



**June 5, 2018  
Stowe, VT**

### **Workshop Descriptions**

**MORNING WORKSHOPS – 11:00 am – 12:15 pm**

#### **“Notes from the Field: Screening Tools Utilized Across Settings”**

**Panel Presenters:**

**Kelly Posner, PhD** – Founder and Director, The Columbia Lighthouse Project, Columbia University, New York, NY

*The Columbia-Suicide Severity Rating Scale (C-SSRS).* The C-SSRS is a very brief (minimum 2 questions) universal caregiver screening tool, utilized from the emergency room to the classroom- across all healthcare touchpoints and their community linkages (first responders, school personnel, and even family members). Recommended by The Joint Commission, SAMSHA, adopted by CDC, DoD, state and federal policy toolkits will be reviewed. National examples of its helping to reduce suicide (states, primary care, behavioral health), reducing workload and redirect resources (e.g. dramatically reducing unnecessary emergency department holds, emergency department recidivism, psych consults, police escorts to ER, and one-to-ones), via its evidence supported thresholds for imminent risk, operationalized criteria for triage and next steps, more appropriately indicating who needs a further step (typically only 1%, even with universal screening, facilitating decision-making across different settings that are aligned with the responsibilities/capabilities of those settings.; and protecting against legal liability, due to its evidence base (approx.. 100 studies, 1000 reference).

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**Robert Althoff, MD, PhD** – Associate Professor of Psychiatry, Pediatrics, and Psychology at the University of Vermont. Division Director of the Adirondack Division of UVM Psychiatry in Plattsburgh, NY.

*SERAS*. This presentation will introduce SERAS – the Systematic Expert Risk Assessment of Suicide – a novel, neural-network based tool to assess near-term risk for suicide.

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**Sarah A. Arias, PhD** – Assistant Professor, Department of Psychiatry and Human Behavior, Alpert Medical School of Brown University, Providence, RI ED-SAFE

*ED-SAFE*. Dr. Arias’ presentation will summarize screening tools used during the Emergency Department Safety Assessment and Follow-up Evaluation (ED-SAFE) study. Additional information will be included on how findings from ED-SAFE are being used to develop a screening toolkit for the Suicide Prevention Resource Center website focused on delivering and implementing a brief screening tool for suicide risk in acute care settings.

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## “Voice of Suicidal Ideation: How Clinicians Can Work Better with Individuals and Families”

Facilitator: Debby Haskins, MS, LADC, Suicide Program Specialist  
Matti Salminen, Karlo Salminen, Family Members

This workshop is the voice of suicidal ideation. We will explore how to better work with individuals and the families of those who are suicidal. A father and son will share their journey of hope, recovery, and discovery.



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## “Reducing Short Term Suicide Risk after Hospitalization”

**Presenter:** **Kate Comtois**, Ph.D., Professor in the Department of Psychiatry and Behavioral Sciences and Adjunct Professor in the Department of Psychology, University of Washington.

Increasingly, the period after hospital admission is acknowledged as one of extremely high risk for suicidal patients. While it might be hoped that hospitalization would address and resolve suicide risk, a review of international studies shows the risk of suicide is up to 200 times higher among individuals recently discharged from hospitals vs. the general population. A recent national study found only 41%-53% of patients received outpatient mental health care in the month after an emergency admission for deliberate self-harm. In response, some health care systems use an “urgent care” or “next-day appointment” (NDA) clinics for follow-up. NDAs serve as short-term crisis intervention at a specific appointment time and location so patients do not “fall through the cracks” in the care transition. However, studies indicate that these clinicians are inadequately trained to provide proper assessment and management of suicidal patients. Collaborative Assessment and Management of Suicidality (CAMS) is a promising outpatient treatment framework that merits rigorous study as a potentially effective intervention to reduce short term suicidal risk in the transition from inpatient to outpatient treatment. Pilot data suggest that CAMS decreases suicidal ideation and psychological distress while increasing hope, patient satisfaction, and retention more than NDA treatment as usual (TAU). CAMS in the NDA clinic has the potential to fill three key targets highlighted in the 2012 National Strategy for Suicide Prevention: (1) prevent suicidal behavior, (2) increase clinician confidence and willingness to see suicidal patients, and (3) are sufficiently feasible, trainable, adaptable, and flexible to scale up across health systems.

