## July 19th, 2019 Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>8:00 am to 8:30 am</td>
<td><strong>Registration</strong>&lt;br&gt;Check-In&lt;br&gt;Continental Breakfast</td>
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<tr>
<td>8:30 am to 9:45 am</td>
<td><strong>Keynote Address:</strong>&lt;br&gt;<strong>David Covington</strong></td>
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<tr>
<td>9:45 am to 10:30 am</td>
<td><strong>Plenary Session:</strong>&lt;br&gt;<strong>Shelby Rowe</strong></td>
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<tr>
<td>10:30 am to 10:45 am</td>
<td><strong>Break</strong></td>
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<tr>
<td>10:45 am to 11:45 am</td>
<td><strong>Breakout Sessions 1</strong></td>
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<tr>
<td>11:45 am to 12:30 pm</td>
<td><strong>Lunch</strong></td>
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<td>12:30 pm to 1:30 pm</td>
<td><strong>Breakout Sessions 2</strong>&lt;br&gt;Crisis Response Planning for Preventing Suicidal Behaviors Workshop&lt;br&gt;Creating Safety for Paraprofessionals &amp; Peer Support Workshop&lt;br&gt;Using Motivational Interviewing to Promote Health and Hope Workshop&lt;br&gt;CBT – Insomnia Workshop</td>
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<td>1:30 pm to 2:15 pm</td>
<td><strong>Breakout Sessions 3</strong></td>
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<td>2:15 pm to 2:30 pm</td>
<td><strong>Break</strong></td>
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<td>2:30 pm to 3:30 pm</td>
<td><strong>Breakout Sessions 4</strong>&lt;br&gt;Means Safety Counseling for Suicide Prevention Workshop&lt;br&gt;Overdose Grief Workshop&lt;br&gt;DBT: Skills for Managing Suicide Risk Workshop&lt;br&gt;Quality Improvement Methods and Implementation of Suicide Prevention Initiatives Workshop</td>
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<td>3:30 pm to 4:30 pm</td>
<td><strong>Breakout Sessions 5</strong></td>
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<td>TIME</td>
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<tr>
<td>8:30 - 9:45</td>
<td><strong>Keynote Speaker: David Covington (Great Hall)</strong></td>
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<td>9:45 - 10:30</td>
<td><strong>Plenary Speaker: Shelby Rowe (Great Hall)</strong></td>
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<td>10:30 - 10:45</td>
<td><strong>Break</strong></td>
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<tr>
<td>10:45 - 11:45</td>
<td>Zero Suicide Efforts in Less Resource Communities, BH, A, C</td>
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<tr>
<td>11:45 - 12:30</td>
<td><strong>Lunch (Great Hall)</strong></td>
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<tr>
<td>12:30 - 1:30</td>
<td>Crisis Response Planning for Preventing Suicidal Behaviors Workshop, BH, C</td>
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<tr>
<td>1:30 - 2:15</td>
<td>Creating Safety for Paraprofessionals &amp; Peer Support Workshop, P, BH</td>
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<td>2:15 - 2:30</td>
<td><strong>Break</strong></td>
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<tr>
<td>2:30 - 3:30</td>
<td>Means Safety Counseling for Suicide Prevention Workshop, P, BH, C, A, C</td>
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<tr>
<td>3:30 - 4:30</td>
<td>Overdose Grief Workshop, P, BH, A, C, C</td>
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<td>DBT: Skills for Managing Suicide Risk Workshop, BH, A</td>
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<td>Quality Improvement Methods and Implementation of Suicide Prevention Initiatives Workshop, P, BH, A, C</td>
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<td>Trauma &amp; Suicide Screening: Tx Implementations, P, A</td>
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<td>Making the Connection: Team Building 101, P, A</td>
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<td>Preventing Physician Burnout, P, A</td>
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<td>ROOM</td>
<td>204-205 Suite D, Suite E, Suite C, Ballroom B, Ballroom C</td>
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Legend:
P - Physician  
BH - Behavioral Health  
A - Administrative  
C - Community
On the Front Lines: Putting Healthcare Systems in Place to Address the Suicide Crisis
Mark Foote, MD
Senior Medical Director, Intermountain Healthcare Behavioral Health
mark.foote@imail.org

