



Agenda

8:00 am - 8:30 am	Welcome Address Kimberly Myers, MSW
8:35 am - 9:35 am	Keynote: Serving a Decent Hamburger or Upgrading to Prime Rib: Transforming Crisis Services and Suicide Prevention Systems of Care Becky Stoll, LCSW
9:35 am - 9:45 am	Break
9:45 am - 10:45 am	Keynote: The Deep Well: Sustaining a Career in The Helping Professions Brian Miller, Ph.D.
10:45 am - 11:00 am	Break
11:00 am - 12:00pm	Breakout Sessions 1
12:00 pm - 1:00 pm	Lunch Break
1:00 pm - 2:00 pm	Breakout Sessions 2 Means Safety Counseling for Suicide Prevention Workshop <small>*Workshop timeframe varies. Please check description for details.</small>
2:00 pm - 2:10 pm	Break
2:10 pm - 3:10 pm	Breakout Sessions 3
3:10 pm - 3:30 pm	Break
3:30 pm - 4:30 pm	Breakout Sessions 4



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Youth Track						
Welcome Address: Kimberly Myers						
8:00-8:30	Keynote: Becky Stoll - Serving a Decent Hamburger or Upgrading to Prime Rib: Transforming Crisis Services and Suicide Prevention Systems of Care					
8:35 - 9:35	Break					
9:35-9:50	Break					
9:50-10:50	Keynote: Brian Miller - The Deep Well: Sustaining a Career in The Helping Professions					
10:50-11:00	Break					
11:00-12:00	Really, Truly, Doing What You Say You Are Doing?	Risk assessment: How to do a thorough risk assessment (basic)	Addressing Disparities in Access to Crisis Prevention and Treatment	How Untreated Symptoms of Anxiety & OCD Lead to Feelings of Hopelessness and Suicidal Ideation	When the Worst has Happened: Organization Support for Workers Whose Clients have Completed a Suicide	Lessons from Suicide Malpractice Caselaw in Utah: It's not what you think....
12:00-1:00	Lunch Break					
1:00-2:00	Means Safety Counseling for Suicide Prevention Workshop	Beyond Screening: Risk Assessment Across Settings (intermediate)	Electronic Medical Record Systems and Suicide: Improve Quality While Reducing Effort	Preventing Suicide: Preventing PTSD vs. treating PTSD?	Providing the Least Restrictive Care: A Strategy for Treatment of Suicidality	Documentation of Assessment and Treatment of Suicidal Patients: Best Practices and Common Pitfalls
2:00-2:10		Break				
2:10 - 3:10	Patient Education and its Role in Recovery	Using a Community to Stop Suicide in Rural Utah	Understanding, Managing & Treating Chronic Suicidality	Sharing your Journey: A guide to safety for you and the audience	Basic Safety Planning	How One School District Collaborated with Community Partners for SP
3:10 - 3:30	Break					
3:30 - 4:30	Suicide and Substance Use Disorders	Working with LGBTQ+ patients: Clinical Considerations	How Peer Support Can Help Healthcare Systems Prevent Suicide	Safe Care Transitions - Practical Application and Future Possibilities	Treating Working-age, Middle-class White Men: A How-To on Various Narrative Approaches	Intermediate Safety Planning: Different strategies in different settings
						Family Peer Support for Hope Connection and Resources

Welcome Address

Kimberly Myers, MSW - Assistant Director, Utah Division of Substance Abuse & Mental Health

This 30-minute session will welcome participants to the summit, orient to the agenda, introduce the Zero Suicide framework, and review the current state of suicide prevention efforts in the State of Utah.

Objectives:

1. Introduce the Zero Suicide Framework
2. Summarize data and trends from 2018 Utah Workforce Survey Report
3. Review the Utah Suicide Prevention Plan 2017 -2021 and the comprehensive approach to decreasing suicides in Utah

Keynote Addresses

Serving a Decent Hamburger or Upgrading to Prime Rib: Transforming Crisis Services and Suicide Prevention Systems of Care

Becky Stoll, LCSW - VP, Crisis Services & Suicide Prevention, Centerstone

Who doesn't know that distinct taste of McDonald French fries, Krispy Kreme doughnuts or Starbuck's coffee? Just like these very successful businesses, companies who operate Crisis Services and Suicide Prevention programs should find the "secret sauce" to making their systems incredibly effective and memorable. Most of us in behavioral healthcare have a good understanding of the components that make up a comprehensive Crisis Services continuum. We are also starting to see behavioral healthcare systems tackling suicide prevention in a whole new way with the Zero Suicide framework. However, we should all step up to the challenge of finding those areas or components of Crisis Services, in our own companies, where we can make the service delivery robust and game changing. Whether through innovative ways of leveraging technology, tracking those individuals at the highest risk for suicide or making use of data to transform systems, behavioral healthcare providers are in a unique position to save lives. This session will highlight the ways in which Centerstone has been able to find those "sweet spots" in Crisis Services and Suicide Prevention to transform the way in which care is delivered to this most vulnerable population.

