1,700 Too Many

New York State Suicide Prevention Conference
September 12-13, 2016 - Hilton Albany, Albany, NY
Welcome to the 1st Annual New York State Suicide Prevention Conference: 1,700 Too Many sponsored by the NYS Office of Mental Health (OMH) and the Suicide Prevention Center of New York (SPC-NY). This two-day event will showcase the latest research and practice in the field of suicide prevention and will feature presentations by national experts and NYS colleagues. OMH and SPC-NY will also unveil the 2016-17 State Plan for Suicide Prevention and describe the three pillars of the state’s strategy:

- Prevention in Health and Behavioral Healthcare Settings,
- Prevention Across the Lifespan in Communities, and
- Surveillance and Data to Inform Suicide Prevention.

A poster session and cocktail hour will be held from 5:30-6:30PM on Monday, September 12. This will provide time to network with and learn about additional suicide prevention work being carried out by your colleagues.

Following the poster session and cocktail hour, there will be a banquet starting at 6:30PM. The banquet will recognize individuals who have made outstanding contributions in the areas of suicide prevention, intervention care and postvention in NYS. There will also be plenty of time to network over dinner.

Thank you for choosing to attend the 1st Annual NYS Suicide Prevention Conference. We look forward to a successful event and hope to see you at next year’s conference.

Sigrid Pechenik
Sigrid Pechenik, PsyD
Conference Chair

CONTINUING EDUCATION INFORMATION

LICENSED SOCIAL WORKERS:
The NYS Suicide Prevention Conference has been approved to award 8.5 Social Work Contact Hours. SPC-NY is approved by NYSED to provide continuing education for licensed social workers.

CASAC/CPP/CPS:
SPC-NY has submitted for NYS CASAC/CPP/CPS approval for renewal clock hours. Notification pending.

Visit the registration desk for more information about continuing education credits.

PEF Employees:
PEF represented employees are eligible to submit for conference reimbursement. Visit the conference website at nyssuicidepreventionconference.org to download the application for reimbursement.

CONFERENCE MATERIALS AVAILABLE ELECTRONICALLY

With the use of our QR barcode, you will have instant access to conference materials through your smartphone or tablet QR code scanner app. Simply scan this code and gain access to all available conference materials on our website. If you need assistance with scanning the code, visit the registration desk.
Prevent suicide.

and how he is using this experience to share his story as a suicide attempt survivor.

Brickhouse, a writer and story teller, will interventions.

suicide prevention to inform effective knowledge and expertise to the field of receiving treatment.

prevents people from seeking help and including death by suicide.

predictors of further suicidal behavior recent behavior, is one of the strongest A history of suicidal behavior, especially disproportionately impacted.

Suicide Today: National and New York Trends

Barbara Stanley, PhD, New York State Psychiatric Institute / Columbia University

The national suicide rate has risen by 24% over the past 15 years. In 2014, 42,773 people died by suicide. In New York State, there were 1,700 suicide deaths in 2014. That is 42,773 and 1,700 too many. In this presentation, Barbara Stanley, PhD, Director of the Suicide Prevention-Training, Implementation, and Evaluation (SP-TIE) program of the Center for Practice Innovations at the New York State Psychiatric Institute, will describe the current statistics and trends in suicide and how different geographical areas, demographic groups, and groups with specific risk factors are disproportionately impacted.

Overcoming the Shame of Attempted Suicide

Jamie Brickhouse, Writer, Story Teller, Suicide Attempt Survivor

A history of suicidal behavior, especially recent behavior, is one of the strongest predictors of further suicidal behavior including death by suicide. However, there is internal shame and external stigma associated with suicide attempts which prevents people from seeking help and receiving treatment. It is also important for those with lived experience to provide their knowledge and expertise to the field of suicide prevention to inform effective interventions. In this presentation, Jamie Brickhouse, a writer and story teller, will share his story as a suicide attempt survivor and how he is using this experience to prevent suicide.

New York State’s Suicide Prevention Plan 2016-17

Jay Carruthers, MD and Sigrid Pechenik, PsyD, NYS Office of Mental Health, Suicide Prevention Office

In 2014, the number of suicide deaths in New York State, 1,700, reached an all-time high. The New York State Office of Mental Health’s Suicide Prevention Office recently completed its 2016-17 Suicide Prevention Plan, 1,700 Too Many, which highlights three strategies for reducing the number of suicides in the coming years:

1. Prevention in Health and Behavioral Healthcare Settings – Implementation of Zero Suicide
2. Prevention Across the Lifespan in Competent, Caring Communities
3. Surveillance and Data-Informed Suicide Prevention in New York State

In this presentation, Jay Carruthers, MD, Director of the Suicide Prevention Office and Sigrid Pechenik, PsyD, Associate Director, will officially unveil the State Plan and highlight key efforts to take place over the coming year.