For years, individual clinicians have made heroic efforts to treat suicidal patients. Despite these efforts, the suicide rate continues to increase. There is growing awareness that large healthcare systems need to address this modern epidemic. Over the past 2 years, Intermountain Healthcare has opened 3 Behavioral Health Access Centers and developed a centralized tele-crisis evaluation service to better address Emergency Department patients with elevated suicide risk. This panel will review the lessons learned from these 2 new services and discuss future plans for urgent services.

Learning Objectives:
1. Understand the role of telecrisis services in providing expertise and timely evaluation to rural hospitals for patients with high suicide risk.
2. Review the role of Behavioral Health Access Centers in providing evaluation and treatment for high-risk patients.
3. Be able to discuss challenges with establishing and maintaining urgent psychiatric services.

Crisis Now: The National Action Alliance Model for Urgent and Emergency Care in Mental Health
David Covington, LPC, MBA
CEO & President, RI International
www.davidwcovington.com

In 2016, the National Action Alliance, a US-based public-private partnership, convened a crisis services task which released the best practice recommendations “Crisis Now: Transforming Services is Within Our Reach.” In 2017, the 21st Century Cures Act mandated a report to the US Congress on the outcomes in the mental health system, which included a central focus on the Crisis Now model. In partnership with NASMHPD, RI International created a business case for Crisis Now, defining the outcomes of a crisis continuum compared with more traditional approaches relying on inpatient care alone.

Learning Objectives:
1. Participants will understand the typical flow and referral pathway and the role of the hospital emergency department in traditional approaches.
2. Participants will be able to articulate the tangible human, clinical and economic outcomes of implementing the Crisis Now model versus a
more traditional approach that lacks a crisis continuum.

3. Participants will be able to describe the principle components of the Crisis Now model, the keys to deployment and rate their own community’s readiness.

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**Zero Suicide in Schools**

Andrea J Hood, MS  
Project AWARE Program Manager, Utah Division of Substance Abuse and Mental Health  
ajhood@utah.gov

Leah Colburn, CMHC  
Program Administrator, Children, Youth, and Family Programs, Utah Division of Substance Abuse and Mental Health  
lacolburn@utah.gov

What is the role of schools in Zero Suicide? Join us to understand how schools can play a valuable role in the system of care for identifying, engaging, treating (or referring), and following up with students at risk of suicide. Participants will be introduced to a comprehensive school suicide prevention model; learn how to train and empower all staff to know their role in suicide prevention; learn how to formalize a "return to learn" strategy for students with a suicide-related absence; and learn strategies for screening, engaging, referring, and following up with students at risk so no youth is lost or falls between the cracks. Examples and guidelines for school suicide prevention and postvention policy will also be provided but not explored in depth at this time.

**Learning Objectives:**

1. Understand the elements of a comprehensive school suicide prevention strategy.
2. Understand how to successfully formalize a "return to learn" strategy for students with a suicide-related absence.
3. Understand strategies for screening, engaging, referring, and following up with students at risk so no youth is lost or falls between the cracks.

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**Getting Started in Zero Suicide**

Ashley Donham, MS, TRS, CTRS  
Zero Suicide Project Manager, Utah Division of Substance Abuse and Mental Health  
adonham@utah.gov

The foundational belief of Zero Suicide is that suicide deaths for individuals under care within health and behavioral health systems are preventable. It presents both a bold goal and an inspirational challenge. Zero Suicide is rooted in culture change and quality improvement. Health systems have
shown that it works in reducing suicide deaths for people in care. This has been successful in other systems and can be successful in your treatment setting. The programmatic approach of Zero Suicide is based on the realization that suicidal individuals often fall through the cracks in a sometimes fragmented and distracted health care system. A systematic approach to quality improvement in these settings is both available and necessary.