Objectives:

1. Describe technology strategies for implementing Zero Suicide initiatives in healthcare systems.
2. Describe evaluation outcomes (e.g., lessons learned, overall effectiveness) of Centerstone's Zero Suicide Initiative.
3. Summarize the significance and impact of suicide risk management tracking in Zero Suicide Organizations

The Deep Well: Sustaining a Career in The Helping Professions

Brian Miller, Ph.D. - Sole Proprietor, ThirdWave Consulting

Compassion Fatigue. Burnout. Vicarious Trauma. Secondary Trauma. Terms that overlap, and that are different in some ways. But all of these concepts have one thing in common: they describe the emotional toll that is exacted upon workers who deal intensively and empathically with persons who are in engaged in an emotional personal struggle. It is a privilege to work in a profession in which caring about those who suffer is the main tool of our work. But caring also takes a toll. Being close to ground zero when people struggle affects the emotional life of those of us who care.

CE-CERT (Components for Enhancing Clinician Experience and Reducing Trauma) was developed as a model to support emotional well-being in workers who are exposed to the effects of secondary trauma. But--as in Star Trek, "survival is insufficient." Ultimately, the goal of CE-CERT is not merely to survive this work: Rather, the goal is to have a vocation that is uniquely and deeply satisfying.

Objectives:

1. Describe each of the five skills components that comprise the CE-CERT model for sustaining a career in the helping role;
2. Define the relationship of each of the five skill domains (emotional engagement, reduced rumination, conscious narrative, emotional labor, parasympathetic recovery) to an individual's own sense of well-being and emotion regulation during times of job strain or secondary trauma;
3. Formulate a personal action plan for implementing at least one of the skill domains in their own personal, clinical, or administrative practice that will be applied within two weeks of their return to their customary job role.

Breakout Sessions 11:00 - 12:00

Really, Truly, Doing What You Say You Are Doing?

Becky Stoll, LCSW - VP, Crisis Services & Suicide Prevention, Centerstone

Zero Suicide is a culture-driven approach to suicide prevention in which organizations implement: (a) routine suicide risk screening and assessment, (b) evidence-based treatments for suicidal thoughts and behavior, (c) crisis transition programs to support suicidal clients, and (d) comprehensive staff training and support. In this presentation, we describe effective ways to supervise staff during development and implementation of a Zero Suicide initiative. Specifically, we describe strategies used for fidelity data indicating facilitators and barriers to providers' adherence to the model, and outcome data, indicating a sharp decrease in suicide deaths in our system within two years of implementation.

Objectives:

1. Describe the challenge of supervising staff when implementing Zero Suicide initiatives in healthcare systems
2. Summarize the significance and impact of fidelity monitoring in Zero Suicide Organizations
3. Describe fidelity outcomes of Centerstone's Zero Suicide Initiative

Risk assessment: How to do a thorough risk assessment (basic)

Nichole Cunha, LCSW - Adult Mental Health Director, Davis Behavioral Health

This breakout session will explore the role of risk assessment in the management of suicidal symptoms. Effective risk assessment relies on a strong engagement principle, a collaborative approach between the helper and client, and the use of collateral resource, in order to best to explore the nature of suicidal thoughts and behaviors. Participants will learn the principles of preventative risk assessment and supportive disposition plans.

Objectives:

1. The Role and Purpose of Screening and Assessment
2. Collaborative, and Prevention Based, Risk Formulation
3. Dispositions, Safety Plans, Care Transitions, and Follow Up

Addressing Disparities in Access to Crisis Prevention and Treatment

Julia Martinez, CSW - Co-founder, Latino Behavioral Health Services

Javier Alegre - Executive Director, Latino Behavioral Health Services

In this presentation, participants will learn about the disparities in access to crisis prevention and treatment services for communities of color nationally and in Utah. We will learn about the origins of those disparities and what we can do to begin to address them. Providers and administrators will learn how they can begin to respond with cultural humility in their practices and how they can begin to address disparities in access to care at a systems level.