During this workshop we will discuss the research results: (1) whether CAMS for suicidal NDA patients results in less suicidal behavior than TAU, (2) whether CAMS for suicidal NDA patients results in less suicidal ideation and intent as well as improved mental health markers than TAU, and (3) whether CAMS for suicidal NDA patients is more satisfactory to patients than TAU.

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## **“Technology Impact on Our Youth's Mental Health”**

Presenter: John Halligan, Founder, Ryan’s Story Presentaion

It has been ten years since the iPhone was first introduced and smartphones in general rapidly saturated our middle schools. We'll explore the impact on their mental health and debate what school policies and perhaps even new law need to be in place to reverse the negative trends.

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## **“Improving Systems: Practice Improvement and Reaching Veterans Not in VA Care”**

Presenter: James Wright, LCPC, Public Health Advisor, Suicide Prevention Branch, SAMHSA

This session will focus on two critical components in mental health: targeting improved systems care for enhanced follow up and serving veterans not in VHA care. The need for ensuring care coordination remains a critical element for suicide prevention, specifically post discharge from emergency departments and inpatient facilities. Also, while veterans die by suicide at a higher rate than the general population, there is a significant difference in outcomes based on treatment provision. This session will highlight examples of current partnerships and collaborations that are impacting services from state systems to community providers and what still is needed to improve care. There will be significant discussion on current Vermont initiatives and needs.

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## AFTERNOON WORKSHOPS

### **“Integrated Health Care Strategies: How Three Sites are Implementing a Clinical Pathway to Suicide Prevention”**

#### Panel Presenters

**Meaghan McFadden, MSW** – Meaghan is a clinical social worker assigned full time to a primary care practice through a unique partnership between Northwestern Counseling & Support Services and Northwestern Medical Center. Meaghan is part of a team delivering integrated health services. She will discuss her role in the workflow of a fast paced primary care practice as it relates to depression and suicide screening and use of an evidence based treatment, Collaborative Assessment & Management of Suicide (CAMS), and coordination of care across systems to improve outcomes for the patients they serve.

**Alison Miley, MSW**, serves as the embedded mental health clinician at two SASH sites in a new pilot between SASH and the Howard Center, funded by OneCare Vermont. The pilot is expected to serve up to 200 residents and goals include shortened timeframes to access mental health services, fewer avoidable emergency room visits, improved patient experiences and enhanced inter-agency coordination.

#### **Peter Mills, PhD, MS**

**Director VA National Center for Patient Safety Field Office, VA Medical Center, White River Junction, VT**

Suicide prevention is more than developing interventions to identify and treat suicidal people. Although such efforts are increasingly effective, there is a risk that a focus only on this part of the population will save far fewer lives than primary prevention efforts directed at the entire population. Healthcare providers, educators and others have an opportunity to impact on important family and social factors early in life and change the trajectory for many individuals. Early identification and treatment of mental illness are also critical components of a comprehensive effort to reduce suicide. The results of such efforts may not be apparent for decades but that makes such approaches no less important. Dr. Mills will outline the VA’s efforts to not only identify and treat those at highest risk but also to improve health and well-being for all Veterans to support “a life worth living.” This “whole health” approach blends Complementary and Integrative Healthcare with traditional health care and includes the VA’s Primary Care-Mental Health Integration program, recognized as the leading integrated care program in the US by several independent, nonpartisan review task forces.

**Meghan Snitkin, LICSW** – Suicide Prevention Coordinator at the White River Junction VA Medical Center. She will discuss what the VA is doing at a local level in Vermont.

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## **“The Columbia-Suicide Severity Rating Scale: Saving Lives, Reducing Workloads and Reducing Liability”**

Presenter: **Adam Lesser, MSW, LCSW**, Assistant Professor of Clinical Psychiatric Social Work in the Division of Child and Adolescent Psychiatry at Columbia University Vagelos College of Physicians and Surgeons. Deputy Director of the Columbia Lighthouse Project at the New York State Psychiatric Institute.

