Gaps**
 - Conduct telehealth needs assessment
 - Align SP training activities and resources across regional partnerships



CMU PRiSMM Project - Update Telehealth Provider Needs Assessment Survey

Preliminary Data Report:
34 respondents
(survey is ongoing)

June 21, 2021



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Key Objective of PRiSMM Project Work Plan

- Objective: Identify and address Suicide Prevention (SP) Telehealth needs for provider training, capacity building, patient access barriers and service gaps.
- Expected outcome: 100 providers will complete Needs Assessment. CMU PRiSMM TH Toolkit, technical assistance and training will be informed from findings of the needs assessment survey and will build upon existing best practice resources and infrastructure.
- Measurement: Identification and prevalence of specific provider's needs regionally. Subsequently, conduct focus group with providers to discuss needs assessment results, training and technical assistance priorities, perspectives on usage and satisfaction with currently provided programs and services in relation to suicide prevention



Telehealth Needs Assessment Survey

- Methods:
 - An electronic survey tool was designed and piloted to collect quantitative data from a convenience sample of telehealth providers from the state of Michigan.
- Goals:
 - Understand the experience, needs and challenges of providers during virtual visits
 - Inform the telehealth tool kit development for providers
- Survey areas of exploration:
 - Provider's training and experience
 - Providing Care during virtual visits
 - Challenges during virtual visits



Participants' Characteristics

- Gender:
 - Male 15.63%
 - Female 81.25%
 - Prefer not to say 3.13%
- Age Range:
 - (30-39 yrs.) 12.50%
 - (40-49 yrs.) 37.50%
 - (50-59 yrs.) 28.13%
 - (60-69 yrs.) 6.25%
- Specialty:
 - Psychiatry 30%
 - Psychology 10.00%
 - Others ~ 60%
 - Occupational therapist
 - Master Social Worker
 - Support Coordinator assistant
 - Case Manager
 - Licensed Clinical Psychologist
- Organization of practice:
 - Community behavioral health organization
 - Academic medical center
 - Community Mental Health
 - Country department of human services
 - Large medical center serving several counties in Michigan
 - Certified Community Behavioral Health Clinic
- Counties of Practice:
 - Muskegon 32.17 %
 - Saginaw 25 %
 - Washtenaw 10.71%
 - Midland 7.14 %
 - Oakland 7.14%
 - Baraga - 3.57%
 - Bay - 3.57%
 - Kalamazoo 3.57%
 - Macomb 3.57%
 - Wayne 3.57%



Provider's Experience with Telehealth Practice

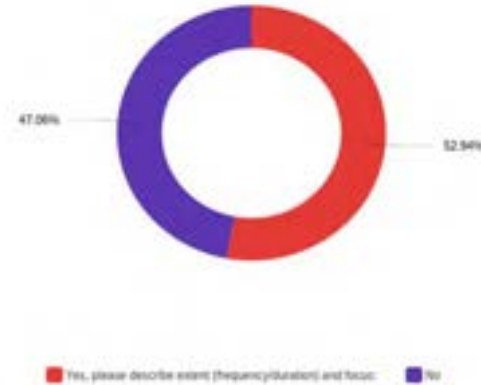
- Approximately 30% of respondents conducting virtual visits prior to pandemic. 69% reported conducting virtual visits during pandemic
- Approximately 80% of virtual visits are conducted via both phone and video.
- About 50% felt comfortable and around 31% felt somewhat/somewhat not comfortable doing virtual visits



Provider's TH Training Experience

- Based on N=34:
 - Slight majority of providers reported receiving some TH Training
- Types/Time Intensity of Provider TH Training Varies
 - Minimum: 15-30 minutes
 - Max: 19 hours

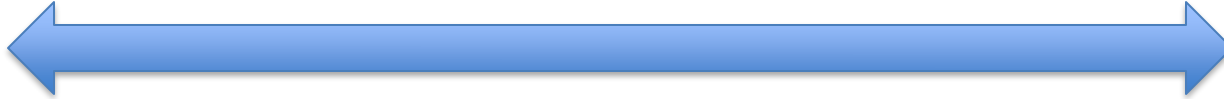
Have you ever received training in virtual visits?



Examples of Kinds of Provider's TH Training Experience

*Min. Time (15-30min)
(19hrs)*

Max. Time



Examples Training Activities:

- 15-30min orientation/webinars for providers to virtual visits
- 19hrs certification in providing telehealth, regulation and ethics of telehealth use
- Telemedicine rotation (for residents)



Types of Training Providers Want

What training/resources would you find valuable in the future for preparing to do virtual visits into the home? Please specify at least one content/topics or resource.