Concurrent Sessions 1:40-2:50PM

1) Zero Suicide (Suicide Safe Care) in Behavioral Healthcare: Background, Concepts, Practice and New York’s Approach to Statewide Implementation

Governor C

Michael Hogan, PhD, Hogan Healthcare Solutions

Sigrid Pechenik, PsyD, NYS Office of Mental Health, Suicide Prevention Office

Most suicide deaths are among people in care or recently seen in health or behavioral health care. These deaths are preventable, but to do so requires a systematic clinical approach. Zero Suicide is a set of best practices and tools which provides a framework for systematic, clinical suicide prevention in behavioral health and health care systems. This presentation will describe the Zero Suicide model and its application in behavioral health care settings. An overview of New York’s approach to statewide implementation will be provided by discussing – NYASSC- Learning Collaborative developed under the National Strategy for Suicide Prevention (NSSP) grant and the PSYCKES continuous quality improvement project.

2) Suicide Prevention in School Settings: Sources of Strength and Creating Suicide Safety in Schools

Chambers

Peter A. Wyman, PhD, University of Rochester School of Medicine and Dentistry

Dana E. Boccio, PhD, Adelphi University

Pat Breux, BSN, Suicide Prevention Center of New York

New York State has 733 school districts with 4,792 public and charter schools that enroll 2.8 million students. In recent years school administrators and school-based planning teams have moved youth suicide to the forefront of their agendas following an increase in student referrals for depressive symptoms and suicidal ideation and suicide deaths. This presentation will describe Sources of Strength and Creating Suicide Safety in Schools Workshop (CSSS), two of the school-based programs supported by New York State, as well as current evaluation of effectiveness and impact.

LEARNING OBJECTIVES:

At the end of this session, participants will be able to:

1. Explain the need for clinical suicide prevention in behavioral health care settings.
2. Describe the Zero Suicide model and its application in behavioral health care settings.
3. Identify ways in which New York State is applying the Zero Suicide model in statewide efforts.

LEARNING OBJECTIVES:

At the end of this session, participants will be able to:

1. Explain how the CSSS Workshop has impacted school personnel’s readiness to address youth suicidality.
2. Explain how Sources of Strength draws upon peer leaders to prevent suicide in schools.
3. Explain current program evaluation of each program.
SESSION DESCRIPTIONS
Concurrent Sessions Cont’d
1:40-2:50PM

3) Safety Planning for Suicide Prevention
Governor D

Barbara Stanley, PhD, New York State Psychiatric Institute / Columbia University
Yael Holoshitz, MD, New York State Psychiatric Institute / Columbia University

At the end of this session, participants will be able to:
1. Describe the rationale behind developing a safety plan as a clinical intervention.
2. Describe the six components of the safety planning intervention.
3. Describe how to engage individuals in the safety planning process.

Mid-Afternoon Break
2:50-3:00PM

Concurrent Sessions
3:00-4:30PM

1) Basic Clinical Management of Suicide and Assessment of Suicidal Behaviors
Governor C

Beth S. Brodsky, PhD, New York State Psychiatric Institute / Columbia University
Christa Labouliere, PhD, New York State Psychiatric Institute / Columbia University

The past two decades have witnessed the development of evidence-based and best practices for suicide prevention. Yet, standard clinical training generally does not include instruction in these best practices. This presentation, designed for clinicians and other professionals who deliver mental health services to at-risk individuals, will provide a framework for the clinical management of suicidal behavior and describe on-line and in-person training resources available to New York State clinicians through the Center for Practice Innovation’s (CPI) Suicide Prevention Training, Implementation and Evaluation (SP-TIE) program.

LEARNING OBJECTIVES:
At the end of this session, participants will be able to:
1. Apply what they know about past suicidal behavior to determine current risk level.
2. Describe the basic features of safety planning.
3. Identify available on-line and in-person training resources offered by SP-TIE.

2) Use of Data to Inform Strategic Planning for Coalition Activities and Interventions
Chambers

Brett Harris, DrPH, NYS Office of Mental Health, Suicide Prevention Office
Garra Lloyd-Lester, Suicide Prevention Center of New York
Olivia Retallack, Erie County Suicide Prevention Coalition
Allison Reynolds, Warren/ Washington Counties Suicide Prevention Coalition

A public health approach to suicide prevention includes efforts to reach out into communities. New York State is focusing on developing, supporting, and strengthening community coalitions as the back bone of local suicide prevention infrastructure. This session will describe how to use state and local data to plan suicide prevention activities that best meet local needs. This includes how to identify which data to access or obtain, how to access or collect it, and how to interpret it to inform activities and interventions. Exemplary use of data by Erie and Washington/Warren Counties will illustrate the concepts presented.

