BEHAVIORAL HEALTH COMMUNITY OF PRACTICE

RESPONDING TO MENTAL HEALTH CRISES IN PRIMARY CARE

Facilitator:
Trudi Matthews, MA
Senior Director of Quality and Value Strategy
UK HealthCare

WE WANT TO HEAR FROM YOU!

Do you implement safety planning with your patients?

UK HealthCare

WE WANT TO HEAR FROM YOU!

Does your organization have a mental health crisis response plan?

LINDSEY JASINSKI, PHD, MHA
CHIEF ADMINISTRATIVE OFFICER, DIRECTOR OF PSYCHOLOGY SERVICES
LICENSED CLINICAL PSYCHOLOGIST

MARC WOODS, DNP, MSN, RN
CHIEF NURSING OFFICER, EASTERN STATE HOSPITAL

Safety Planning Intervention

Adapted from work by Dr. Sean Reilley and Dr. Teri Maynard

Learning Objectives

DESCRIBE THE SAFETY PLANNING INTERVENTION (SPI; STANLEY AND BROWN, 2008, 2012), INCLUDING ITS RATIONALE, AND EVIDENCE BASE FOR USE WITH PEOPLE EXPERIENCING SUICIDAL IDEATION.

REVIEW PERTINENT CLINICAL INFORMATION FOR IMPLEMENTING THE SPI DRAWN FROM THE SAFETY PLAN TREATMENT MANUAL, SPI BRIEF INSTRUCTIONS AND THE SAFETY PLAN FORM (C.F., STANLEY & BROWN, 2008).

REVIEW **RESOURCES** FOR COLLABORATING WITH PATIENTS TO COMPLETE THE SAFETY PLAN.

What is a crisis?

CRISIS SITUATION IS:

- HIGHLY STRESSFUL.
- SHORT-TERM (WON'T LAST A LONG TIME).
- CREATES INTENSE PRESSURE TO ACT TO

  RESOLVE THE CRISIS *NOW, BUT IF TOO OVERWHELMED CAPACITY TO EFFECTIVELY PROBLEM SOLVE REDUCED (LINEHAN, 2015)*.

WHAT HELPS IN CRISIS SITUATION?

STANDARD OPERATING PROTOCOL (SOP)
- PRIORITIZED, CRISIS SURVIVAL SKILLS, MEMORY AIDS (HELPFUL)

What is safety planning?

“TO PUT THE PART OF YOU THAT WANTS TO LIVE IN CHARGE, IT’S HELPFUL TO PLAN HOW YOU’LL GET THROUGH THESE TOUGH MOMENTS.”

https://www.beyondblue.org.au/connect-with-others/personal-stories

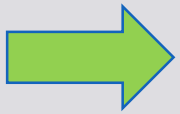
What is safety planning?

- COLLABORATIVE INTERVENTION TO LOWER IMMINENT RISK FOR SUICIDE.
- FOLLOWS A COMPREHENSIVE SUICIDE RISK ASSESSMENT (E.G. COLUMBIA)
- **USED IN DIFFERENT SETTINGS IN DIFFERENT WAYS FOR MANAGING SUICIDAL RISK**:
  - Established part of ongoing **outpatient** care.
  - **ER care** as a single intervention to bridge follow-up care or lack of follow-up.
  - **Inpatient hospitals** use during care and/or at discharge
  - Used by **Crisis Hotlines**
- INTERVENTION YIELDS A PERSONALIZED SAFETY PLAN WHICH…..

What safety planning is (and is not)

IS NOT A NO HARM OR SAFETY CONTRACT (NON-EVIDENCED BASED, NON-PERSONALIZED, AND OFFERS LITTLE COPING AID)

IS NOT COMPLETING A FORM



A SAFETY PLAN:

- Uses **set of evidence-based risk reduction strategies**.
- **Collaboratively written**, easy to read, in client's own words, personalized, sufficiently detailed, modifiable.
- **Recovery-oriented** (empowerment, hope, potential).
- **Yields a tailored and prioritized plan** of coping strategies and sources of support for use during or preceding suicidal crises **that indicates how to stay safe**.

Options for safety planning

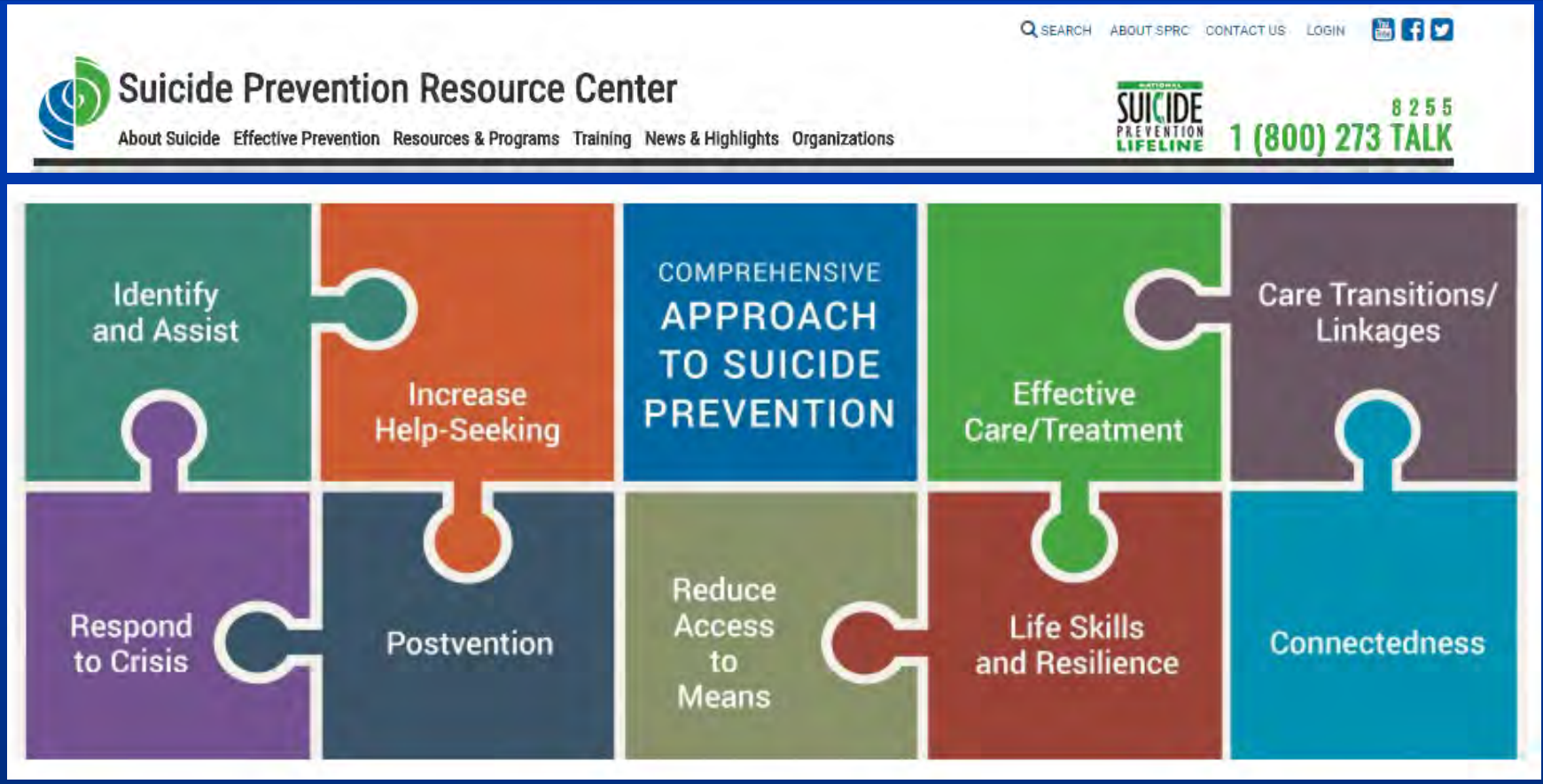
CRISIS RESPONSE SAFETY PLAN (RUDD, 2006); PART OF ON-GOING TREATMENT
(RUDD, M. D. (2006). THE ASSESSMENT AND MANAGEMENT OF SUICIDALITY. SARASOTA, FL: PROFESSIONAL RESOURCE PRESS.)