Learning Objectives:
1. Identify the essential elements of suicide care.
2. Identify how an organization can get started in implementing the Zero Suicide framework.
3. Identify technical support and training opportunities available in Utah.

Clinical Risk Assessment for Treatment Planning
Dan Braun, LCSW
Behavioral Health Director, Wasatch Pediatrics
danb@wasatchpeds.net

10:45 am to 11:45 am
P
BH

Learn how to utilize the Columbia Suicide Severity Rating Scale and SAFE T clinical assessment, and apply to create effective person centered care plans. We will address client dignity/self-determination, how motivational interviewing skills apply, and planning care without over or under use of higher level services.

Learning Objectives:
1. Identify best practice suicide risk assessment tools.
2. Utilize multiple modalities to assess risk including screeners and face to face assessment.
3. Use risk screening to guide person centered treatment plans.

Brief Effective Interventions
Craig J. Bryan, PsyD, ABPP
National Center for Veterans Studies & The University of Utah
craig.bryan@utah.edu

10:45 am to 11:45 am
P
BH
A

Brief cognitive behavioral therapy for suicide prevention is a 12-session outpatient psychotherapy shown to reduce suicide attempts by 50% or more as compared to traditional mental health treatment models. In this presentation, an overview of the treatment's rationale and the structure of the treatment will be provided. Issues impacting implementation will be discussed.

Learning Objectives:
1. Describe an empirically-supported biopsychosocial model of suicide.
2. Name the three phases of brief cognitive behavioral therapy for suicide prevention.

Track Option Legend
P - Physician	A - Administrative
BH - Behavioral Health	C - Community
3. Identify the two primary treatment targets of brief cognitive behavioral therapy for suicide prevention.

**Applied Implementation of Zero Suicide in Less Resource Communities**
Niki Olsen, LCMHC
Mental Health Therapist, Utah Navajo Health Systems
nolsen@unhsinc.org

San Juan County Zero Suicide coalition started with five mental health professionals in San Juan County attending the Zero Suicide Academy in February 2016. Over the course of three years, the coalition has grown from two agencies and five people to over ten agencies and 30 members. The barriers in San Juan County contributing to the high rate of suicide are cultural beliefs about suicide, lack of internet and cell phone access, high rates of poverty and unemployment, service gaps to families living on the borders to the State of Utah, lack of shelters and safe houses and jurisdictional issues regarding Child Protective Services and law enforcement jurisdictional issues. Even with these barriers, however, San Juan County has created a county wide consistent effort in making Zero Suicide a goal with collaboration from multiple agencies. Come learn about these efforts to overcome barriers in a less resourced community and glean ideas for your own community and Zero Suicide efforts.

Learning Objectives:
1. Review efforts made by San Juan County, UT Zero Suicide.
2. Discuss barriers to resources in a small culturally diverse community.
3. Examine ways to overcome barriers in a less resourced community.

**Breakout Sessions 2**

**Crisis Response Planning for Preventing Suicidal Behaviors Workshop**
Kent Hinkson, MS
Research Fellow, National Science Foundation
Clinician/Researcher/Trainer, National Center for Veterans Studies
PhD Clinical Psychology student, University of Utah
kent.hinkson@utah.edu

The crisis response plan (CRP) is a brief intervention designed to prevent suicidal behavior in at-risk individuals. Results of a recently-completed randomized clinical trial support the efficacy of CRP as compared to treatment as usual, and indicate the CRP reduced suicide attempts by 76% as compared to treatment as usual. This half-day workshop is designed to enhance participants’ knowledge about crisis response planning for managing acute suicide risk, and to increase their ability to confidently and competently administer this intervention with at-risk military personnel. The workshop
includes video demonstrations designed for participants to acquire skill competency. All participants will receive a pocket handbook providing tips and suggestions for effective use of the CRP after training. NOTE: Participants are REQUIRED to participate in four one-hour consultation phone calls scheduled once per month after completing this workshop. Interested participants are responsible for obtaining supervisor and/or agency permission to ensure their ability to participate in this training requirement. Continuing education credits for this workshop will not be provided until all follow-up consultation is complete.