The C-SSRS ([www.cssrs.columbia.edu](http://www.cssrs.columbia.edu)) is now widely recognized as a gold-standard, innovative suicide risk screening tool. Due to its demonstrated ability to identify high risk individuals and guidance for next steps it positively impacts service utilization through decreasing unnecessary interventions, redirecting scarce resources, and expediting care delivery to those at highest risk. Because this screen can be delivered by all gatekeepers, numerous states and countries have moved towards system-wide implementation enabling blanket coverage and linking of systems (e.g., schools, first responders, corrections, hospitals/behavioral health, crisis assessment), fostering prevention. This workshop will review the C-SSRS and its administration, covering its items predictive of increased risk. Participants will learn about how to administer the full and screening versions of the tool, how to customize the tool and how to interpret results, streamlining triage and care delivery. Population-specific editions will be reviewed (pediatric, military, etc.). System-wide implementation across multiple settings will be discussed.

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## **"In Our Own Voice"**

### Presenters

**Mitzi Bockmann**, NAMI - In Our Own Voice Program. Certified Life Coach

**Kristy Hommel**, NAMI - In Our Own Voice Program

“In Our Own Voice” is an educational and recovery-oriented presentation given by Mitzi Bockmann and Kristy Hommel who are living full and productive lives while personally overcoming the challenges of their mental illness. This program will provide participants with practical, useful information about mental illness. The presentation is intimate and candid. It includes a short video, personal testimony and a question and answer period that allows for honest and open dialogue. Presenters engage audiences with their brave and gripping personal journeys. They touch on the various phases of recovery including Dark Days, Acceptance, Treatment, Coping Skills, and Successes, Hopes, and Dreams.



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## Substance Use Disorders & Suicide: A Chance for Clinicians to Talk

### Presenters:

#### **Dr. Tom Delaney**

**Assistant Professor Pediatrics, Vermont Child Health Improvement Program  
The Robert Larner, M.D. College of Medicine at the University of Vermont**

#### **Dr. Win Turner**

**Project Director, SBIRT  
Center for Behavioral Health Integration**

#### **Debby Haskins, MS, LADC**

**Suicide Program Specialist  
Center for Health and Learning**

SAMHSA states that “individuals with substance use disorders (SUDs) are particularly susceptible to suicide and suicide attempts. Indeed, suicide is a leading cause of death among people who misuse alcohol and drugs (SAMHSA, 2008; HHS, 2012; Wilcox, Conner, & Caine, 2004; Pompili et al., 2010). Substance misuse significantly increases the risk of suicide:

- Approximately 22 percent of deaths by suicide involved alcohol intoxication, with a blood-alcohol content at or above the legal limit (CDC, 2014b);
- Opiates (including heroin and prescription painkillers) were present in 20 percent of suicide deaths, marijuana in 10.2 percent, cocaine in 4.6 percent, and amphetamines in 3.4 percent (CDC, 2014b).”

As clinicians, we need to be aware of the prevalence of suicide with substance using clients of all ages and how to screen, assess and treat them. This interactive workshop, designed for clinicians, will look at current National & Vermont data, screening tools, risk stratification, and scenarios to discuss.

The three presenters will provide the following:

#### **Dr. Delaney – “Substance Abuse, Suicide and Young People in Vermont: What do the Data Tell Us?”**

This presentation will review recent national and Vermont data on the linkages between young peoples’ substance use and mental health risk factors, including suicidal ideation and attempts. Data sources will include the Vermont Youth Risk Behavior Survey and the WISQARS system of the US Centers for Disease Control and Prevention.

**Dr. Turner: “Screening, Brief Intervention, Referral to Treatment (SBIRT)”** SBIRT is an approach to screening and early intervention for substance use disorders and people at risk for developing substance use disorders. Out of the 74,500 screenings completed by SBIRT VT, 13%



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of the patients had some level of risk. Two of every three people at risk received an intervention. This presentation will be a fresh look at screening and response. We will examine what we have learned with SBIRT in VT.

**Debby Haskins** will facilitate a discussion among the panel and attendees about substance use and suicide.

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