Objectives:

1. Gain a basic understanding of the disparities in access to crisis prevention and treatment services for communities of color as well as the origins of those disparities.
2. Understand how providers can practice cultural humility in crisis prevention and treatment services.
3. Understand how providers and administrators can begin to address disparities in access to care at a systems level.

How Untreated Symptoms of Anxiety & OCD Lead to Feelings of Hopelessness and Suicidal Ideation

Deanna Smith, CSW - Clinical Outreach Coordinator, The OCD and Anxiety Treatment Center

Alina Lamoreaux, LCSW - Admissions Manager, The OCD and Anxiety Treatment Center

The prevalent population of clients suffering with anxiety disorders and OCD is often thought to be "relatively safe", which has recently been proven to be a misconception of these disorders. Evidence-based studies are now suggesting unrecognized symptoms of OCD and anxiety disorders are highly correlated to higher rates of suicidal ideation and of suicide attempts. This session is created to help clinicians identify hidden symptoms of these disorders that are challenging to recognize.

Objectives:

1. Identify additional factors to consider when diagnosing OCD and Anxiety Disorders, which often leads to misdiagnosis or misrecognition of symptoms
2. Identify symptoms correlated with OCD and anxiety disorders linked with suicide risk
3. Differentiate between harm obsessions related to OCD vs. the risk of harm/ suicide

When the Worst has Happened: Organization Support for Workers Whose Clients Have Completed a Suicide

Brian Miller Ph.D. - Sole Proprietor, ThirdWave Consulting

After the suicide of a client, the single most important factor in how a worker will respond is the degree of support that he/she receives from their supervisor. Yet many supervisors have only a cursory knowledge of critical incident stress debriefing, and are unaware of its hazards and shortcomings. Psychological First Aid is an evidence-based approach to responding to community traumatic events, and its key tenets can be adapted for use in this context. It is important to the well-being of the worker--and to the security of the supervisor--that the supervisor knows exactly how to respond when "the worst happens".

Objectives:

1. Identify the hazards of traditional debriefing approaches
2. List three key concepts of Psychological First Aid

3. Describe at least three key supervisory behaviors to provide psychological first aid to workers after a suicide event

Lessons from Suicide Malpractice Caselaw in Utah: It's not what you think....

Susan Stefan J.D. – author, *Rational Suicide, Irrational Laws: Examining Current Approaches to Suicide in Policy and Law*

This workshop reports on a survey of all reported settlements, jury verdicts, and case decisions in Utah involving medical malpractice liability for suicide or attempted suicide of civil patients (i.e. the presentation does not include cases involving prisons and jails). The results of the survey reflect a number of lessons for professionals providing mental health services and administering clinics and hospitals--but not necessarily the lessons you might expect.

Objectives:

1. Dispel mythology and mistaken assumptions about liability for treating suicidal patients
2. Discuss ways to prevent litigation and reduce liability
3. Examine evolving standards of care in providing treatment to patients who are suicidal

Youth Track

Suicide Prevention in Primary Care: The role of Utah's new psychiatry phone consultation service

Rachel Weir, M.D. - Faculty Psychiatrist, University of Utah

In this breakout session, we will discuss the high prevalence of mental health conditions in primary care settings, and possible solutions to help address the need for more effective interventions. Psychiatry phone consultation access programs are one example of interventions that can assist primary care providers in treating their patients' mental health conditions in a timely manner. We will discuss the development of a phone consultation program in Utah, which started offering services statewide in January of 2020.

Objectives:

1. Discuss the importance of the role primary care providers play in suicide prevention
2. Learn about the rationale for this program and program success in other states
3. Develop an understanding of Utah's program and how this service can be helpful for primary care providers

Breakout Sessions 1:00 - 2:00

Means Safety Counseling for Suicide Prevention Workshop (2-HOURS)

Kent D. Hinkson Jr., M.S. - Lead Trainer, National Center for Veteran Studies

Across nations, cultures, and methods, lethal means safety procedures are associated with significant reductions in overall suicide rates. This presentation will provide an introduction on a means safety counseling approach following four general phases: engaging (i.e., establishing a relationship with the patient), focusing (i.e., raising the issue of means safety in a nonthreatening, nonjudgmental way), evoking (i.e., eliciting the patient's reasons for enhancing safety), and planning (i.e., identifying options for increasing safety). This breakout will provide a discussion on the range of options including use of gun locks, gun safes, and/or complete removal of the method from the home.