LEARNING OBJECTIVES:
At the end of this session, participants will be able to:
1. Explain where to access available national, state, and local data.
2. Describe ways that they may be able to collect data to inform strategic planning for coalition activities and interventions.
3. Identify local suicide prevention needs based on accessed data.
4. Formulate strategies to address identified suicide prevention needs.

3) Suicide Prevention Across the Lifespan: Diverse Uses for Text Messaging to Engage Youth
Governor D

Anthony R. Pisani, PhD, University of Rochester

Text messaging is emerging as a powerful medium for promoting targeted behavior change and engaging youth in population-oriented interventions. This session will present an overview and recent findings from three different NYS projects that examine the prevention potential of texting: Text4Strength, Above the Influence, and Crisis Text Intervention. This will be followed by brief, facilitated break-out groups based on participants’ interests in text messaging in the following areas: school-based suicide prevention, support for program implementation and crisis text intervention.

LEARNING OBJECTIVES:
At the end of this session, participants will be able to:
1. Describe three programs that utilize text messaging in suicide prevention in New York State.
2. Identify different ways in which text messaging can be used to prevent suicide in communities.
3. Formulate ways by which texting can be used in their communities.
Concurrent Sessions Cont’d

3:00-4:30PM

4) Bridging the Gap after Hospitalization: Providing Phone Follow-Up

**Governor E**

**Jessica Pirro**, Erie County Crisis Services

**Jillian King**, NYS Office of Mental Health, National Strategy for Suicide Prevention (NSSP) Grant

**Melissa Tracy, PhD**, University at Albany School of Public Health, National Strategy for Suicide Prevention (NSSP) Grant

**Cheryl Giarrusso**, Contact Syracuse Crisis Intervention Services

**Stephanie Lewis**, Contact Community Services, Inc.

Evidence strongly supports the elevated risk of suicide following discharge from Comprehensive Psychiatric Emergency Program (CPEP) or inpatient settings after a suicidal crisis. This presentation will provide practical application of phone-follow up as a supportive service during this transition period. Presenters from three different crisis services will describe the referral and phone follow up process and content of the phone interaction, as well as, successes and challenges inherent in providing this service.

**LEARNING OBJECTIVES:**
At the end of this session, participants will be able to:
1. Describe the use of phone follow up to bridge the gap after hospitalization.
2. Describe the intervention provided to individuals during the phone follow-up.
3. Identify challenges to the use of phone follow up and ways to overcome these challenges.

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**MONDAY, SEPTEMBER 12**

**Registration & Breakfast**

East Gallery
7:30-8:30AM

**Crisis Services/Suicide Prevention Office Breakfast**

Empire AB
7:30-8:15AM

**Plenary Session**

Governor AB
8:30-10:00AM

**Suicide Prevention Coalition: The Backbone of Community Prevention**

**Garra Lloyd-Lester**, Suicide Prevention Center of New York

New York State community coalitions bring together a diverse stakeholder group committed to reducing suicide deaths. The Suicide Prevention Center of New York is strengthening coalitions in the 44 counties where they currently exist and bolstering inactive coalitions in another 13 counties. The New York State 2016-17 Suicide Prevention Plan supports coalition work as backbone of the local suicide prevention infrastructure. In this presentation, Garra Lloyd-Lester, Associate Director of the Suicide Prevention Center of New York, will describe the state’s work with suicide prevention coalitions across the state.

**Upstream Suicide Prevention: Current Evidence and Promising Pathways**

**Peter Wyman, PhD**, University of Rochester

The 2012 National Strategy for Suicide Prevention provides an expanded focus on addressing “upstream” risk and protective factors through interventions that occur before individuals develop entrenched problems or become suicidal. This illustrates a growing consensus among policy makers, practitioners, and researchers that significantly lowering suicide rates will require more focus on reducing risk factors for suicidal behavior in broad populations and strengthening protective factors that enhance resilience and wellbeing. In this presentation, Peter A. Wyman, PhD of the University of Rochester will summarize the growing evidence that suicidal behavior can be reduced by successful interventions that promote emotional, social and behavioral health. Implications of this work for a deeper understanding of suicide prevention pathways and for the future of suicide prevention will be discussed.