Learning Objectives:
1. To describe the evidence supporting crisis response planning.
2. To effectively conduct a narrative assessment of the patient’s index suicidal crisis.
3. To help a suicidal individual identify and implement strategies that can reduce their suicide risk.

Creating Safety Workshop for Paraprofessionals & Peer Support
Amy C. Mikkelsen, MPH, CPH, CHES
Suicide Prevention Specialist, Utah Department of Health
amikkelsen@utah.gov

Creating Safety is a 3-4 hour suicide prevention training designed for the niche between general community audiences and clinicians. This primarily includes peer support specialists, case managers, community health workers, and school counselors. The training is intended to build skills and confidence in: recognizing the warning signs of suicide, supporting someone at risk of suicide, using a safety planning intervention to increase safety and manage suicidal distress, following up to promote engagement in treatment, and sharing lived experience of hope and recovery. This training will emphasize a strengths based, empowerment approach in supporting suicidal individuals.

Learning Objectives:
1. Participants will recognize suicide warning signs.
2. Participants will be able to utilize a safety planning intervention to increase safety.
3. Participants will understand the importance of sharing lived experience of hope and recovery.

Using Motivational Interviewing to Promote Health and Hope Workshop
Brad Lundahl, PhD
Psychologist, University of Utah
Brad.lundahl@utah.edu

In this workshop, we will cover methods for assessing and lifting clients’ motivation toward life and away from self-harm. We will also explore methods for assessing and lifting clients’ confidence to identify credible plans for pursuing a meaningful life.

Track Option Legend
- P - Physician
- A - Administrative
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- C - Community
Learning Objectives:
1. Understand and employ strategies designed to lift motivation.
2. Understand and employ strategies designed to lift confidence and hope.
3. Understand and employ strategies designed to reduce “resistance”.

12:30 pm to 2:15 pm

CBT – Insomnia
Dr. Kelly Baron, PhD, MHP
Associate Professor, Department of Family and Preventive Medicine, University of Utah
Kelly.Baron@utah.edu

In this workshop, you will learn to use and interpret sleep diaries and other self-report tools in your practice.

Learning Objectives:
1. To identify the symptoms for common sleep disorders.
2. To know how to access and utilize easily screening tools for sleep disorders.
3. To understand the pros and cons of common pharmacologic and behavioral treatments for insomnia.

12:30 pm to 1:30 pm

Collaborative Care: What is it and why do we need it?
Rachel Weir, MD
Mental Health Integration Program Director, University of Utah Dept of Psychiatry
rachel.weir@hsc.utah.edu

The need to provide mental health services in primary care is increasingly being recognized for patients who struggle with mental illness. Intervening early in the course of illness through treatment in primary care often averts the long wait times typical in accessing specialty mental health, and can delay the progression to more severe illness. Collaborative care is a validated model that emphasizes evidence based treatment for depression, which is a critical component of suicide prevention. In this breakout session, we will discuss the specifics of collaborative care, the research base that supports its effectiveness, financing strategies, and the important role collaborative care can play in suicide prevention through early intervention.

Learning Objectives:
1. Understand the principles of collaborative care and the evidence base to support the model.
2. Recognize the importance of early, evidence based treatment of depression in suicide prevention.
3. Discuss administrative and financial considerations in implementation of this model.