COLLABORATIVE ASSESSMENT AND MANAGEMENT OF SUICIDALITY (CAMS) – STABILIZATION PLAN (JOBES, 2006); PART OF ON-GOING TREATMENT
(JOBES, D A. (2006) MANAGING SUICIDAL RISK: A COLLABORATIVE APPROACH. NEW YORK: GUILFORD PRESS.)

**** SAFETY PLANNING INTERVENTION** (STANLEY & BROWN, 2008, 2012);
- SINGLE INTERVENTION OR PART OF ON-GOING TREATMENT

Safety Planning Intervention (Stanley & Brown, 2008) is a Best Practice:

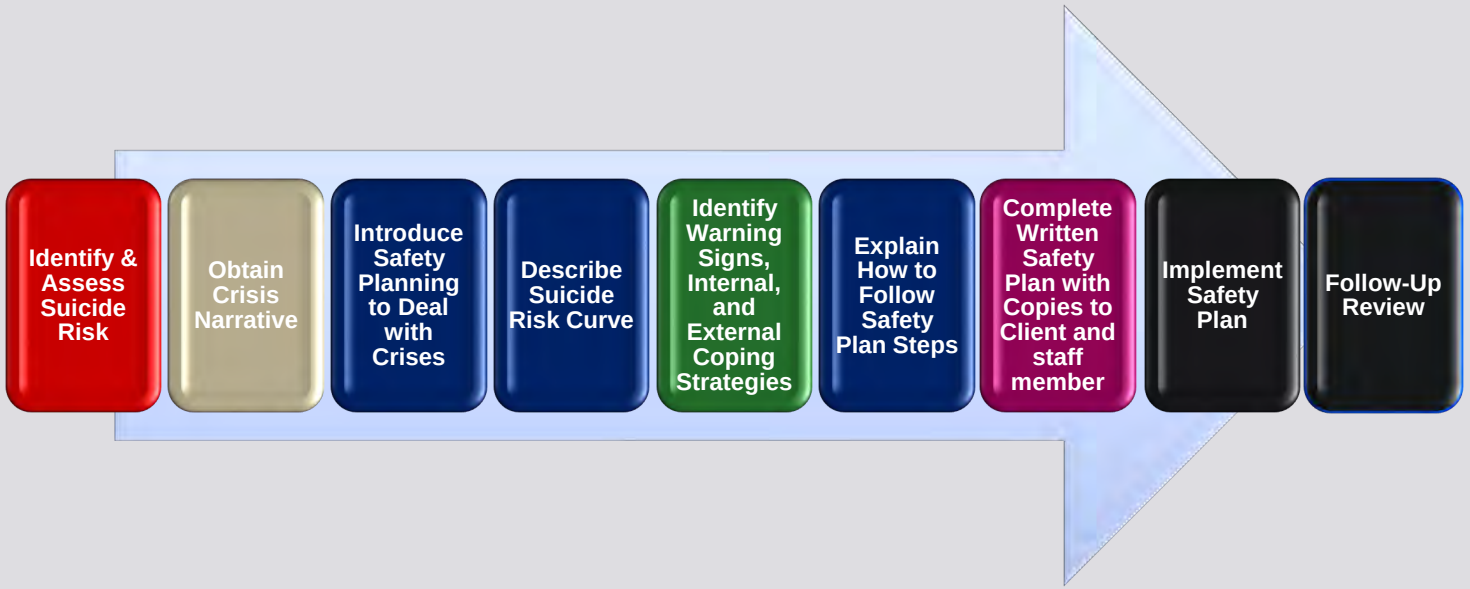
Suicide Prevention Resource Center/American Foundation for Suicide Prevention Best Practices Registry for Suicide Prevention



Safety Planning Intervention (Stanley & Brown, 2008)

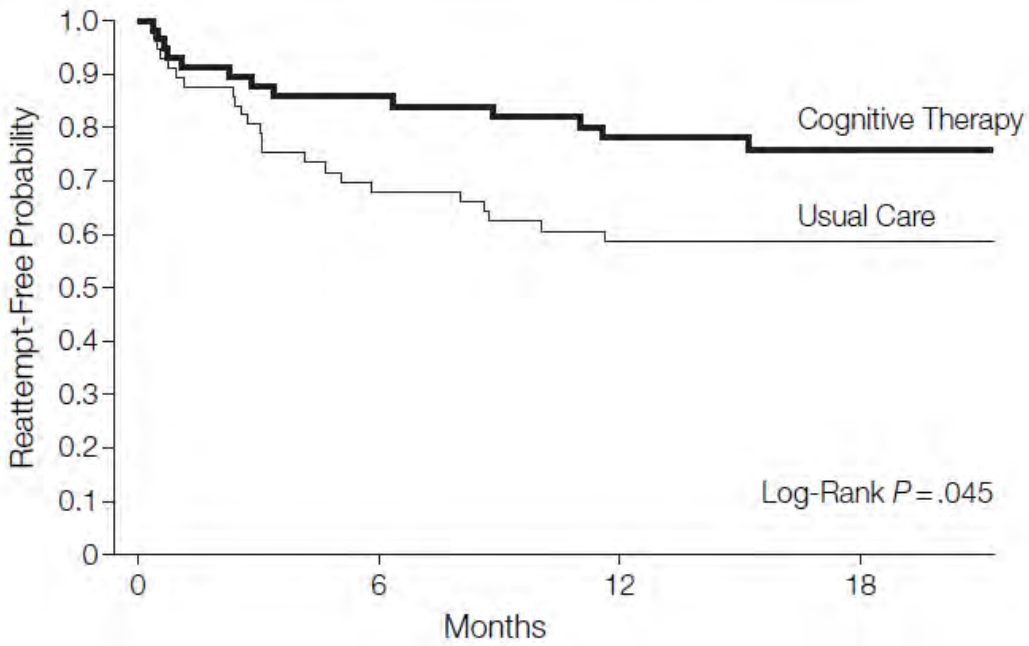
BRIEF (20-45 MIN.) SINGLE INTERVENTION (OR MULTIPLE SESSIONS)
- **FROM ONE OF MANY DISCIPLINES** (E.G.,MD, APRN, PSYCH, SW, RN)
- **IN A MH-RELATED SETTING** (E.G.,ER, OUTPT., INPATIENT, MILITARY).

FOLLOWS AND COMPLIMENTS COMPREHENSIVE RISK ASSESSMENT



Evidence-Based Intervention

Figure 2. Survival Curves of Time to Repeat Suicide Attempt



50% less likely to attempt

Resource: Brown, G.K., Have, T.T., Henriques, G.R., Xie, S.X., Hollander, J.E., & Beck, A.T. (2005). Cognitive Therapy for the Prevention of Suicide Attempts: A Randomized Controlled Trial. *Journal of the American Medical Association, 294(5)*, 563- 570.

University of Kentucky

SPI Process: Identify and Assess Risk

UTILIZE EVIDENCE-BASED TOOL EVERY INTERACTION!

PHQ-9 (QUESTION 9)

- Passive suicidal ideation
- Primary care settings where fewer patients will screen positive
- More detailed suicide risk assessment required if endorses passive ideation

ASK SUICIDE SCREENING QUESTIONS (ASQ)

- NIMH
- 4 yes/no screening questions
- 20 seconds to administer, toolkit with safety guides
- Busy medical practices

COLUMBIA SUICIDE SEVERITY RATING SCALE (C-SSRS)

- Validated for children, adolescents, adults
- Passive and active, method, plan, intent, and suicidal behavior
- Levels of risk
- Training on how to administer free of charge

SPI Process: Obtain the Crisis Narrative

- CONTEXT/FOUNDATION FOR SAFETY PLANNING FOR SUICIDAL CRISIS.
- CLIENT “TELLS THEIR STORY” ABOUT THE SUICIDAL CRISIS OR ATTEMPT.
- START THE STORY BACKWARD AND LISTEN/ASK ABOUT:
  - activating or triggering events and reactions (thoughts, feelings, body sensations)
  - major decision points associated with suicide crisis/attempt/risk?