**Suicide Clusters and Postvention**

**Madelyn S. Gould, PhD, MPH**, Columbia University / NYS Psychiatric Institute

Though suicide clusters have received national attention, our understanding of what causes them and how we can prevent them from occurring is limited. In this presentation, Madelyn Gould, PhD, MPH, of Columbia University and the New York State Psychiatric Institute, will introduce the concept of suicide clusters and describe how postvention may be used to mitigate clusters. Dr. Gould will also provide strategies for responsible communication and reporting of suicide attempts and incidents.

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**TUESDAY, SEPTEMBER 13**

**Afternoon Break**

4:30-5:30PM

**Poster Session & Cocktail Hour**

East Gallery
5:30-6:30PM

**SPC-NY Annual Dinner & Awards Ceremony**

Governor AB
6:30-9:30PM

**Presentation of the 2016 Suicide Prevention Awards:**

**Fred Meservey Life and Leadership Awards**

**Excellence in Suicide Prevention Awards**

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**Registration & Breakfast**

East Gallery
7:30-8:30AM

**Crisis Services/Suicide Prevention Office Breakfast**

Empire AB
7:30-8:15AM

**Plenary Session**

Governor AB
8:30-10:00AM

**Suicide Prevention Coalition: The Backbone of Community Prevention**

**Garra Lloyd-Lester**, Suicide Prevention Center of New York

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**SPC-NY Annual Dinner & Awards Ceremony**

Governor AB
6:30-9:30PM

**Presentation of the 2016 Suicide Prevention Awards:**

**Fred Meservey Life and Leadership Awards**

**Excellence in Suicide Prevention Awards**
LEARNING OBJECTIVES:
At the end of this session, participants will be able to:
1. Explain the factors that place older adults at risk for suicide.
2. Describe the rationale, design, and initial results of the ENGAGE and TSC interventions.
3. Discuss future directions for research and practice in social connectedness interventions in the community.

2) Conducting Suicide Risk Assessments in Clinical and School Settings
Governor C

Dana E. Boccio, PhD, Adelphi University
Mansour (Max) Banilivy, PhD, Pederson Krag
Pat Breux, BSN, Suicide Prevention Center of New York
Beth Brodsky, PhD, NYS Psychiatric Institute / Columbia University

New York State suicide prevention efforts target health and behavioral healthcare settings and communities across the lifespan. This session will describe suicide risk assessment frameworks for patients in clinical settings and for youth in schools.

LEARNING OBJECTIVES:
At the end of this session, participants will be able to:
1. Identify a framework and key elements of a suicide risk assessment.
2. Identify unique considerations for conducting risk assessments with students in school settings.
3. Identify risk assessment resources for clinical and school settings.

3) Targeting the Intersection between Substance Use and Suicide: NYS County Initiatives
Governor D

Brett Harris, DrPH, NYS Office of Mental Health, Suicide Prevention Office
Christa Labouliere, PhD, NYS Psychiatric Institute / Columbia University
Brenda Bannon, NYS Office of Alcoholism and Substance Abuse Services
Marie Dynes, LCSW-R, Dutchess County Department of Behavioral and Community Health

Substance use is one of the most common risk factors for suicide. This session will explain how substance use and suicide are interrelated. Responding to SAMHSA’s call for public health agencies to address substance use and suicide together, the session will highlight two NYS programs targeting this problem: 1) a suicide safer care learning collaborative for Article 32 substance use disorder treatment providers in Western New York and 2) a comprehensive Prevention Initiative to promote mental health and prevent substance abuse and suicide in Dutchess County.

LEARNING OBJECTIVES:
At the end of this session, participants will be able to:
1. Explain how mental health, substance use, and suicide are interrelated.
2. Describe the NYASSC learning collaborative for substance use disorder treatment providers.
3. Describe the Prevention Initiative including specific interventions which have been implemented in one county.

4) Crisis Now: Transforming Services Within Our Reach
Governor E

David Covington, LPC, MBA, RI International

The suicide rate has increased by 24% over the past 15 years, and this trend will continue unless something is done to improve inadequate crisis care. In 2015, the National Action Alliance for Suicide Prevention launched the Crisis Task Force to provide better around-the-clock support for those at risk of suicide. This session will define effective crisis care and describe how current crisis care must be changed to meet this paradigm. It will also provide a summary of the Crisis Task Force’s recommendations and highlight model efforts occurring across the country.