- Simulated virtual visits for practices
- Use of Apps for virtual visits
- Documentation of virtual visit

Other, please specify - Text

Technical support

Training to email or text to client re: how to use

Enhancing engagement and communication in virtual visits

Engaging young children in virtual visits/ supports

Details re: suicide risk assessment and engagement in a virtual setting

Setting up your space/environment, audio/visual experience, internet reliability; suicide risk management protocols

centralized resource on virtual support groups, family and community resources to provide to patients

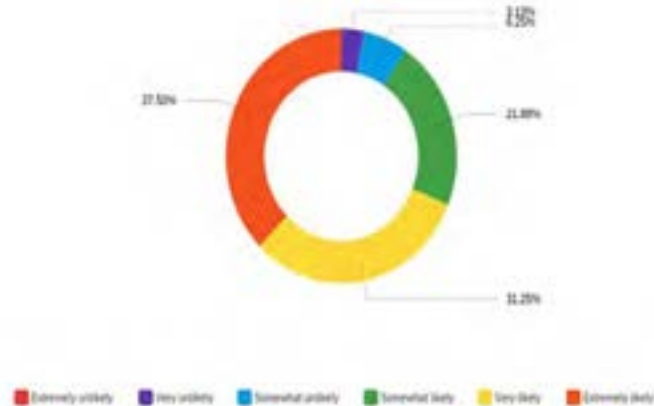


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Providing Care Via Virtual Visits

- Increasing % of providers indicating they plan to incorporate virtual visits into their practice

How likely are you to incorporate virtual visits into your future practice?



Types of TH (Virtual) Care Providers Deliver

Patient Referrals	6.06%
Provider collaboration	9.09%
Care coordination	12.12%
Provider education to the client	9.09%
Prescribing	6.06%
Screening	12.12%
Counseling or talk therapy	6.06%
Medication management/monitoring	6.06%
Case management	12.12%

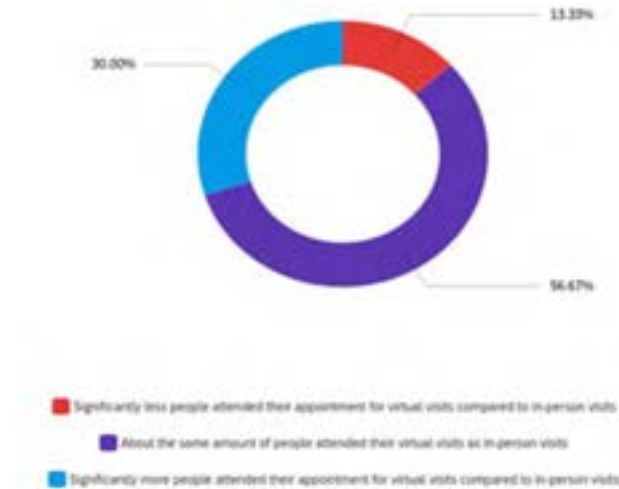
Diagnosis/assessment	12.12%
Peer recovery/support services	3.03%
Recovery maintenance	3.03%



Providing Care Via Virtual Visits

- Most providers reported patient attendance stayed the same or increased for virtual visits

How was patient attendance for virtual visits compared to in-person visits?



Providing Care Via Virtual Visits

- 40% of providers reported difficulties with communication with staff for virtual visits compared to in-person visits
- Half of the providers stated they were not able to provide equally effective care during virtual visits compared to in-person visits



Challenges Associated with Virtual Visits

Some Concerns Indicated:

- Clients' Technology Access
 - Internet, Devices
 - Supports for Clients on Virtual Platforms
- Providers' Technology Access
 - Reliable Internet Service
 - IT Support, Access to Platforms
 - Training on Platforms

What challenges have you experienced providing virtual visits?