SPI Process: Introduce Safety Planning

- HAVING A CRISIS PLAN READY AND OVER-PRACTICE CAN AID STAYING ALIVE BY NOT LOSING CONTROL AND ACTING ON IDEATION, BUT INSTEAD:

  - Short-Term - using coping techniques and support to tolerate/reduce distress in short-term and to stay safe,

  - Long-Term – using effective strategies for managing crisis improves control and self-efficacy over the longer-term.

SPI Safety Plan Components

- Staff guide development of overall plan, **collaboration is KEY at each component**.

Patient encouraged to give their own ideas for each step before staff provide ideas or suggestions.

-Discuss willingness to using and obstacles to carrying out each step. Collaborate to problem solve and resolve concerns.

Warning Signs

Rationale for Intervention

- Averting a suicidal crisis before it emerges fully by identify signals or signs of crisis (personal situations, thoughts, images, thinking styles, mood, or behavior).

ASK:

"How will you know when the safety plan should be used?"

"What do you experience when you start to think about suicide or feel extremely depressed?"

"What do you experience when you feel extremely distressed?"

Internal Coping Strategies

Rationale for Intervention

- to prevent suicidal ideation from escalating, people attempt to cope on their own even for a brief time with internal coping strategies, including distraction techniques.

ASK:

"What activities could you do to help take your mind off your problems even if it is for a brief period of time?"

"*What can you do on your own if you become suicidal again, to help yourself not to act on your thoughts or urges?*

Internal Coping Strategies

ASK:

Assess the likelihood of using such strategies:

"*How likely do you think you would be able to do this step during a time of crisis?*"

Identification of barriers and problem solving:

"*What might prevent you from thinking of these activities or doing these activities even after you think of them?*"

Distract with People & Social Situations

Rationale for Intervention

- social situations and people who are good distractors are used to distract from suicidal ideation and urges **without explicitly informing them of suicidal state**.

ASK:

"Who helps you feel good when you socialize with them?"
"Who helps you take your mind off your problems at least for a little while? You don't have to tell them about your suicidal feelings."
"Where can you go where you'll have the opportunity to be around people in a safe environment?"

People Who CAN Provide (Crisis) Support)

Rationale for Intervention

- contact family members or friends and inform explicitly that you are in crisis and need support and help.

ASK:

"*Among your family or friends, who do you think you could contact for help during a crisis?*"

"*Who is supportive of you and who do you feel that you can talk with when you're under stress?*"

Contacting Professionals & Agencies

Rationale for Intervention

- prioritized, professionals and agencies the person is willing to contact are utilized if other methods are not successful in resolving the crisis.

ASK:

"*Who are the mental health professionals that we should identify to be on your safety plan?*"

"*Are there other health care providers?*"

Lethal Means Restriction

Rationale for Intervention

- Even if no specific plan is identified, eliminating or limiting access to any potential lethal means in the patient's environment is key and urgent for highly lethal means.

ASK:

ALWAYS - if they have **access to a firearm** even if not a method of choice and make arrangements for it to be secured.

"What means do you have access to and are likely to use to make a suicide attempt or to kill yourself?"

"How can we go about developing a plan to limit your access to these means?"

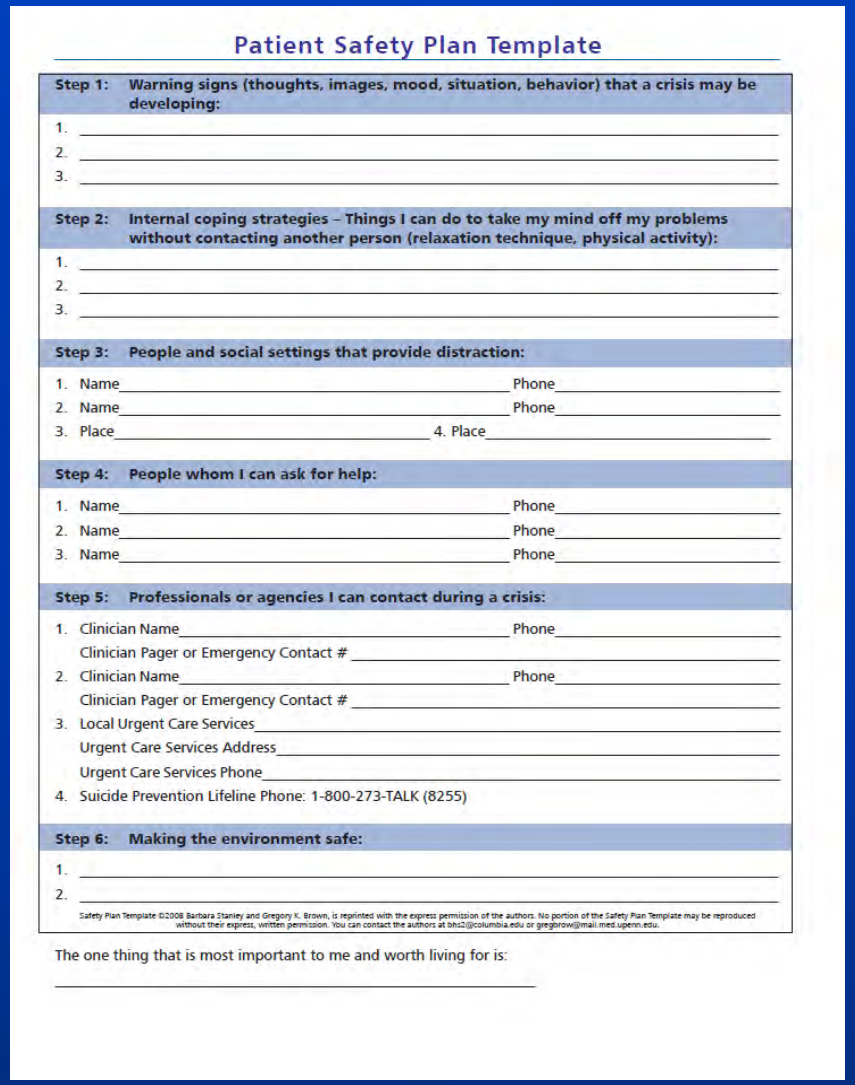
BONUS: Reason(s) for Living

ASK:

"What's the one thing(s) that are worth living for?"

Rationale for Intervention

Feeling satisfied with interpersonal relationships, feeling useful to family and friends, feeling that life has meaning, and pursuing a meaningful life serve as suicide buffering factors.



Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Place_____ 4. Place_____

Step 4: People whom I can ask for help:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact #_____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact #_____
3. Local Urgent Care Services_____
   Urgent Care Services Address_____
   Urgent Care Services Phone_____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____

The one thing that is most important to me and worth living for is:

_____

How to Complete the Patient Safety Plan Template:

How to Complete the Patient Safety Plan Template:

Patient Safety Plan Template

Step 1:	Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:
1.	
2.	
3.	

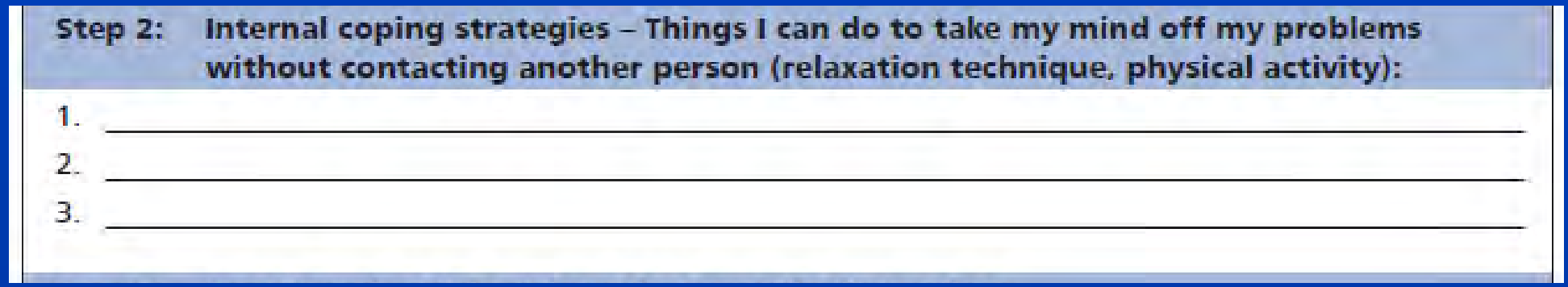
Most Frequent from Brown, et al. (2014) Unpublished Data