LEARNING OBJECTIVES:
At the end of this session, participants will be able to:
1. List five reasons that change is needed with regards to crisis care.
2. Explain the meaning of effective crisis care.
3. Describe the recommendations provided by the Crisis Task Force.
Concurrent Sessions Cont’d
11:45-1:00PM

2) Postvention in Outpatient and Community Settings

Governor D

Madely Gould, PhD, MPH, New York State Psychiatric Institute / Columbia University

Matthew Erlich, MD, Director, NYS Office of Mental Health, Bureau of Psychiatric Services

Garra Lloyd-Lester, Suicide Prevention Center of New York

Anthony Hess, MPA, Hillside Family of Agencies

Postvention is intervention that occurs post-suicide. Specifically, the session will discuss the importance of postvention, how to improve postvention efforts in community practice, and offer proposals for more rigorous research to practice efforts. Also, because many organizations do not know how to implement a postvention response, the session will offer participants a template for developing a suicide postvention plan that is tailored to the structure and needs of their organization, as well as principles of different approaches among age-group, occupation, clinical setting, and time post-suicide.

LEARNING OBJECTIVES:
At the end of this session, participants will be able to:
1. Describe the principles of postvention in the outpatient and community context.
2. Understand the current research and literature for postvention in the outpatient and community setting.
3. Identify ways in which communities can engage in meaningful postvention activities.
4. Use the Template for Agency Postvention.

3) Challenges and Interventions for Addressing Suicidality in Inpatient Populations with Serious Mental Illness

Anteroom

Maria Narimanidze, PsyD, Manhattan Psychiatric Center

Patty Carambot, MA, MPhil, Mt. Sinai Child and Family Institute

Yael Holoshitz, MD, NYS Psychiatric Institute / Columbia University

Working with suicidal patients in inpatient settings presents a unique set of challenges. This session will describe specific barriers that the presenters have encountered while running groups addressing suicidality and strategies they have found useful for engaging patients in dialogues about their patterns of suicidal thoughts and behaviors, including Safety Planning.

LEARNING OBJECTIVES:
At the end of this session, participants will be able to:
1. Describe the challenges of working with suicidal patients in inpatient settings.
2. Identify strategies for engaging patients to address suicidality.
3. Identify elements to start an inpatient group for individuals with suicidal thoughts and behaviors.

4) Surveillance and Data Informed Suicide Prevention in New York State: An Overview

Governor E

Kitty Gelberg, PhD, MPH, NYS Department of Health, Bureau of Occupational Health & Injury Prevention

Jay Carruthers, MD, NYS Office of Mental Health, Suicide Prevention Office

Molly Finnerty, MD, NYS Office of Mental Health, Bureau of Evidence Based Services and Implementation Science

Cody Catalfamo, NYS Office of Mental Health, Office of Quality Management

Surveillance activities are key to informing public health practice. However, there are unique challenges in conducting these activities and measuring progress with regards to suicide prevention. This session will highlight ways in which New York State is enhancing and improving suicide surveillance and plans to use these systems to guide quality improvement initiatives. The session will specifically highlight the state’s entry into the National Violent Death Reporting System (NVDRS), development of real-time Alerts in the New York State Incident Management Reporting System (NIMRS), and the Suicide Prevention CQI Project in the Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES).

LEARNING OBJECTIVES:
At the end of this session, participants will be able to:
1. Identify specific challenges to conducting surveillance for suicide prevention.
2. Explain the adaptations New York State is making to NIMRS and PSYCKES to enhance suicide surveillance.
3. Describe how New York State’s entry into NVDRS will help support enhanced suicide surveillance.
1. **Gun Shop Owners & Sportsmen’s Clubs Project to Reduce Lethal Means to Suicide / Ellen Pendegar, Tamara Cooper, Ulster County SPEAK Committee**

2. **A New Suicide Prevention Domain: “Transvention” as a Component of General Suicide Prevention Efforts / Tony Hess, MPA, Hillside Family of Agencies**

3. **Team-based Collaborative Care Processes in Primary Care: What We Can Learn from Suicide Prevention Efforts in Veterans Health Administration Practices / Brooke Levandowski, PhD, MPA, Marsha Wittink, MD, MBe, Jennifer Funderburk, PhD, Jane Wood, NP, RN, Melanie Chelenza, MS, Wilfred Pigeon, PhD, VISN CoE Canandaigua VA Medical Center**

4. **Evaluation of an Opioid Overdose Prevention Training: Comparing Naloxone Administration Methods and Participant Types / Lisham Ashrafioun, PhD, VISN 2 CoE Canandaigua VA Medical Center**

5. **A Rural Response to Suicide Prevention / Andrea Aldinger, Wyoming County Suicide Prevention Coalition**

6. **A Study of Suicidal Identification in Military Activities / Warren T. Gregory, LMSW, CASA Advocate with CASA of Westchester County**

7. **The Impact of Gatekeeper Training in Erie County / Olivia Retallack, Jessica Pirro, Suicide Prevention Coalition of Erie County and Buffalo Crisis Services**