Answer	%
Client access and skills with technology	44.44%
Reimbursement policy	22.22%
Provider access and skill with technology	33.33%



Summary

Pilot data suggest challenges and training needs do exist and need to be addressed in order to enable providers to deliver effective screening and quality care during virtual visits

Survey is ongoing and data is at an early stage, preliminary findings are being incorporated dynamically into the development of the tool kit

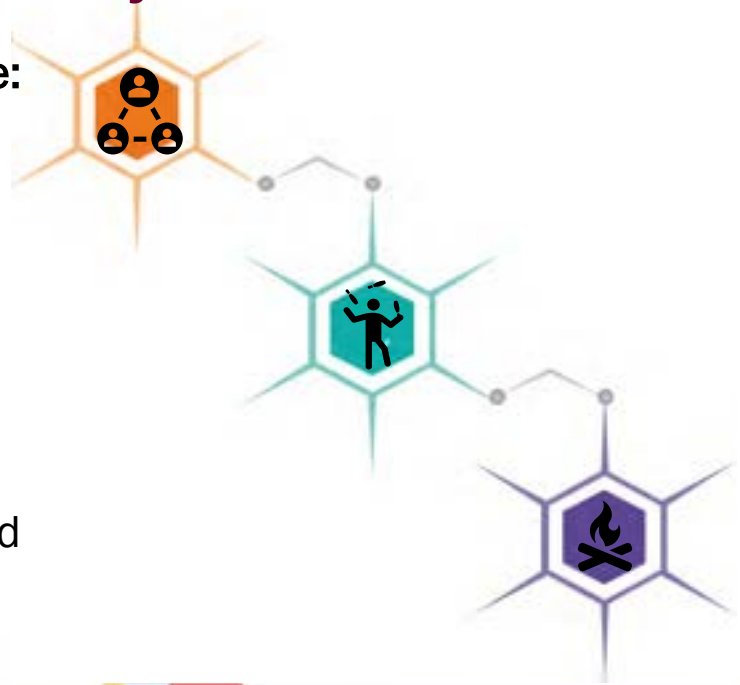


Connecting PRiSMM with Community Priorities

Updates: Building Regional Inventory of SP Resources

Partnership with Michigan Health Improvement Alliance:

- Connect and leverage assets in each community for suicide prevention
 - ***Build Regional Inventory***
 - Fuel Awareness, Capacity Building
- Align PRiSMM project to support local county and community identified priorities:
 - ***THRIVE Dashboard and Scorecard***
 - Regional: County Health Improvement Plans and Community Needs Assessment
 - Mental Health Authority and Agency Plans



New Tools for Increasing Awareness and Access

Michigan Health Improvement Alliance

PRiSSM Regional Resources Inventory

Map Satellite

Type	Title	Topics
	Saginaw County Community Mental Health Authority	Health / Mental Health & Mental Disorders, Health / Men's Health
	Mid-State Health Network	Health / Mental Health & Mental Disorders, Health / Men's Health
	Michigan Medical Center - West Branch	Health / Mental Health & Mental Disorders, Health / Men's Health
	Michigan Medical Center - Midland	Health / Mental Health & Mental Disorders, Health / Men's Health
	Michigan Medical Center - Mt. Pleasant	Health / Mental Health & Mental Disorders, Health / Men's Health
	Michigan Behavioral Health - Grand Haven	Health / Mental Health & Mental Disorders, Health / Men's Health
	Michigan Health Park - Slopstein	Health / Mental Health & Mental Disorders, Health / Men's Health

PRiSSM Regional SP Resources Inventory

Preventing Suicide in Michigan Men (PRiSSM) Regional Inventory

A crucial part of the PRiSSM initiative's comprehensive, multi-component collaboration to reduce suicide morbidity and mortality rates is to build out a robust inventory of local suicide prevention efforts and programs that will identify prevention gaps and opportunities.

The PRiSSM Regional inventory is a partnership with Central Michigan University which has received funding through a grant from the Michigan Department of Health & Human Services (MDHHS).

MDHHS is leading the PRiSSM statewide project through a grant from the Centers for Disease Control (CDC).

This information will be updated and updated routinely on a publicly-facing Dashboard owned and maintained by the Michigan Health Improvement Alliance (MHIA).

THRIVE Scorecard

Scorecard Reports



Focus on Equity

Disparity vs Inequity

Though sometimes used interchangeably, disparity and inequity have different definitions. According to Human Impact Partners: **health disparities** are differences in health status and mortality rates across population groups, which can sometimes be expected, such as cancer rates in the elderly versus children; **health inequities** are differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, and unjust, such as breast cancer mortality for black women versus white women.



Maps Collection

What Does the Data Show for each County in the MIHIA Region?

Click on a County to see the THRIVE Scorecard Report



Tutorial Videos + How To



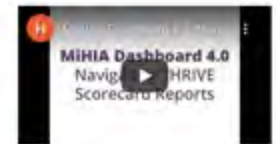
Dashboard Tour and Resources

Learn how to navigate the resources available on dashboard.mhih.org.



