



National Crisis Center Conference
October 17-19, 2018; St. Louis
Program

October 17, 2018		
Opening Banquet Address*	Media Engagement; John Draper	
October 18, 2018		
	Systems Track	Center Track
9:00-10:15	<p>Addressing Imminent Risk via Collaborative 911 Relationships and the NENA Suicide Prevention Standard; Caitlin Peterson</p> <p><i>As a crisis organization, your priorities center on providing collaborative and best practices-based client-centered care. This often means working with individuals who may be at imminent risk and providing the best, least-invasive care. But what about when you must involve emergency services? This presentation will discuss best practices and standards around crisis organization/911 center collaborations in the service of those at imminent risk. The Lifeline's collaboration with the National Emergency Numbers Association (NENA) and the development of the NENA Suicide Prevention Standard Operating Procedure will be discussed, as well as how it interacts with the Lifeline's Policy for Working with Individuals at Imminent Risk. The presentation will provide information on how knowledge of the SOP can improve crisis center/PSAP operations and the importance of building collaborative relationships that serve the needs of the community, those of the crisis center, and those of 911/PSAP centers. Attendees will have the opportunity to learn about the technical aspects of these relationships, practice implementation, and examples of current crisis center/PSAP collaborations.</i></p>	<p>Empathy and Evidence-Based: Evolving your Crisis Worker Training; Laura Mayer</p> <p><i>As the environment changes, the needs of crisis centers and trained crisis workers evolve rapidly. Developing training is costly, confusing and a time burden. Training and quality are two of the most important and often underfunded areas of crisis center work. This workshop is designed to provide a structure to audit, assess and track how the training program is high-quality, accessible and evolving with the needs a crisis center has in a planned way.</i></p>
10:30-11:45 *	<p>Strategic Partnerships: How to bring macro-level thought to micro-level application; Justin Chase</p> <p><i>In today's fast-paced integrated health and social services world it is critical for crisis contact centers to build meaningful relationships with stakeholders across a broad chasm of specializations and demands. This workshop puts the crisis contact center at the middle of a vast network of services and resources as the connection point between disparate systems.</i></p>	



	<i>Attendees will walk away with a clear vision of what is possible within our sector to achieve self-sustainability and relevance in our changing healthcare landscape through the use of alternative payment methods, advocacy, education, technology and workforce development.</i>	
11:45-1:00	LUNCH	
	Systems Track	Center Track
1:00-2:15	<p>Taking the Mask Off: Creating Genuine Connection in the iGeneration; Jared Fenton <i>This interactive session will include a presentation and discussion about new research and innovative practices regarding college students' mental health and crisis intervention. The session will focus on the current college student mental health crisis, detailing how it came about, what community-based, school-based, and crisis center-based initiatives are currently in place to address it, whether and how they work, and what more must be done to solve this crisis of mental health on college campuses. There will be a discussion exploring the importance of looping in crisis centers with student community groups to support students in crisis at all levels. We will delve into the research behind the crisis and examine new research pointing to specific types of collaboration among community-based programs, school-based programs, crisis centers, and higher eds as the solution. Each attendee will leave the workshop with an understanding of how they can uniquely contribute to solving the college student mental health crisis.</i></p>	<p>Ringling the Bell: The Power of Effective Interviewing in Crisis Centers; Sarah Bowman <i>Managers build great teams through two methods: developing their current employees and hiring capable and qualified candidates. But what if you've been doing interviewing all wrong? Too often, good hiring practices are not developed or become compromised when the realities of crisis center operations cause managers to make hasty decisions to address immediate needs. Learn how to increase hiring efficiency and find the right talent for your organization.</i></p>
2:30-3:45	<p>Mobile Crisis Response Team with Same Day Access to MAT; Mark Boschelli <i>This workshop will didactically describe with PowerPoint slide backdrop how a Southwestern frontier city designed a mobile crisis response team linked to a crisis hotline located within a federally qualified healthcare center focused on same day access to primary care and behavioral health services under the same roof in order to combat an opioid crisis. Best practices in opioid care were followed including review of pharmacy monitoring system, participant drug testing, and client participation in mandatory psychosocial group therapy. The Mobile Crisis Response Team design incorporates a rotating system of voluntary participation by licensed clinicians and case managers of the center which has decreased burnout and increased enthusiasm in working with</i></p>	<p>The Lethality of Loneliness; Meryl Cassidy <i>This workshop will explore the social science and neuro-science of chronic loneliness and how it impacts crisis center work, including the ways it links to suicide risk. We will also look at the vital role crisis centers play in connecting with those most isolated among us</i></p>