8. **Support Groups for Healing After Suicide / Linda Sherlock-Reich, Catholic Charities Housing Department**

9. **Mobile Crisis Services: Utilizing Community-Based Stabilization and Peer Advocacy Services to Reduce Rates of Suicide and Hospitalization / Melissa Jenks, Northern Rivers**

10. **From Community Issue to Community Conversation and Mobilization, a Capacity Building Approach / Jennifer Rodriguez, Livingston County Suicide Prevention Task Force**

11. **Suicide Prevention Training for Primary Care Providers / Wendi Cross, PhD, Dept. of Psychiatry at the University of Rochester**

12. **Development of an Observational Measure of Suicide Risk Assessment and Safety Planning Competencies / Jennifer West, PhD, Dept. of Psychiatry at the University of Rochester Medical Center**

13. **Clinical Cut Scores for the Interpersonal Needs Questionnaire: Detecting Suicide Ideation among Psychiatric Outpatients and Inpatients / Caroline Silva, PhD, University of Rochester Medical Center**

14. **Insomnia and its Association with Suicidal Thoughts and Behavior Among Veterans / Todd M. Bishop, VISN 2 CoE Canandaigua VA Medical Center**

15. **Traditional Storytelling for Suicide Prevention Education / Lee-Ellen Marvin, PhD, Ithaca Suicide Prevention & Crisis Service**

16. **Talk Saves Lives / Laura Marx, American Foundation for Suicide Prevention**

17. **How do we Effectively Promote Suicide Prevention? An Examination of Data and Model-Driven Approaches to Public Health Messaging to Facilitate Help Seeking / Elizabeth Karras, PhD, CoE Canandaigua VA Medical Center**

18. **The Planning & Implementation of a County-Wide Suicide Prevention Campaign and Fundraising Event: Lessons Learned / Victoria Patti, Chautauqua County Department of Mental Hygiene**

19. **Motivating Factors for Youth Peer Leader Involvement in a School-Based, Suicide Prevention Program: A Qualitative Interview Study / Emily Thon, University of Rochester Medical Center**

20. **Diffusion of a Peer-Led Suicide Prevention Program through Social Networks / Karen Schmeelk-Cone, University of Rochester Medical Center**

21. **Reading Skill as a Risk Factor for Deaf and Hard of Hearing People: Ongoing Research and Program Adaptations / Meghan Fox, PhD, University of Rochester Medical Center**

22. **Plattsburgh Semicolon Project / Nicholas Dubay, Clinton County Coalition to Prevent Suicide**

23. **Sagamore Epidemiology Review of Inpatients Presenting with Suicidality / Ken Spitalny, MD, Sagamore Children’s Psychiatric Center**
MONDAY, SEPTEMBER 12, 2016 | 12:00-1:30PM

Opening Remarks

**Ann Marie T. Sullivan, MD**
Commissioner, NYS Office of Mental Health

Dr. Ann Marie Sullivan was confirmed by the New York State Senate as Commissioner for the New York State Office of Mental Health on June 20, 2014. New York State has a large, multi-faceted mental health system that serves more than 700,000 individuals each year. The Office of Mental Health (OMH) operates psychiatric centers across the State, and also oversees more than 4,500 community programs, including inpatient and outpatient programs, emergency, community support, residential and family care programs. As Commissioner, she has guided the transformation of the state hospital system in its emphasis on recovery and expansion of community based treatment, reinvesting over 60 million dollars in community services. Working closely with all mental health providers and health plans, she is responsible for the movement of the health benefit for the seriously mentally ill into managed care beginning October 2015. This new Health and Recovery Plan (HARP) benefit will embed in the Medicaid benefit critical recovery services such as crisis respite, peer, educational and employment supports. She has also been instrumental in expanding services for the mentally ill in prisons and in expanding the much needed community based continuum of care for the seriously mentally ill leaving prison and returning to their community.

Previously, she was the Senior Vice President for the Queens Health Network of the New York City Health and Hospitals Corporation. As Senior Vice President, she was responsible for Elmhurst and Queens Hospital Centers, two public hospitals which serve a community of over 2 million New York City residents. Along with ensuring the seamless integration and coordination of services across the Network, Dr. Sullivan aligned and helped to implement key corporate programs such as the Care Management Initiative on the inpatient units and in the emergency services; the launching of best practices to improve patient safety; and the integration of behavioral health and medical services.