12:30 pm to 1:30 pm

Interventions for Prevention: Zero LGBTQ Suicides

Track Option Legend
P - Physician A - Administrative
BH - Behavioral Health C - Community
Lisa Tensmeyer Hansen, PhD, LMFT
Clinical Director, Flourish Counseling Services, PLLC @ Encircle
lisa@flourishfamilies.com

LGBTQ young people are particularly vulnerable to suicidal ideation and behavior. Is it possible to reduce their risk? What assumptions and interventions are helpful for clinicians and the families of these young people? Which assumptions cause harm? How can we keep LGBTQ youth safe?

Learning Objectives:
1. Participants will identify why LGBTQ youth are particularly at risk, given Joiner’s model of suicidal ideation (Joiner 2010; Van Orden, 2010).
2. Participants will identify assumptions of clinical work that may cause harm to LGBTQ young people.
3. Participants will identify five interventions which may present suicidal behavior in LGBTQ young people.

Crisis Response Planning for Suicidal Patients: An Introduction (For Physicians)
Craig J. Bryan, PsyD, ABPP
National Center for Veterans Studies & The University of Utah
craig.bryan@utah.edu

A widely-used strategy for managing acute suicide risk is the contract for safety, also known as the no-suicide contract. Despite its widespread use across mental health and medical settings, accumulating consensus is that this approach may be ineffective. Alternative strategies such as crisis response planning or the related safety planning intervention have therefore been proposed. Written on an index card, the crisis response plan outlines simple steps for a suicidal individual to follow when in a crisis. Results of a recently completed randomized clinical trial show that crisis response planning reduces suicide attempts by 75% as compared to the contract for safety, thereby supporting the method’s efficacy. The purpose of this presentation is to provide an overview of crisis response planning, and to differentiate the method from other, less effective means for managing suicide risk.

Learning Objectives:
1. Describe an empirically-supported biopsychosocial model of suicide.
2. Identify the primary motives that drive suicidal behavior.
3. Identify the components of a written crisis response plan to reduce acute suicide risk.

Breakout Sessions 3

1:30 pm to 2:15 pm
Elephants in the Room: Liability and Finance
TBA
Unconquerable Hope: Recognizing and Leveraging the Strengths of American Indian Culture to Reduce Suicide

Shelby Rowe
Suicide Prevention Program Manager, Oklahoma Department of Mental Health and Substance Abuse Services
helbyrowe912@gmail.com

Could embracing the Indigenous wisdom and practices of reduce suicide? In the United States, American Indian/Alaska Native populations have one of the highest suicide rates in the United States. This presentation will give a brief overview of several factors that created and continue to increase the risk for suicide in this population group, then focus on the innate protective factors and healing practices rooted in many Indigenous cultures that often get overlooked in suicide prevention efforts.

Learning Objectives:
1. Participants will have an increased awareness of how historical trauma affected Native Americans and how that affect continues.
2. Participants will have increased knowledge of traditional Indigenous healing practices.
3. Increased understanding of the ways culture can contribute to the overall wellness and suicide reduction in Indian country.

Mental Health in 15 Minutes: Working with the Medical Model

Teresa Lopez, LCSW
Manager, Behavioral Health Integration, University of Utah Health
Teresa.Lopez@hsc.utah.edu

Stephen Merrell, MD, MPH
Family Medicine, Intermountain Bountiful Clinic
stephen.merrell@imail.org

Behavioral Health Integration (BHI) within primary care and specialty medical care is a new model aimed at improving access to behavioral/mental health services grounded in all team members adjusting their practice models. The strength within this model of care is the ability to provide immediate, brief, holistic and evidence-based interventions. These interventions create a safety net for both patients who are acutely suicidal, spanning through individuals with trouble managing their chronic illnesses and community health as a whole. This presentation will also address best practices for health and behavioral health clinicians working with the medical model, creating a team-based model of care.