Thoughts: Dep/Neg (23%), Hopeless (22%), Worthless/Helpless (18%)

Emotions: Angry/Irritable/Agitated(26%), Depressed(22%),

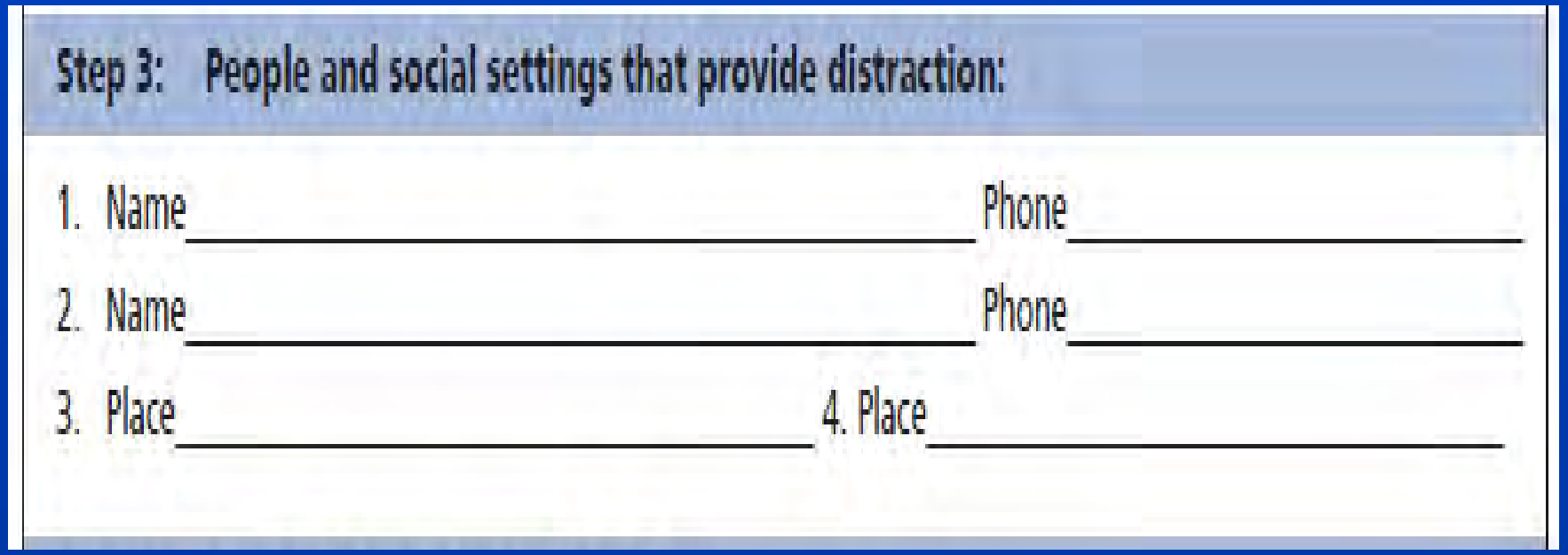
Physical: Panic Symptoms (14%), Pain/Headaches (8%)

Situational: Stress by other (10%), Financial Stress (7%)



Additional Places to Locate Coping Strategies

1. Marsha Linehan's DBT Distress Tolerance /Crisis Survival Strategies (DBT Skills Manual, 2nd Ed. (2015); Guilford Press.)



Top 3 Social Settings from Brown, et al. (2014) Unpublished Data

1. Library or Bookstore
2. Outdoors (park, city streets, etc.)
3. Place of Worship or Community Center

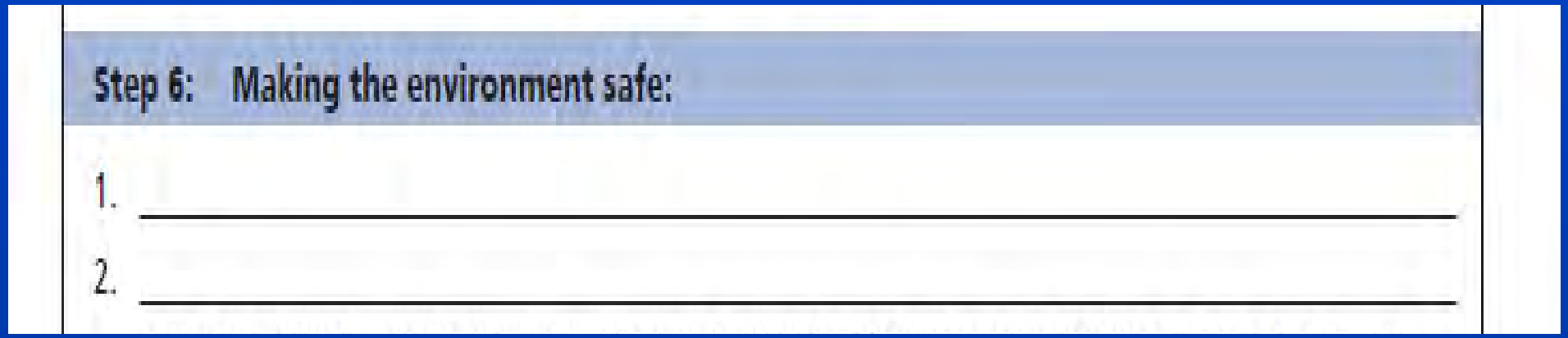
Step 4: People whom I can ask for help:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name _____ Phone _____
   Clinician Pager or Emergency Contact # _____
2. Clinician Name _____ Phone _____
   Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services _____
   Urgent Care Services Address _____
   Urgent Care Services Phone _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

- Local CMHC
- NAMI Warm Line
- 988 (call)
- 988 chat (text)

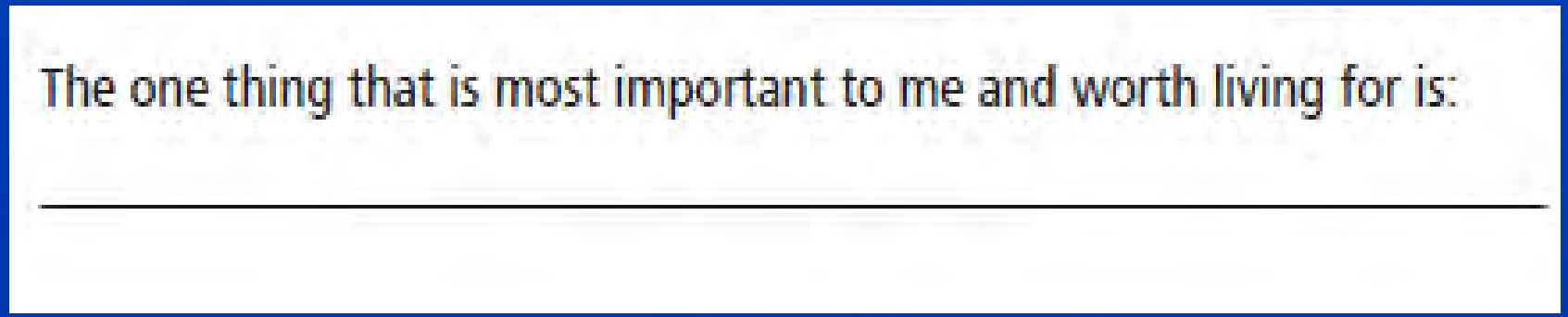


Remember to Consider the Following:

- **ALWAYS ask about Firearms even if not current/preferred means**
- **Medications and Poisons, Alcohol,**
- **Razors/Knives/Sharp Objects**
- **Hanging, Cars/Motorbikes/Other Vehicles**

Suicide Prevention Resource Center: Counseling on Access to Lethal Means (CALM) Webinar:
https://training.sprc.org/enrol/index.php?id=3