Objectives:

1. Introduce means safety counseling
2. Provide guidance on the four phases of means safety
3. Teach participants to guide patients in identifying their own reasons to engage in means safety

** Participants must stay the full two hours to receive certificate. **

Beyond Screening: Risk Assessment Across Settings

Lisa L. Giles, M.D. - Associate Professor, Pediatrics, University of Utah

This session will review the evidence-based components, tools, and interventions in assessing suicide risk. The discussion will center on how to adapt these skills and interventions across various clinical settings, including primary care, emergency rooms, and outpatient clinics.

Objectives:

1. Review the components of assessment in individuals at risk for suicide
2. Understand the evidence-based interventions for assessing risk
3. Recognize the differences in risk assessments across various settings

Electronic Medical Record Systems and Suicide: Improve Quality While Reducing Effort

Daniel Woodbury, LMFT - Director of Quality Assurance, Provo Canyon School; Owner, Psychotropia LLC

The presentation will cover ways to improve the usefulness of an electronic medical record system (EMRS) in assessing, screening, and treating suicide. Modifying the EMRS to maximize the usefulness of the data that can be gathered for Performance Improvement purposes will also be discussed. Finally, the presentation will cover ways to use the EMRS to guide treatment and improve compliance.

Objectives:

1. Give an understanding of the potential that EMRS can provide for Suicide Treatment
2. Help participants conceptualize how they can use the EMRS to gather data about what works in treatment and things that are not showing any benefit
3. Providing tips on using the EMRS to reduce the amount of time spent documenting, and increasing the amount of time providing treatment

Preventing Suicide: Preventing PTSD vs. treating PTSD?

Nathan Pond, CMHC, CPT - veteran, founder of Protector's Shield Preventative Services and XLR8 Therapy

There is too much focus on the less effective interventions of treating PTSD and less focus on preventing trauma from turning into PTSD. This way of thinking is perpetuating the high risk of suicide for those who have experienced a trauma. This session will help teach how to prevent trauma from developing into PTSD.

Objectives:

1. Learn the risks of suicide for those with PTSD
2. The difference between prevention and treatment to mitigate these risks
3. How to apply prevention interventions

Providing the Least Restrictive Care: A Strategy for Treatment of Suicidality

Nichole Cunha, LCSW - Adult Mental Health Director, Davis Behavioral Health

The determination of what level of care is an important one and should be carefully considered. This breakout will aide understanding various levels of treatment available for the treatment of suicidal individuals and the supplemental programs used to address suicidal states and safely keep people in their communities.

Objectives:

1. Exploring the Treatment Continuum
2. The Use of Suicide Specific Treatment Modalities
3. Understanding Supplemental Resources: Crisis Support and Emergency Respite Care

Documentation of Assessment and Treatment of Suicidal Patients: Best Practices and Common Pitfalls

Susan Stefan J.D. – author, *Rational Suicide, Irrational Laws: Examining Current Approaches to Suicide in Policy and Law*

This workshop addresses the fundamentals of documentation in the care of patients who are suicidal, both for good treatment and protection from liability. We will examine documentation in actual cases, with examples of both excellent and inadequate documentation, and how expert witnesses characterized the documentation. The presentation includes discussion of an evidence-based treatment modality (CAMS) that includes documentation as part of the treatment process.

Objectives:

1. Learn about therapies targeted at suicide prevention that seamlessly include contemporaneous documentation
2. Learn what malpractice attorneys look for when they review documentation
3. Learn the most common documentation "no-no"s.

Youth Track

Addressing Traumatic Stress and Suicide in the Children's Justice Centers - a statewide initiative

Brooks Keeshin, M.D. - Associate Professor of Pediatrics, University of Utah Department of Pediatrics

This break out session focuses on the unique role that Children's Justice Centers can play in the identification and response to traumatic stress and suicidality among youth who have experienced maltreatment. The session will information about a novel screening and response model for pediatric traumatic stress and suicidality, as well as results from the implementation program.