Learning Objectives:
1. Defining Behavioral/Mental Health Integration as a new model of care.
2. Addressing cultural shifts, clinical pathways, and care transitions to work with the medical model.
3. Utilizing evidence-based acute crisis intervention, targeted chronic illness modalities, and brief therapy modalities for direct care delivery.
4. Provide practical suggestions for primary care physicians working within the time constraints of our current health care delivery system.

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**Means Safety Counseling for Suicide Prevention Workshop**

Craig J. Bryan, PsyD, ABPP  
National Center for Veterans Studies & The University of Utah  
craig.bryan@utah.edu

Means safety counseling, also referred to as means restriction counseling, entails assessing whether an individual at risk for suicide has access to a firearm or other lethal means for suicide, and working with the individual and their support system to limit their access to these means until suicide risk has declined. Of the many interventions and strategies developed to prevent suicide, means restriction has garnered the most empirical support and is one of the only intervention that has consistently led to reductions in suicide across diverse samples and populations. Although means safety has long been considered an important component of clinical work with suicidal patients, clear guidance and recommendations for discussing means safety with patients has only recently emerged. This presentation will provide an overview of means safety counseling with acutely suicidal patients and provide practical suggestions and tips for navigating conversations about safety with high-risk patients.

**Learning Objectives:**
1. To identify the key assumptions that underlie means safety counseling.
2. To understand strategies for talking about means safety with high-risk patients.
3. To effectively engage patients in collaborative conversations about limiting access to lethal means of suicide.

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**Overdose Grief Workshop**

Katherine Supiano, PhD, LCSW, F-GSA, FT  
Director, Caring Connections of the University of Utah College of Nursing  
Katherine.Supiano@nurs.utah.edu

Despite the increased awareness of overdose death, those persons grieving the death of a family member or friend to overdose, an estimated 25 person per death, remain an underserved population. Participants in the program will understand the sequela of overdose grief and risks for complicated grief.
through the framework of ambiguous loss and disenfranchised grief. This program is suitable for all professionals whose work brings them in contact with persons who have lost someone to death by drug overdose.

**Learning Objectives:**
1. Participants will learn the nature, scope and overdose death and programmatic interventions to address it.
2. Participants will distinguish the unique sequela of overdose grief, and risks for complicated grief.

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<th>Time</th>
<th>Session Title</th>
<th>Presenter</th>
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| 2:30 pm to 4:30 pm | DBT: Skills for Managing Suicide Risk Workshop          | Sheila E. Crowell, PhD  
Director of Research & Training, Utah Center for Evidence Based Treatment  
Director, Dialectical Behavior Therapy Program University of Utah  
Sheila.Crowell@psych.utah.edu |
|               | Dialectical behavior therapy (DBT) is an effective, evidence-based treatment for emotion dysregulation among populations at high risk for suicide (e.g., personality disorders, substance use, self-injury). This break-out session will focus on suicide prevention in the context of DBT, including novel approaches to risk assessment and risk management. Key elements of DBT will be introduced as a framework for understanding how DBT reduces risk for suicide, increases resilience, and promotes a capacity for joy. |
|               | Learning Objectives:  
1. To learn key elements of a full DBT program versus component parts.  
2. To understand key DBT skills and individual therapy techniques, and their role in suicide prevention.  
3. To learn about suicide risk assessment from a DBT perspective. |

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<tr>
<td>2:30 pm to 3:30 pm</td>
<td>Trauma &amp; Suicide Screening: Treatment Implementations</td>
<td>Lisa Giles, MD</td>
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**Track Option Legend**

- **P** - Physician
- **A** - Administrative
- **BH** - Behavioral Health
- **C** - Community
Exposure to potentially traumatic events is not uncommon in children and adolescents and the risk of suicidal ideation and behavior can be one of many adverse effects. Providing primary care, advocacy center, and crisis providers with a trauma-informed care process model provides valuable tools for addressing suicide concerns in a trauma-informed way. Dr. Giles will review a recently developed care process model to help providers screen for trauma exposure and symptoms in addition to suicide concerns. Once concerns are identified, providers are prompted to provide basic interventions and know when referrals to trauma-informed therapy is needed.