How to Search and Download Data

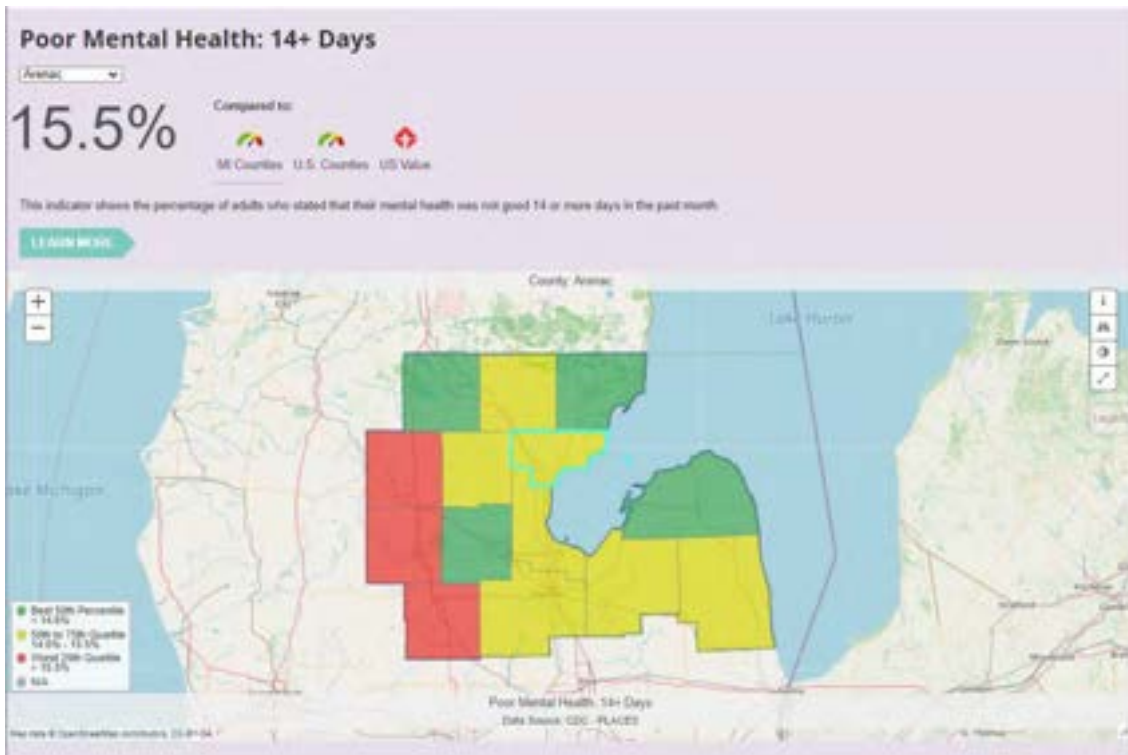
Discover how to find and download data on Dashboard 4.0



Navigating THRIVE Scorecard Reports

Navigate and understand the THRIVE Scorecard Reports, Focus on Equity and Map Collection.

THRIVE Scorecard



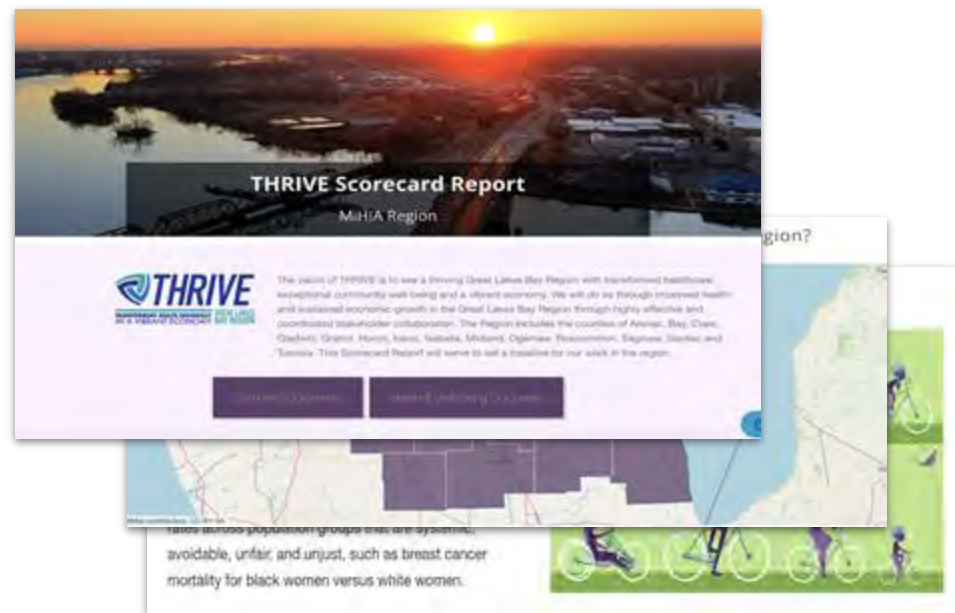
What's Included?