Dr. Sullivan grew up in Queens, New York City. She graduated from NYU and its School of Medicine and completed her Psychiatric Residency at New York University/ Bellevue Hospital in 1978. She has served as Associate Director of Psychiatry and Medical Director of Ambulatory Care at the Gouverneur Diagnostic and Treatment Center and joined the Queens Health Network as Regional Director of Psychiatry in 1990, overseeing the administrative, budgetary, and clinical aspects of the psychiatric services of both Network hospitals. She has enjoyed an extensive career in public psychiatry and has lectured and published on best practices in community care.

Dr. Sullivan is an active advocate for her patients and her profession, is a Distinguished Fellow of the American Psychiatric Association and has served as the Speaker of the American Psychiatric Association’s Assembly and on its Board of Trustees. She is a fellow of the New York Academy of Medicine, a member of the American College of Psychiatrists and the Group for the Advancement of Psychiatry.

Plenary Session over Lunch

**Suicide Today: National and New York Trends**

**Barbara Stanley, PhD**
Columbia University, NYS Psychiatric Institute

Barbara Stanley, PhD, is Professor of Medical Psychology in the Department of Psychiatry at Columbia University College of Physicians and Surgeons and Director of Suicide Prevention-Training, Implementation and Evaluation at the New York State Psychiatric Institute. She is a clinical psychologist and received her MA and PhD from New York University. Dr. Stanley is currently the principal investigator on NIMH, DoD and foundation grants investigating clinical and neurobiological factors and intervention strategies related to suicidal behavior, self injury and borderline personality disorder. She is also conducting a project in the VA to develop and evaluate an intervention for treating and following suicidal Veterans in Emergency Departments and urgent care settings and post-discharge. She is the author of more than 200 publications and serves as editor-in-chief of the Archives of Suicide Research, serves on the editorial board for several journals and was a member of the Adult Psychopathology and Disorders of Aging NIH CSR study section. With her colleague, Dr. Gregory Brown, she developed the Safety Planning Intervention that is used throughout the VA and on crisis hotlines across the United States. She has received numerous awards including the research award from the American Foundation for Suicide Prevention and the Suicide Prevention Council of New York.
ABOUT OUR SPEAKERS

MONDAY, SEPTEMBER 12, 2016   |  12:00-1:30PM

Plenary Session over Lunch Cont’d

Overcoming the Shame of Attempted Suicide

Jamie Brickhouse
Writer, Story Teller, Suicide Attempt Survivor


Brickhouse is a two-time StorySLAM winner of The Moth, the acclaimed, not-for-profit worldwide organization dedicated to the art and craft of storytelling, and a Literary Death Match champion. He has also performed stand-up comedy and recorded voice-overs for the legendary cartoon TV show Beavis and Butthead. He is founder and CEO of redBrick Agency, a lecture bureau for authors. Brickhouse lives in New York City with his common-law husband Michael. You can friend him on Facebook, follow him on Twitter @jamiebrickhouse, or visit www.jamiebrickhouse.com.

New York State’s Suicide Prevention Plan 2016-17

Jay Carruthers, MD
NYS Office of Mental Health Suicide Prevention Office

Jay Carruthers’ interest in health systems began after college when he worked as a health policy analyst for the Jackson Hole Group, a prominent health care reform think tank, in the early 90s during the first Clinton Administration. He then attended medical school at SUNY Downstate College of Medicine and did his residency at the Harvard Longwood Psychiatry Residency Training Program where he was a chief resident at the Massachusetts Mental Health Center’s DBT Partial Hospital Program. He went on to become an assistant professor in psychiatry at Albany Medical Center teaching and caring for patients. In 2014 Dr. Carruthers became director of the OMH Suicide Prevention Office. Since then he has led the effort to coordinate suicide prevention programming with an emphasis on improving care for suicidal individuals receiving care in the public mental health system.

TUESDAY, SEPTEMBER 13, 2016   |  8:30-10:00AM

Plenary Session

Suicide Prevention Coalitions:
The Backbone of Community Prevention

Garra Lloyd-Lester
Suicide Prevention Center of New York

Garra is the Associate Director for the Suicide Prevention Center of New York (SPC-NY). As Associate Director he works with State and County partners and departments, local governmental units, local coalitions and other systems to build capacity to help reduce the burden of suicide across the lifespan. This work is accomplished through systems level planning, coalition building and training among other activities. Garra is an instructor for a number of programs including: ASIST, SafeTALK, Lifelines, Connect, QPR and others. Garra works quite a bit with communities in the area of coalition building and development as well as building capacity for postvention response.