Bonus: Reason(s) for Living



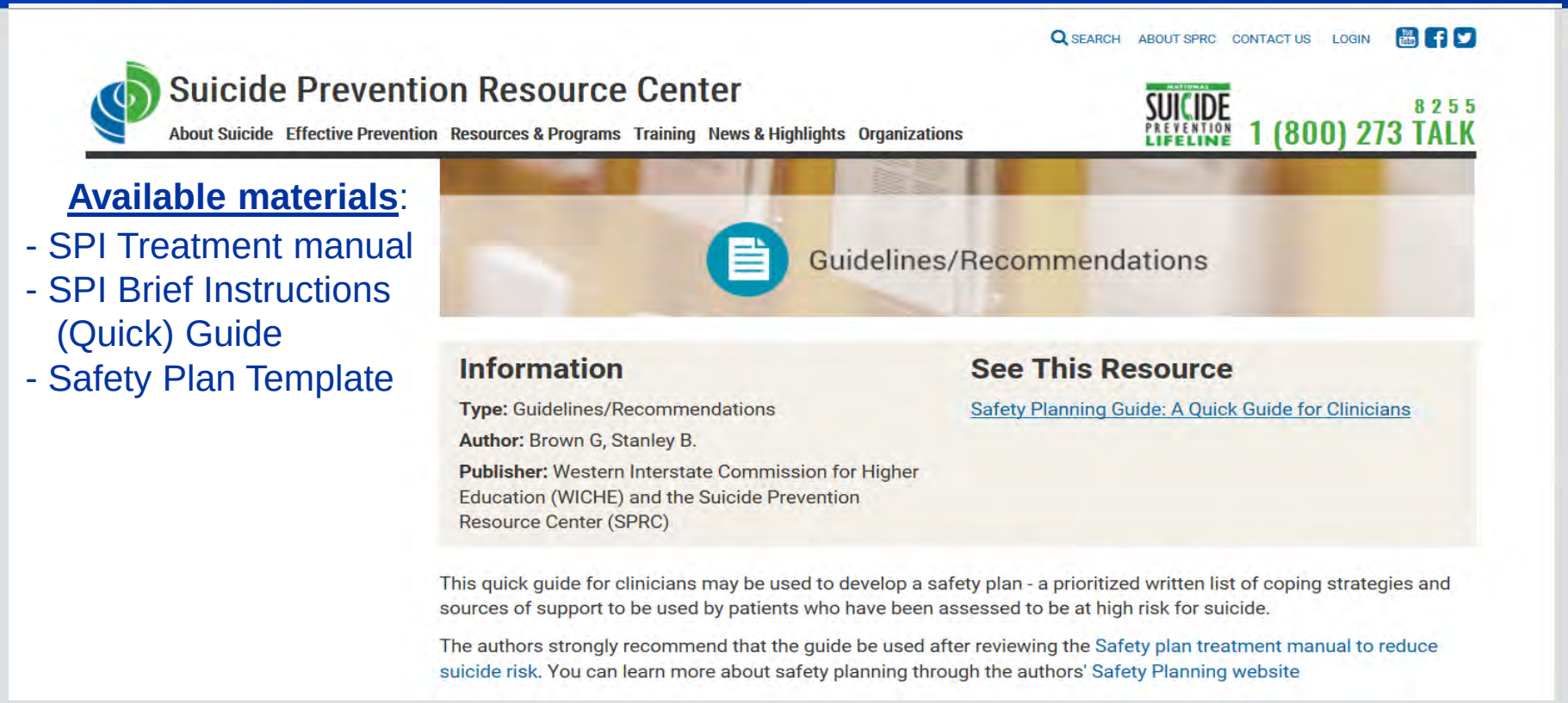
Resource: Reasons for Living Scale by Marsha Linehan

Linehan M.M., Goodstein J.L., Nielsen S.L., & Chiles J.A. (1983). Reasons for Staying Alive When You Are Thinking of Killing Yourself: The Reasons for Living Inventory. Journal of Consulting and Clinical Psychology, 51, 276-286.

Resources

Available materials:

- SPI Treatment manual
- SPI Brief Instructions (Quick) Guide
- Safety Plan Template



https://www.sprc.org/resources-programs/safety-planning-guide-quick-guide-clinicians
https://bgg.11b.myftpupload.com/wp-content/uploads/2021/08/Stanley-Brown-Safety-Plan-8-6-21.pdf
https://suicidesafetyplan.com/training/
https://zerosuicide.edc.org/resources/resource-database/safety-plan-mobile-app
http://suicidesafetyplan.com/Home_Page.htmlhttps://www.sprc.org/resources-programs/patient-safety-plan-template

Questions?

QUESTIONS?
PLEASE DROP QUESTIONS FOR THE SPEAKER IN THE CHAT

UK HealthCare

newvista

Behavioral Health Crisis Continuum: Utilizing Your Regional CMHC/CCBHC

Darcy Miller LPCC-S

newvista

Objectives

- **Involuntary Process** – Criteria and when to utilize it
- **Alternative Options to Hospitalization** – What to do when the patient doesn't need hospitalization, but still needs more
- **Tips and Tricks for Positive Interactions –** What can I do to increase positive interactions with patients who are experiencing a behavioral health crisis

newvista

Suicide Data: United States

Suicide is a public health problem and leading cause of death in the United States. Suicide can also be prevented – more investment in suicide prevention, education, and research will prevent the untimely deaths of thousands of Americans each year. Unless otherwise noted, this fact sheet reports 2020 data from the CDC, the most current verified data available at time of publication (February 2022).

45,979 Americans died by suicide making it the **12th leading cause of death**.

- **3rd** leading cause of death for ages 10-19
- **2nd** leading cause of death for ages 20-34
- **4th** leading cause of death for ages 35-44
- **Over one third** of people who died by suicide were 55 or older

10% of adult Americans have thought about suicide.

1.2 million Americans attempted suicide.

54% of Americans have been affected by suicide in some way.

Men died by suicide **3.9x** more often than females.

Females were **1.8x** more likely to attempt suicide.

54% of firearm deaths were suicides.

53% of all suicides were by firearms.

In 2019, the suicide rate was **1.5x higher for Veterans** than for non-Veteran adults over the age of 18.

90% of those who died by suicide had a diagnosable mental health condition at the time of their death.

46% of Americans ages 18+ living with a mental health condition received treatment in the past year.

72% of communities in the United States did not have enough mental health providers to serve residents in 2021, according to federal guidelines.

See full list of citations at **afsp.org/statistics**.

Suicide Data: Kentucky

Suicide is a public health problem and leading cause of death in the United States. Suicide can also be prevented – more investment in suicide prevention, education, and research will prevent the untimely deaths of thousands of Americans each year. Unless otherwise noted, this fact sheet reports 2020 data from the CDC, the most current verified data available at time of publication (March 2022).

13th leading cause of death in Kentucky

2nd leading
cause of death for ages 10-24

2nd leading
cause of death for ages 25-34

4th leading
cause of death for ages 35-44

8th leading
cause of death for ages 45-54

11th leading
cause of death for ages 55-64

18th leading
cause of death for ages 65+

Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Kentucky	**801**	**17.74**	**19**
Nationally	45,979	13.48	

See full list of citations at **afsp.org/statistics**.

75.11% of communities did not have enough mental health providers to serve residents in 2021, according to federal guidelines.

Over **five times** as many people died by suicide in 2019 than in alcohol related motor vehicle accidents.

The total deaths to suicide reflected a total of **16,744 years** of potential life lost (YPLL) before age 65.

57% of firearm deaths were suicides.

65% of all suicides were by firearms.