- Scorecards for each of the 14 MiHIA counties
- Pre-built tools for quick reference
- Customizable reports
- Data views from the state, region, county, zip code, census tract level
- Links to more information/source

THRIVE Scorecard

Next Steps + Additional Information

- Press release occurred June 22, 2021
- Data updated annually or bi-annually depending on metric
- More information will be available as far as FAQ, targets, etc



[View the Scorecard here](#)

PRiSMM Can Help Build SP Community-wide Capacities

- Training and Resource Connections and Collaborations - *Challenge You to Book A Training!*
 - LivingWorks
 - **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
 - **COMING SOON! 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
 - **CAMS:** Collaborative Assessment & Management of Suicidality
 - **Zero Suicide Health Care Model** (screening, assessment, intervention, engagement in care, suicide-specific outpatient care)





MAN THERAPY™ MICHIGAN

You can't fix your mental health with duct tape.

mantherapy.org

Project part of larger state-wide initiative, *Preventing Suicide in Michigan Men (PRiSMM)*, funded through a five-year grant from the U.S. Centers for Disease Control and Prevention (CDC) to the Michigan Department of Health and Human Services (MDHHS)

Stats about Suicide in Michigan

10th

leading cause of death

76.5%

of communities did not have enough mental health providers to serve residents in 2020, according to federal guidelines

Source: American Foundation for Suicide Prevention (Data from CDC 2019, Verified Jan. 2021)
aws-fetch.s3.amazonaws.com/state-fact-sheets/2021/2021-state-fact-sheets-michigan.pdf



What is Man Therapy Michigan?

Reshaping the conversation about men's mental health and suicide, by using stories of **hope, resilience and recovery**, coupled with humor.

To cut through stigma and tackle issues like...

- depression
- stress
- substance use
- anger
- divorce
- and more
- anxiety
- PTSD

www.mantherapy.org

A place for men and their loved one's to go and learn more about men's mental health



How to Get Involved

Email

Visit & Refer

Follow



ManTherapyMI
@gmail.com



Check out
www.mantherapy.org and
recommend it to men who
could benefit



@ManTherapyMI



Coming Soon

Local resources exclusive to Michigan on
www.mantherapy.org

Evaluation research study of Man Therapy Michigan.
Based on anonymous screening results, some people will
be invited to participate in a voluntary, paid research
study testing the effectiveness of an online program.



Keep On Your Radar!

- Walk for Hope - August 8th
- Upcoming Trainings:
 - June 30: SafeTALK Farm Bureau Bay City
 - July 10: SafeTALK Neighborhood resource center- recovery coaches in community
 - July 30 - 31 Midland ASIST community
 - August 16-17: Tuscola ISD
 - August 18: SafeTALK Reese MS HS staff
 - Sept 9t: SafeTALK Mt Pleasant Tribal Community
 - Sept 16-17: ASIST Mt Pleasant Tribal and Community
 - Sept 22: SafeTALK Students in Reese School
 - Oct 21-22: Tuscola ISD
 - Oct 26-27: Saginaw CMH
 - Nov 22: SafeTALK Saginaw CMH
- Michigan Programs & Events:



Inviting Your Continued Engagement!

- **Please complete the PRiSMM partnership survey:**
https://cmich.co1.qualtrics.com/jfe/form/SV_bedrhDKs0Qrta4u
- **Invite You to Pilot Telehealth Suicide Prevention Needs Assessment Survey:** https://cmichmedicine.az1.qualtrics.com/jfe/form/SV_6INpzyIKKNISfGK
 - Contact: Dr. Neli Ragina
- **Provide Information and Input to Help Build Inventory of Resources**
 - [Click here to fill out regional inventory](#)
 - Contacts: Dr. Matt Samocki and Daryn Papenfuse, MiHIA
- **Connect Your Community Coalition To PRiSMM for Training & Resources**
 - Contacts: Alison Arnold, CMU and Barb Smith, SSRN





INTERDISCIPLINARY CENTER FOR
**COMMUNITY HEALTH
& WELLNESS**
CENTRAL MICHIGAN UNIVERSITY

PRiSMM Initiative: Great Lakes Bay Team

- CMU Project Leads

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

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