Objectives:

1. Understand the basic function of Children's Justice Centers in the evaluation and protection of children who have been maltreated or exposed to family violence
2. Become familiar with unique approaches to identifying and responding to traumatic stress and suicidality in this high-risk population
3. Learn about the results of a yearlong pilot that increased traumatic stress and suicide detection and response in Children's Justice Centers in Utah

Breakout Sessions 2:10 - 3:10

Patient Education and its Role in Recovery

Leah Colburn, CMHC - Children, Youth, and Families Program Administrator, Utah Division of Substance Abuse and Mental Health

Andrea Hood, MS - Project AWARE Program Manager, Utah Division of Substance Abuse and Mental Health

Individuals experiencing thoughts of suicide, and their families, often wrestle with questions such as: What does it mean to have suicidal thoughts and urges? Am I going to feel like this forever? What are the best treatment options for someone like me? What would it look like to live in “recovery”? Addressing these questions for our client is a clinical best practice that is easy to overlook, yet vital to setting the stage for successful treatment. This presentation focuses on using psychoeducation to meet the needs of patients and families who are experiencing suicide risk, and will provide the participant concrete research and clinical best practices strategies to help meet these needs. When we educate patients, we empower them to be hopeful and engaged in their treatment and long-term recovery.

Objectives:

1. Participants will learn three needs of patients and families who are experiencing suicide risk
2. Participants will learn three concrete strategies to educate patients and families about suicide risk and recovery
3. Participants will be prepared to empower patients with a better understanding of what it means to have thoughts of suicide and hope for recovery from suicide risk, resulting in increased engagement in treatment and increased likelihood for recovery.

Using a Community to Stop Suicide in Rural Utah

Kristofer Lundeberg, LCSW - Social Worker, Intermountain Healthcare

Ammon Sorensen, CMHC - Mental Health and Substance Abuse Counselor, Four Corners Community Behavioral Health

In rural Utah we have had to pull together to fight suicide. With limited resources, we have learned to work together to prevent suicide and treat those with mental illness. This breakout will review efforts being done by two rural agencies.

Objectives:

1. Learn how communities can decrease stigmatization
2. Learn what community involvement entails and how it can be implemented
3. Understand ways communities can take ownership

Understanding, Managing & Treating Chronic Suicidality

Anna Lieber, CMHC, NCC - Director of Clinical Services, Salt Lake Behavioral Health

Chronic suicidal ideation, intent, and planning is a risk factor for suicide and is often difficult for professionals to manage and produces intense feelings of fear for the professional. Understanding the purpose behind the constant suicidal wish and being able to empathize while instilling hope can save a life. Understanding the unique challenges of safety planning with chronic suicidality and learning creative alternatives to hospitalization that will increase your ability to provide treatment at the correct level of care. Real clinical examples, research, and key clinical practices to help you improve your ability to work with an individual with chronic suicidality will be presented.

Objectives:

1. Understand why individuals have chronic suicidal thoughts/intent and learn how to empathize with the suicidal wish while instilling hope for change
2. Learn how to develop alternatives to hospitalization with your client and when hospitalization is necessary
3. Learn skills to manage our own emotions when someone wants to die

Sharing your Journey: A guide to safety for you and the audience

Taryn Hiatt - Area Director, American Foundation for Suicide Prevention

As a peer support, how you share your journey is powerful and important. Learn the basics to safe sharing and gain insight on how to practice self-care in your role.

Objectives:

1. What is your story
2. How to share it safely
3. Role Play for feedback

Basic Safety Planning

Michael Tragakis, Ph.D. - Suicide Prevention Clinical Director, Salt Lake City VA Medical Center

This breakout is intended to build skills and confidence in supporting someone at risk of suicide, using a safety planning intervention to increase safety and manage suicidal distress.

Objectives:

1. Understand the benefits of/research behind safety planning
2. Learn about the components of safety planning
3. Be able to create a robust, useful safety plan

Youth Track

How One School District Collaborated with Community Partners for Suicide Prevention

Torilyn Gillett, M.Ed. - School Counseling Program Specialist, Suicide Prevention Team Lead, Canyons District

This session will discuss the efforts Canyons School District has made to include community partners in suicide prevention in their schools. This includes the details of the CSD Suicide Prevention Community Work Group as well as employing outside mental health agencies in our school to provide services to students.

Objectives:

1. Building a community of partnerships for suicide prevention
2. Using community partnerships within a school system
3. Working as a village of supporters rather than islands

Breakout Sessions 3:30 - 4:30

Suicide and Substance Use Disorders

Melanie Criddle, CMHC - QA and Training Coordinator, Odyssey House

Misty McIntyre Goodsell, LCSW - Director of Research and Development, Odyssey House

We will discuss the increased risk of suicide among the population who utilize substances. We will discuss the association between trauma, substance use, and suicide, and provide tools to assess for increased risk and how to create a comprehensive safety plan to minimize risk.