American Foundation for Suicide Prevention

Involuntary Criteria

A person is mentally ill

Presents a danger to self or threat of danger to self, family, or others as a result of the mental illness

- Suicide
- Cannot participate in activities of daily living (i.e. will not drink water because of the delusion that the CIA has put micro-bugs in their drinking water)

Reasonably benefit from treatment

Least restrictive mode of treatment

- NOTE: Voluntary hospitalization is considered a less restrictive environment

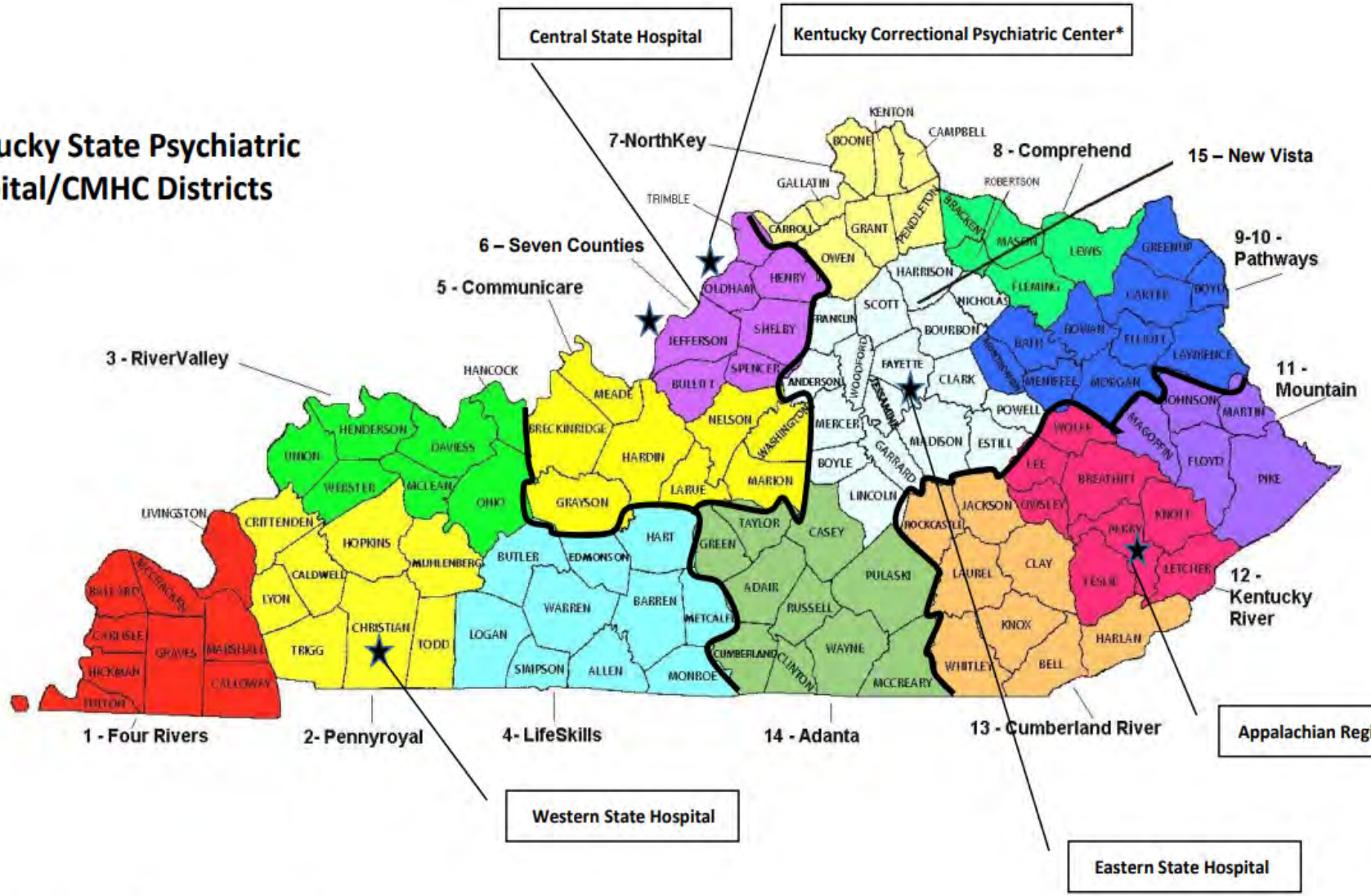
newvista

CMHC Crisis Response Services

- 800.928.8000 - Helpline/988 - answered locally
- Mobile Crisis Team
- Critical Evaluation Team (CET) – Involuntary Evaluations (also called - 202a petitions, MIWs, ED, Citations, etc.)
- Outpatient Walk-In Emergencies
- Crisis Stabilization Units
- Future Planning – Behavioral Health Urgent Care/23 Hour Beds

newvista

Kentucky's Community Mental Health Center



*KCPC provides forensic psychiatric services statewide

[Kentucky Cabinet for Health and Family Services]

www.dbhdid.ky.gov

newvista

Creative Safety Planning

The first 24 hours...

- Supervision
- Coping Skills
- Means Restriction
- When and how to check-in
- Plan who to contact

newvista

Positive Interactions

- **Validate thoughts and feelings** – Though the person's reality may be altered, what they are experiencing is real. Validate the experience
- **Patience** – People experiencing a behavioral health crisis tend to be complicated and time-consuming. They will need a little more time than your typical patient. Make a plan and get assistance if needed.
- **One thing at a time** - Give one direction, statement, or question at a time. During a behavioral health crisis, the person is only hearing/processing about 40% of what you are saying.

newvista

Active Listening Skills

- **Paraphrasing/Restatement**: summarizing what the person said
- **Reflection**
- **Attending**
- **Open-ended questions** – requires more detailed answers
- **Minimal Encouragers**
- **Effective Pauses**
- **Silence** – sends the message that you are willing to listen

How to be the feelings translator…

- Reflective Listening Skills – mirroring what is being said and/or felt
- People are more likely to calm down and communicate when they feel heard
- Sometimes you have to read between the lines

- **Statement:** "Sometimes I want to sleep and never wake up."
- **Reflection:** "You are feeling overwhelmed/frustrated/hopeless and wish you could escape from life."
- **Statement:** "Nobody in this place understands me. No one is listening!"
- **Reflection:** "You are struggling to feel heard and would like us to help differently than we have been."

newvista

Common Myths

MYTHS ABOUT SUICIDE AND BEHAVIORAL HEALTH

- **MYTH** - Asking about suicide will trigger someone to try to attempt suicide
- **TRUTH** – Asking about suicide can relieve anxiety and be validating to the person experiencing it.

- **MYTH** – If someone is experiencing a behavioral health crisis (i.e. suicidal thoughts, psychosis), they need to be admitted to a psychiatric hospital
- **TRUTH** – There are several different levels of care that can be offered prior to hospitalization including Mobile Crisis Services, ACT, intensive outpatient, etc.

- **MYTH** – Eastern State Hospital can force patients to take psychiatric medication
- **TRUTH** – ESH cannot force people to take medication. It requires a separate court order.

About New Vista

1.800.928.000

New Vista is the nonprofit community mental health center serving 17 counties in Central Kentucky. We serve over 25,000 children, adults and families each year.

- *Mental Health*
- *Substance Use*
- *Intellectual and Developmental Disabilities*

newvista

Support at home through the myStrength App

- Adults and teens can download the myStrength app for free using New Vista's code **"seethegood."**
- Tools include:
  - Stress management strategies
  - Managing worry and anxiety
  - Dealing with substance use
  - Emotional support tools
  - Videos and activities

newvista

Questions?

Darcy Miller
Regional Director of Emergency Services
& Client Engagement
darcy.miller@newvista.org
859.327.8780

newvista

TEAM KENTUCKY®

CABINET FOR HEALTH AND FAMILY SERVICES

988 Suicide & Crisis Lifeline TRANSFORMING CRISIS RESPONSE IN KENTUCKY

Meet Your Presenter

Angela Roberts

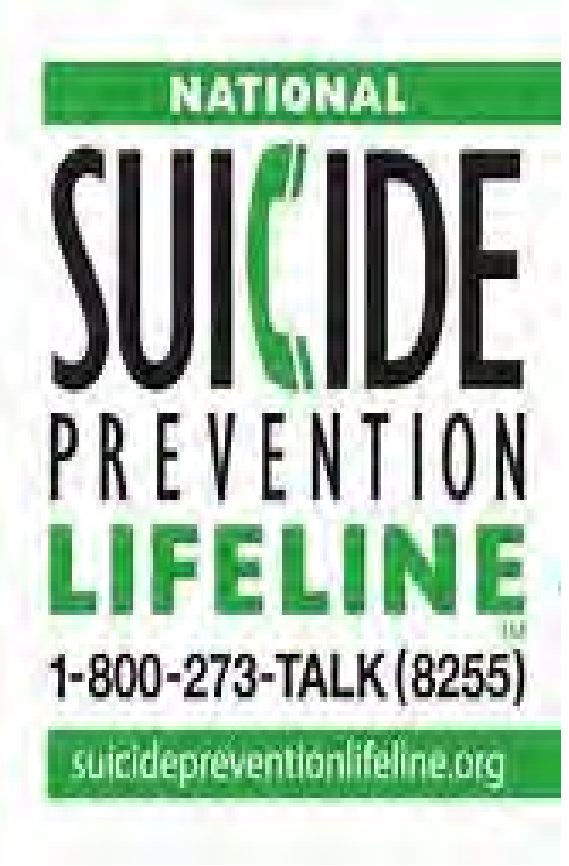
988 Program Administrator

Kentucky Department of Behavioral Health,
Developmental and Intellectual Disabilities