	<p><i>community residents in need thus assuring immediate access to care and follow-up.</i></p>	
<p>4:00-5:15</p>	<p>Activating Hope: Identifying and Implementing Best Practices for Positive Engagement of Lived Experience at Crisis Centers; DeQuinzy Lezine</p> <p><i>Activating Hope, a pilot project of the National Suicide Prevention Lifeline, is a structured approach to amplifying the value and overcoming the challenges of integrating lived experience of suicide in programs such as Crisis Centers.</i></p> <p><i>Based on both empirical support and values grounded in mental health recovery, the practice of positive engagement of lived experience has garnered widespread support. For example, the ideal of inclusion was promoted in The Way Forward from the Suicide Attempt Survivors Task Force (National Action Alliance for Suicide Prevention) in several recommendations though most explicitly in Recommendation 1.13 to “engage attempt survivors as partners in behavioral health and suicide prevention efforts” and Recommendation 1.16 that “agencies and organizations at all levels (federal, state, community, etc.) should explicitly endorse, or require, inclusion of attempt survivors in suicide prevention efforts.” The National Strategy for Suicide Prevention also promotes this practice in Objective 10.3 to “Promote positive engagement of suicide attempt survivors.” Initiatives such as Zero Suicide in Healthcare have similarly embraced this concept, and thus it is on a fast-paced trajectory to becoming gold-standard practice.</i></p> <p><i>The National Suicide Prevention Lifeline conducted a survey of crisis center directors in its network in 2014 which gathered information relevant to positive engagement of lived experience from 91 centers. In that survey, 55% of respondents indicated that there were staff or volunteers at their centers who had disclosed having a prior suicide attempt. In 17% of cases someone with a history of suicide attempt(s) was serving in a leadership capacity. In general, many crisis center directors expressed interest in learning more about best practices for positive engagement.</i></p> <p><i>Although many sources have called for increased inclusion, and many centers have welcomed the chance to enhance engagement with individuals who have a personal suicidal experience, there is a major challenge. There is little, if any, guidance about enhancing organizational readiness to use lived experience as an asset in a variety of roles in crisis services.</i></p> <p><i>This workshop presents guidance on positive engagement based on real-world experience with positive engagement gathered as part of a Lifeline follow-up survey with crisis center directors, outcomes and feedback from Lifeline Call Centers who have utilized the Activating Hope approach, and the ongoing work of experts with lived experience with suicide who have been working with crisis centers at the local and national level for over a decade. The information and expertise from the Activating Hope project is being channeled into a web-based resource, along with technical assistance for crisis centers seeking to implement the most promising policies and practices for positive engagement that have been identified in crisis services. Workshop participants will be introduced to the background behind this work, core concepts and milestones for organizational readiness for positive engagement, and specific examples of policies and programs that are becoming best practices in this area.</i></p>	



October 19, 2018		
	Systems Track	Center Track
<p>9:00-10:15</p>	<p>Elevating Contact Center Operations with... Data!; Andrew Erwin <i>In modern healthcare, organizations have easy access to raw data via electronic health records, telephony and other systems utilized to track and analyze data. The persistent challenge is turning raw data into reports that have meaningful impact to the organization. This workshop focuses on using technology to elevate reporting to impact all departments of healthcare organizations. We will discuss several methods of developing reports to identify and control errors, display information in approachable forms and streamline creation and distribution of reports internally and externally.</i></p>	<p>The Path to Hope: A Digital Support Model for Suicide Caregivers; Daniella Zanich <i>A suicide caregiver is defined as someone caring for an individual who is thinking about suicide or exhibiting suicidal behaviors. Being a caregiver increases stress as dynamics in relationships shift and responsibilities change. The role of a suicide caregiver is intersectional as they need to learn how to support a loved one but can also be person at risk themselves given their exposure to a traumatic experience. Currently, most services for suicide caregivers are geared towards imminent crisis support or bereavement. Given the stressful nature of caregiving and the lack of existing services, it is crucial for a standard of care to be developed for suicide caregivers. This presentation explores how crisis centers are uniquely positioned to provide care for suicide caregivers, introduces a support program developed by Suicide Is Different and provides tools for implementation.</i></p> <p><i>Many individuals touched by suicide actively seek out crisis center services. This often makes these centers the first point of contact for support, placing them in the unique position to assess the needs of both the caregiver and loved one, help collaborate on an action plan, and make appropriate resource referrals. Crisis counselors are trained in caring for individuals with suicidal ideation and experience the challenges of caregiving firsthand. These qualities prepare crisis counselors to provide guidance to suicide caregivers in both caring for their loved ones as well as themselves.</i></p> <p><i>This workshop will conclude with a standard of practice for supporting suicide caregivers developed by Suicide Is Different. This digital curriculum is derived from research in caregiver family therapy, suicide bereavement support and peer programs, as well as consultation with professionals in crisis intervention and critical incident debriefing. It begins with an introduction to help the caregiver understand suicidal thoughts and process their own feelings around the topic. Next, guided activities support caregivers as they work to understand changes in their relationships with the care recipient and set</i></p>