Prior to working for SPC-NY Garra worked for Cortland County Mental Health as the Youth Services Development Director and
children’s and adult Single Point Of Access (SPOA) coordinator for 9 years. Some of his other work in the Cortland community included; coordinating the annual county mental hygiene plan, overseeing the ERS program, coordinating a local CIT program for the community and City PD, planning suicide prevention initiatives, coordinating local System of Care planning, working with local peer led efforts to encourage wellness and recovery and developing and facilitating a local effort to address stigma. He has 30+ years of experience in the field of social services including: working with the developmentally disabled, working in the child welfare system including at-risk youth and families and prevention services within the mental health system with a primary focus on youth.

**Upstream Suicide Prevention: Current Evidence and Promising Pathways**

Peter Wyman, PhD

University of Rochester

Peter A. Wyman, PhD., is Professor and Director of the School and Community-Based Prevention Laboratory (Department of Psychiatry), University of Rochester School of Medicine and Dentistry. Wyman develops and tests interventions that prevent mental, emotional and behavioral problems, focused on underserved youth populations. Since 2006, Wyman has led randomized trials of Sources of Strength, a universal, school-based suicide prevention program preparing adolescent key opinion leaders to disseminate through their natural social networks practices that enhance adaptive social ties and healthy coping (NIH-NIMH funded). Wyman’s research group is currently developing and testing other key opinion leader interventions focused on preventing substance use initiation among early adolescents and suicidal behavior among military personnel (Department of Defense funded). Another interest is on methods for testing community based prevention programs that address scientific needs and community needs to address sensitive and pressing problems such as youth suicide. Wyman was an expert panelist for the National Institute of Mental Health-National Action Alliance for Suicide Prevention in 2013, has served on the scientific advisory board of the American Foundation for Suicide Prevention since 2005, and is faculty on the Injury Control Research Center for Suicide (ICRC-S) funded by the CDC (E Caine, PI). In 2012 Wyman received the Excellence in Suicide Prevention Award from the Suicide Prevention Center of New York.
ABOUT OUR SPEAKERS

TUESDAY, SEPTEMBER 13, 2016   |   1:00-2:00PM

Plenary Session over Lunch Cont’d

national finalist in innovations award competitions, including Harvard University’s Innovations in American Government in 2009, and was featured in Business Week magazine.

He is an acclaimed global speaker, with top-ranked TED-style Talks and conference keynotes. In 2015, readers of his healthcare innovation blog at http://davidwcovington.com represented 90 different countries. Previously he served as Vice-President at Magellan Health responsible for the administrative, clinical, financial and programmatic operations of the $750 million per year integrated health plan contract with Arizona Medicaid and the Department of Health Services.

Mr. Covington has served as a member of the National Action Alliance for Suicide Prevention since it was created in 2010, co-chairing task forces on clinical care and crisis services. He has served as vice-chair of the National Suicide Prevention Lifeline SAMHSA steering committee since it was created in 2005. He has served as the clinical division chair of the American Association of Suicidology since 2014. He served on the National Council for Behavioral Health board of directors from 2011 to 2014 and the Relias Learning Behavioral Health Advisory Board from 2014 to 2016.

Mr. Covington’s behavioral healthcare management history also includes CEO of Behavioral Health Link and Director of Public Sector Quality Management at APS Healthcare. He is a licensed professional counselor and has an MBA from Kennesaw State and a Master’s of Science from the University of Memphis.

Making NYS a Zero Suicide State

Michael F. Hogan, PhD
Hogan Health Solutions

Dr. Michael Hogan served as New York State Commissioner of Mental Health from 2007-2012, and now operates a consulting practice in health and behavioral health care. The NYS Office of Mental Health operated 23 accredited psychiatric hospitals, and oversaw New York’s $5B public mental health system serving 650,000 individuals annually. Previously Dr. Hogan served as Director of the Ohio Department of Mental Health (1991-2007) and Commissioner of the Connecticut DMH from 1987-1991. He chaired the President’s New Freedom Commission on Mental Health in 2002-2003. He served as the first behavioral health representative on the board of The Joint Commission (2007-2015) and chaired its Standards and Survey Procedures Committee. He has served as a member of the National Action Alliance for Suicide Prevention since it was created in 2010, co-chairing task forces on clinical care and interventions and crisis care. He is a member of the NIMH National Mental Health Advisory Council. Previously, he served on the NIMH Council (1994-1998), as President of the National Association of State Mental Health Program Directors (2003-2005) and as Board President of NASMHPD’s Research Institute (1989-2000). His awards for national leadership include recognition by the National Governor’s Association, the National Alliance on Mental Illness, the Campaign for Mental Health Reform, the American College of Mental Health Administration and the American Psychiatric Association. He is a graduate of Cornell University, and earned a MS degree from the State University College in Brockport NY, and a Ph.D. from Syracuse University.