Misty McIntyre Goodsell will provide a brief background of the ACEs tool and provide data regarding the relationship of ACEs to suicide risk. The facilitator will also discuss the integration of this tool as a universal screen in a substance abuse and behavioral health setting and how its usage has contributed to trauma-informed service provision for SUD, mental health, and suicide prevention.

Learning Objectives:
1. Provide introduction to trauma-informed care process model.
2. Evaluate suicide risk factors associated to trauma, specifically risk factors connected to ACEs.
3. Identify strengths of integrating trauma screening tools.
4. Identify basic interventions related to trauma and suicide risk as well as appropriate referrals to trauma-informed therapy.

Making the Connection: Team Building 101 Family Medicine and Social Work

Wendy M. Macey, MPAS, PA-C
University of Utah Health Care
wendymacey@gmail.com

We are all a part of the solution to providing mental health care so let’s get to work! Understanding the challenges that seeing mental health concerns in family medicine/primary care setting is a major part of finding ways to improve how we interact with our patients. How can we fit all of this in to our schedules.
without sinking the ship? This session doesn't promise to fix it all, but it is a place to start. Be a part of the dialogue, be a part of the solution. Team building 101. We've got this.

Learning Objectives:
1. Engage participants in finding commonality in treatment objectives for primary care and social work.
2. Equip participants with tools for building relationships between primary care and social work.
3. Identify perceived barriers to care in primary care related to mental health care and propose pathways to improving outcomes.

**Breakout Sessions 5**

**Safe Care Transitions**
Kimberly Myers, MSW
Suicide Prevention & Crisis Services Administrator, Utah Division of Substance Abuse & Mental Health
kmyers@utah.gov
Amanda McNab, LCSW
Clinical Staff Development Educator, University Neuropsychiatric Institute
Amanda.McNab@utah.edu

Care for suicide risk should directly target and treat suicidal thoughts and behaviors and behavioral health disorders using effective, evidence-based treatments. This session will highlight evidence based brief interventions including: Safety Planning; Counseling on Access to Lethal Means; Caring Contacts; and Safe Care Transitions.

Learning Objectives:
1. Describe one to three brief intervention with evidence of efficacy for mitigating risk for suicide
2. List the seven elements of a comprehensive safety plan as well as apply the skills for collaborative creation of safety plans.
3. Give examples of strategies for safe care transitions for supporting a youth/young adult at risk for suicide.

**Preventing Physician Burnout**
Rob Davies, PhD
Graduate Medical Education Wellness Director
rob.davies@hsc.utah.edu
Anne Pendo, MD
Senior Medical Director, Experience of Caring for Intermountain Healthcare
anne.pendo@imail.org
William R Marchand, MD

Learning Objectives:
1. Engage participants in finding commonality in treatment objectives for primary care and social work.
2. Equip participants with tools for building relationships between primary care and social work.
3. Identify perceived barriers to care in primary care related to mental health care and propose pathways to improving outcomes.
Clinical Director Whole Health, VA Salt Lake City Health Care System
Clinical Professor of Psychiatry, University of Utah
william.marchand@va.gov

Preventing physician burnout is essential to the health and wellness of our providers and in turn, our patients. This breakout session will explore risk factors for physician burnout; practices and policies being implemented by Utah’s largest health care providers; and interventions for providers to reduce the risk of physician burnout.

Learning Objectives:

1. Understand the scope of physician burnout and suicide.
2. Understand how Intermountain Healthcare, the Department of Veterans Affairs, and the University of Utah School of Medicine are proactively addressing physician burnout, particularly in the context of working with patients at risk of suicide.
3. Understand how to implement particularly high yield interventions including: debrief groups, appreciation campaign, developing a personal mindfulness practice, peer support, administrative half-days, access to mental health care, and using success stories to re-connect with meaning and purpose in work.