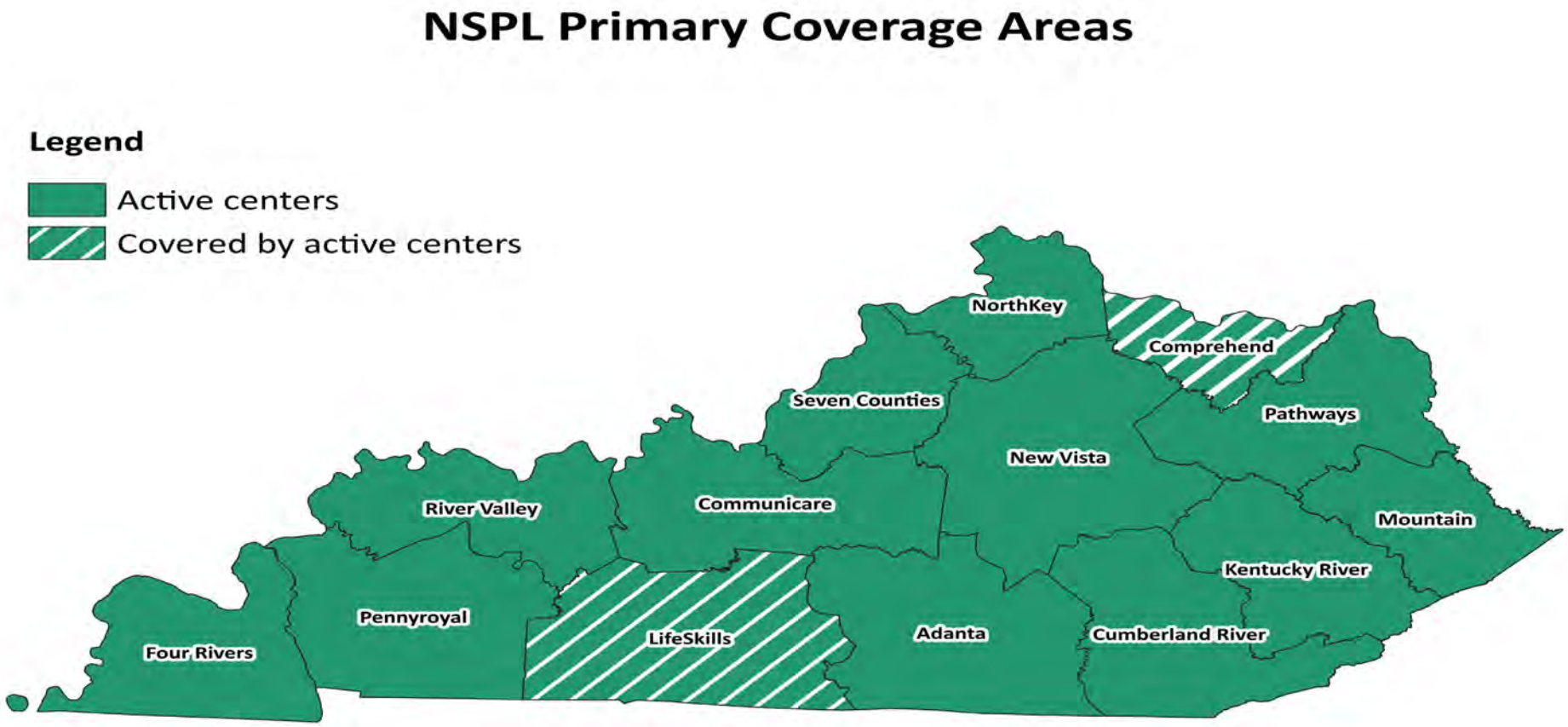
988 in Kentucky

History of the NSPL

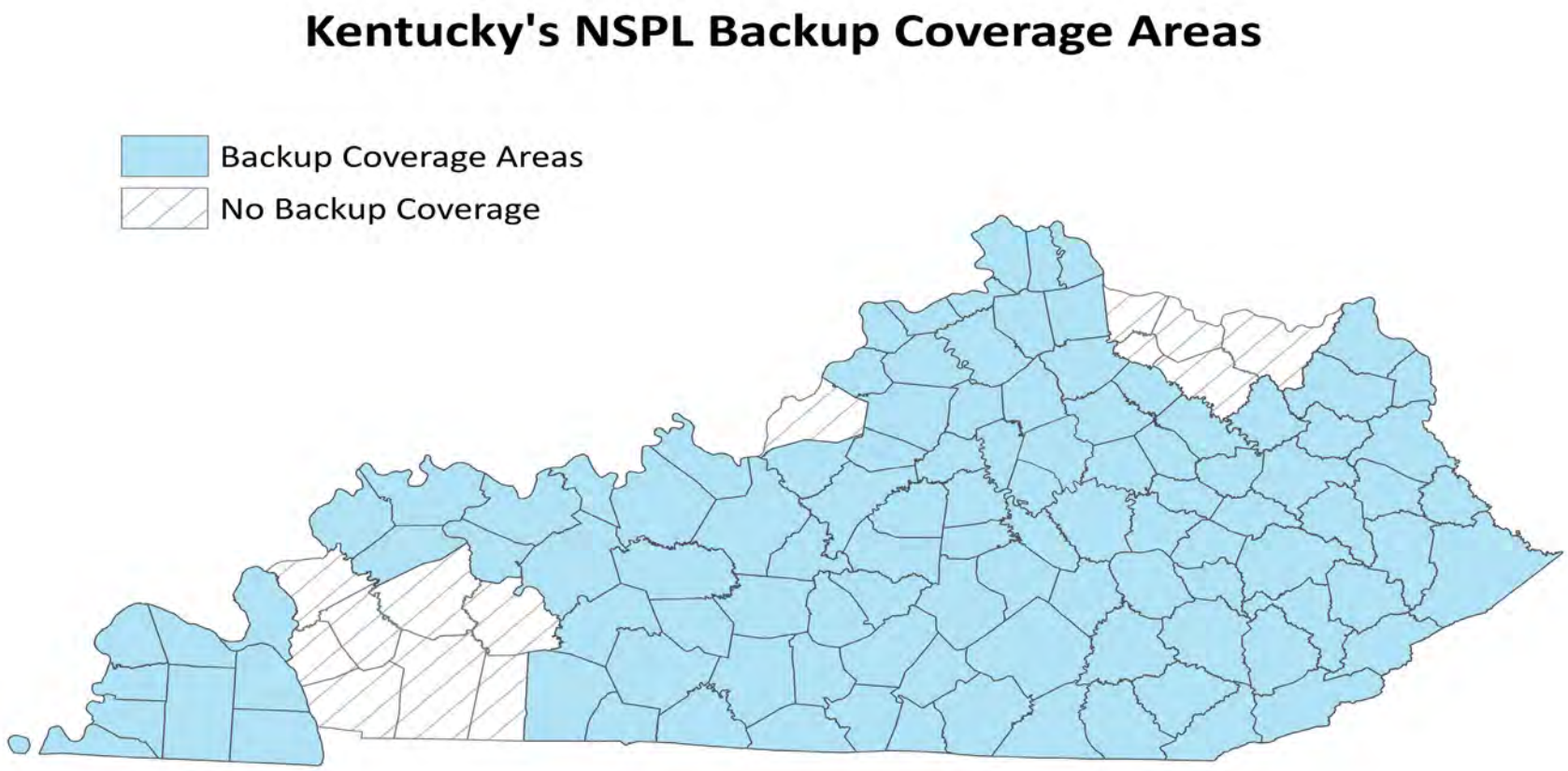
- Began in December 2004
- Founded by SAMHSA
- Comprised of over 200 crisis centers across the U.S.
- Linked through the 24/7 toll-free 1-800-273-8255 number
- Calls routed to a center in their state
- Calls roll to one of 9 backup centers out of state if not answered in state
- Kentucky's centers are anchored within the Community Mental Health Centers