		<p><i>boundaries according to their own needs. The process ends with steps to prepare the individual for conversations about suicide as their role as a caregiver is slowly incorporated into their daily lives. At the conclusion of this presentation, crisis center leaders will gain tools that can be implemented into their existing services to better serve and advocate for the underserved population of suicide caregivers.</i></p>
10:30-11:45	<p>A data driven strategy for identifying the common use-patterns and needs of individuals who reach out frequently to New York City's NYC Well program.; Sean Murphy</p> <p><i>The frequent use of crisis helplines by the same individuals is a challenge for crisis centers that need to balance the availability of counselors to handle new contacts with the needs of individuals who contact the service frequently. Frequent callers tend to be relatively few in number but can account for a substantial proportion of contacts. For example, an estimate from the largest national crisis helpline in Australia (Lifeline) suggests that 3% of callers account for approximately 60% of calls (Spittal et al. 2015). While working with these individuals can be resource intensive, studies aimed at characterizing this population have concluded that frequent callers have high levels of need and are often in crisis (Pirkis et al. 2016). Crisis centers play an essential role in care coordination for these individuals and in reducing their healthcare expenditures.</i></p> <p><i>This workshop presents analyses, analytic methods, and a data driven strategy for identifying the common use-patterns and needs of individuals who reach out frequently to New York City's NYC Well program. In line with the conference theme 'Gateway to Gold: Setting the Standard' we also present the development of best practices and standards for working with individuals who contact crisis centers frequently, as practiced by NYC Well. Ongoing challenges to working effectively with this population will be discussed.</i></p>	
11:45-1:00	LUNCH	
	Systems Track	Center Track
1:00-2:15	<p>Building a Collaborative Standard for Development and Fundraising; Allan Bunch</p> <p><i>Many crisis centers don't have full-time development staff. Others have a development staff that might be disconnected from the program staff. Some crisis centers might have a board who aren't engaged. The goal of this workshop will be to help attendees learn how everyone can and should participate in a culture of philanthropy. Everyone from the ED to a volunteer can participate and feel great about their involvement.</i></p>	<p>Drivers and Change Ideas to Improve Call Handle Rates -- Success from CrisisLink; Liz Barnes</p> <p><i>Crisis centers answering the National Suicide Prevention Lifeline (NSPL) are funded from a conglomeration of private and public funds and grants unique to each community. Meeting high performance metrics can be challenging for many crisis centers due to staffing, training, funding, and overall resource challenges. In northern Virginia, CrisisLink was responding to the NSPL and local calls with a call handle rate consistently around 70% monthly. For most organizations facing challenges like CrisisLink, the easy solution is to focus financial strain and add more money to the problem. Through using process improvement techniques, CrisisLink was able to identify issues beyond finances and resources, and adapted staffing models, reallocated</i></p>



		<i>existing resources, and made additional programmatic changes to improve short-term and longer-term goals, as well as sustainable operations to increase the call handle rate.</i>
2:30-3:45	From Risk to Safety - A Refocus of Safety Assessment Standards for Crisis Centers; Shye Louis	<p><i>The Lifeline has utilized current research and consensus feedback to revisit and refocus it's decade old Risk Assessment Standard to develop a new "Safety Assessment" Model that underscores context and the specific needs of crisis line staff – a model that focuses on the call flow – and reinforces the importance of good contact, collaborative problem solving, immediate safety, listening to the narrative, developing a safety plan and follow-up.</i></p> <p><i>This presentation will focus on the process of developing a Safety Assessment Model that is able to: 1) Reinforce Safety and Prevention over Prediction, 2) Reinforce HOW to conduct a risk assessment and engage callers, 3) Provide a model that is reflective of crisis call center practice and the unique needs present in a crisis center assessment of safety. Presenters will highlight the various stages in the model and provide details about the new online training tools being created by the Lifeline to support crisis center staff in HOW to assess for safety of callers.</i></p>
4:00-5:15	Why advocacy and how the heck do you do it?; Sara Sedlacek	<p><i>In today's political climate, we can never take for granted that those drafting and enacting public policy understand the need for crisis intervention and mental health services locally, statewide, and nationally. In fact, crisis intervention services are often the most underrated, misunderstood, and forgotten of the social services. As experts in the field of crisis intervention, it is incumbent upon us to ensure that the services we provide and the clients who benefit from our services remain at the forefront of the discussion on mental health care, whether that's with our local elected officials, state legislators, or our Congressmen and women in Washington, D.C.</i></p>
6:00-9:00	CLOSING BANQUET	

*** Invited Address/ Keynote**