Objectives:

1. Identify the increased risk of suicide in substance use populations
2. Inform of the warning signs, risk factors and protective factors of suicide.
3. Train in assessment of suicide risk and creating safety plans.

Working with LGBTQ+ patients: Clinical Considerations

Katie Perkins - Suicide Prevention and Services Manager, Utah Pride Center

Sarah MacCombie, OTL - Clinical Mental Health Counseling Intern, Utah Pride Center

Gain insights into serving LGBTQ+ patients and what can be done to make your practice more equitable and accessible. Learn unique clinical considerations and best practices shared from the Utah Pride Center's Therapy Team. Gather resources and learn more about the importance of support systems in the LGBTQ+ community.

Objectives:

1. Learn about barriers to seeking treatment
2. Learn considerations and best practices for creating inclusive clinical spaces
3. Learn the importance of support systems and community groups/resources

How Peer Support Can Help Healthcare Systems Prevent Suicide

Evan Done - Community Outreach & Empowerment, Utah Support Advocates for Recovery Awareness (USARA)

Julie Hardle, CPPS & PRC - Optum Behavioral Solutions

Individuals with lived experience as survivors of suicide offer a unique and valuable set of skills to get us to the goal of zero suicide. Peer-to-peer support promotes recovery, resilience, choice and voice in treatment, and crucial protective factors such as connectedness and hope while challenging negative stereotypes.

Objectives:

1. Understand the role of peer support as an evidence-based practice;
2. Recruit, engage, support and collaborate with peers within a system of care; and
3. Highlight ways in which peers can be embedded within a variety of settings

Safe Care Transitions - Practical Application and Future Possibilities

Amanda McNab, LCSW - Clinical Staff Development Educator and Safe Care Transitions Program Supervisor

Recent research indicates that follow up emphasizing "caring connections" with individuals recently discharged from an emergency department or inpatient setting may lower the rates of suicide, suicide

attempts, and suicidal behavior following discharge by significant rates. They have also been shown to increase attendance in outpatient services following this discharge. Crisis and Diversion Services at the University Neuropsychiatric Institute has developed a Safe Care Transitions Follow-up Program to provide these caring connections and would like to share what they have found.

Objectives:

1. Review current research into the benefits of caring connections and transitions
2. Review current practices of the UNI Safe Care Transitions Follow-up Program
3. Explore the future of the program and benefits of adoption in all care settings throughout the state

Treating Working-age, Middle-class White Men: A How-To on Various Narrative Approaches

Daniel Snyder, LCSW - Private Practice Therapist, Draper Therapy and Wellness

Recent CDC articles have proven the need to develop treatment strategies that access a portion of the suicidal population known as SI (Suicidal Ideators) that do not have a history of any SA (Suicide Attempts). Working-age white men are often identified as at-risk individuals for death by suicide, but often do not report their ideation to their health professionals (doctors, nurses, social workers, etc.). In this session there will be at least three different narrative methodologies introduced that have already been used in a private practice in Utah to develop conversation around these some of these "silent" suicidal ideators, specifically men.

Objectives:

1. Identify three narrative approaches for suicidal complexes
2. Psychoeducate on safety planning for men
3. Differentiate between SA and SI populations for potential clients/methodologies

Intermediate Safety Planning: Different strategies in different settings

Michael Tragakis, Ph.D. - Suicide Prevention Clinical Director, Salt Lake City VA Medical Center

This breakout will build upon the foundations laid in "Basic Safety Planning", to identify how safety plans can be utilized in different treatment settings or systems.

Objectives:

1. Identify adaptive elements of a safety plan
2. Identify different strategies for different treatment settings
3. Learn how a safety plan can be incorporated into different treatment settings

Youth Track

Family Peer Support for Hope Connection and Resources

Tracy Johnson - Wraparound and Peer Support Program Administrator, Division of Substance Abuse and Mental Health

Family Peer Support has been happening in medical systems for many years. Learn how family support can be used to support individuals and their families who are experiencing mental health needs.

Objectives:

1. Develop understanding of family peer support

2. Develop understanding of how family support is useful in mental health treatment
3. Learn how to incorporate family peer support into your practice