Kentucky's NSPL Center Coverage Areas



Kentucky’s NSPL Center Coverage Areas



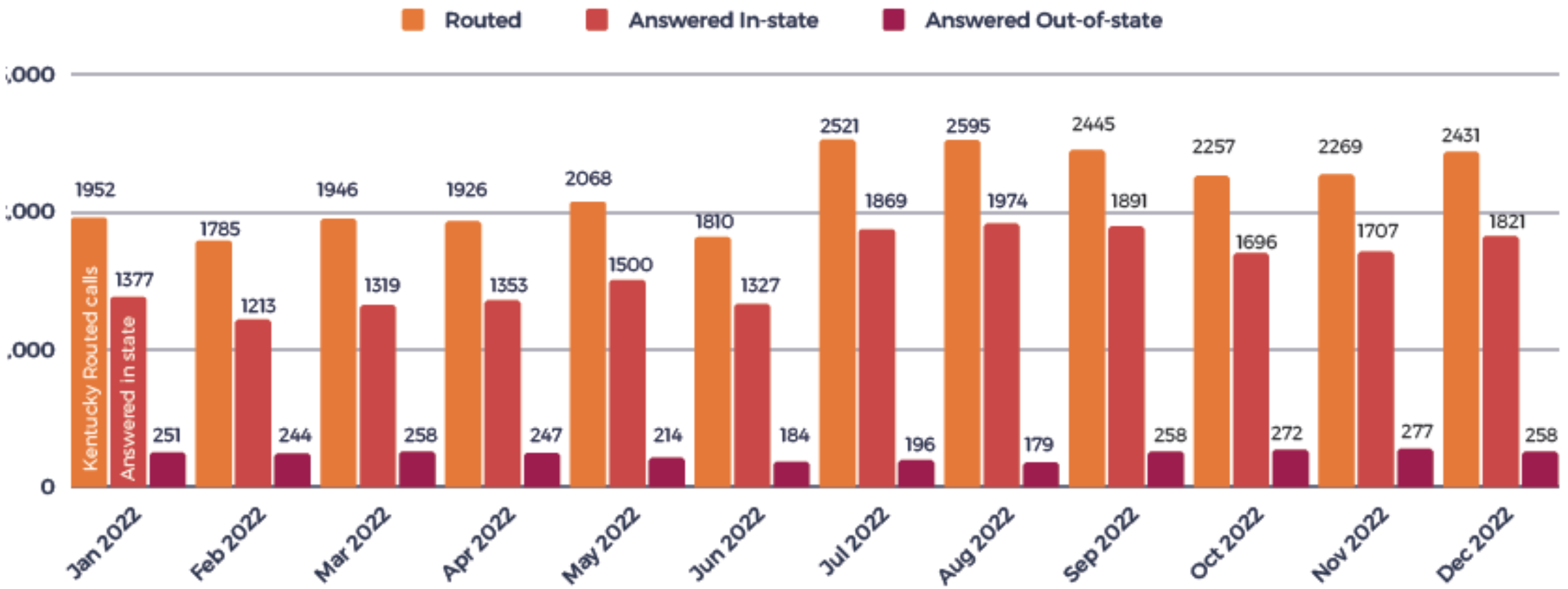
Brief History of 988

- August 2018: *National Suicide Hotline Improvement Act* (H.R. 2345) becomes law.
- August 2019: FCC, with SAMHSA, indicates that 988 is the optimal 3-digit number for the Lifeline
- October 2019: *National Suicide Hotline Designation Act* (H.R. 2661) is introduced
- July 2020: FCC officially designates 988 as the 3-digit dialing code for the Lifeline.
- October 2020 : *National Suicide Hotline Designation Act* (H.R. 2661) becomes law.

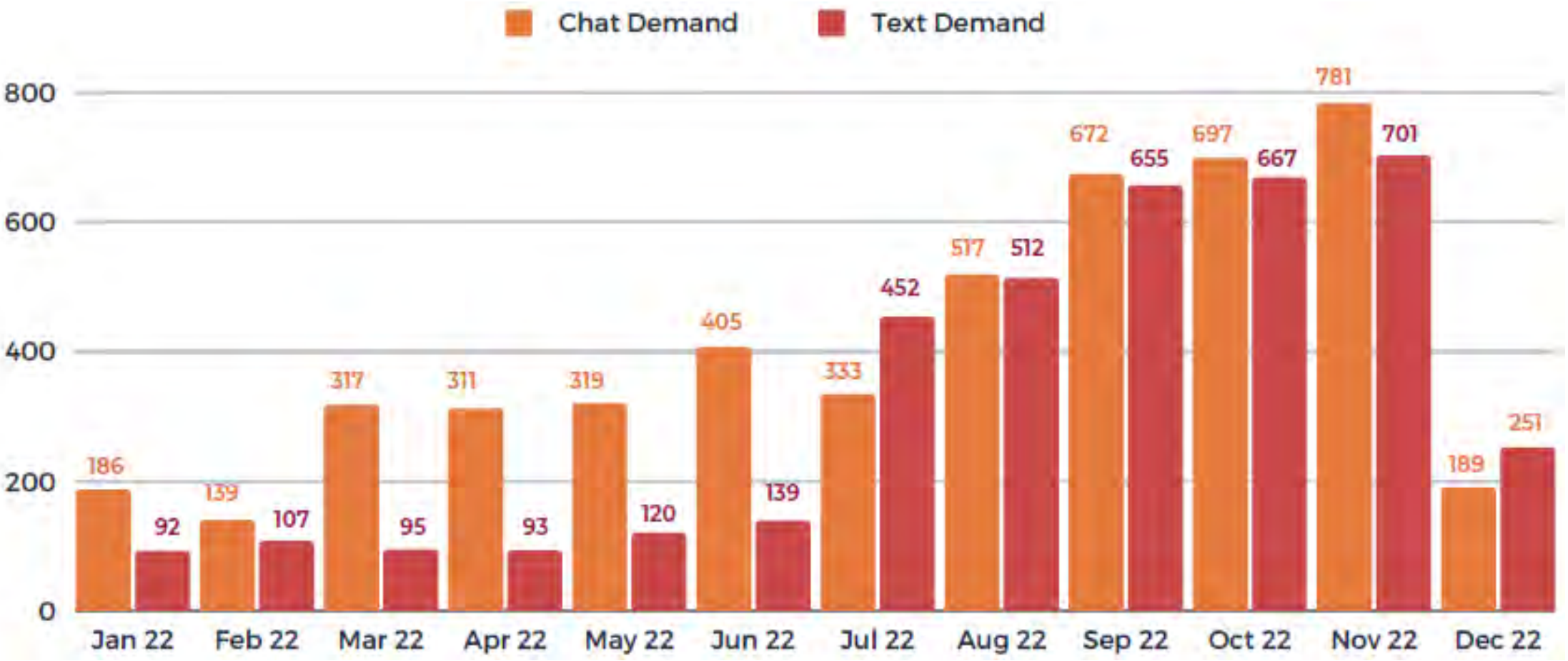
An Effective 988 System Will:

- Connect a person in a mental health or suicidal crisis to a trained counselor who can address immediate needs and connect them to ongoing care
- Reduce healthcare spending with cost-effective early intervention
- Reduce use of law enforcement and other safety resources
- Meet the growing need for crisis intervention at scale
- Be delivered equitably
- Serve high-risk populations (BIPOC, LGBTQ, farm-connected, I/DD, Deaf & Hard of Hearing) with cultural responsiveness

2022 Call Volume



2022 Chat / Text Volume



988 in Kentucky

988 is considered one of the most significant behavioral health policy effort since the Medicaid expansion in 2014.

When you have a police, fire or rescue emergency you call 911.

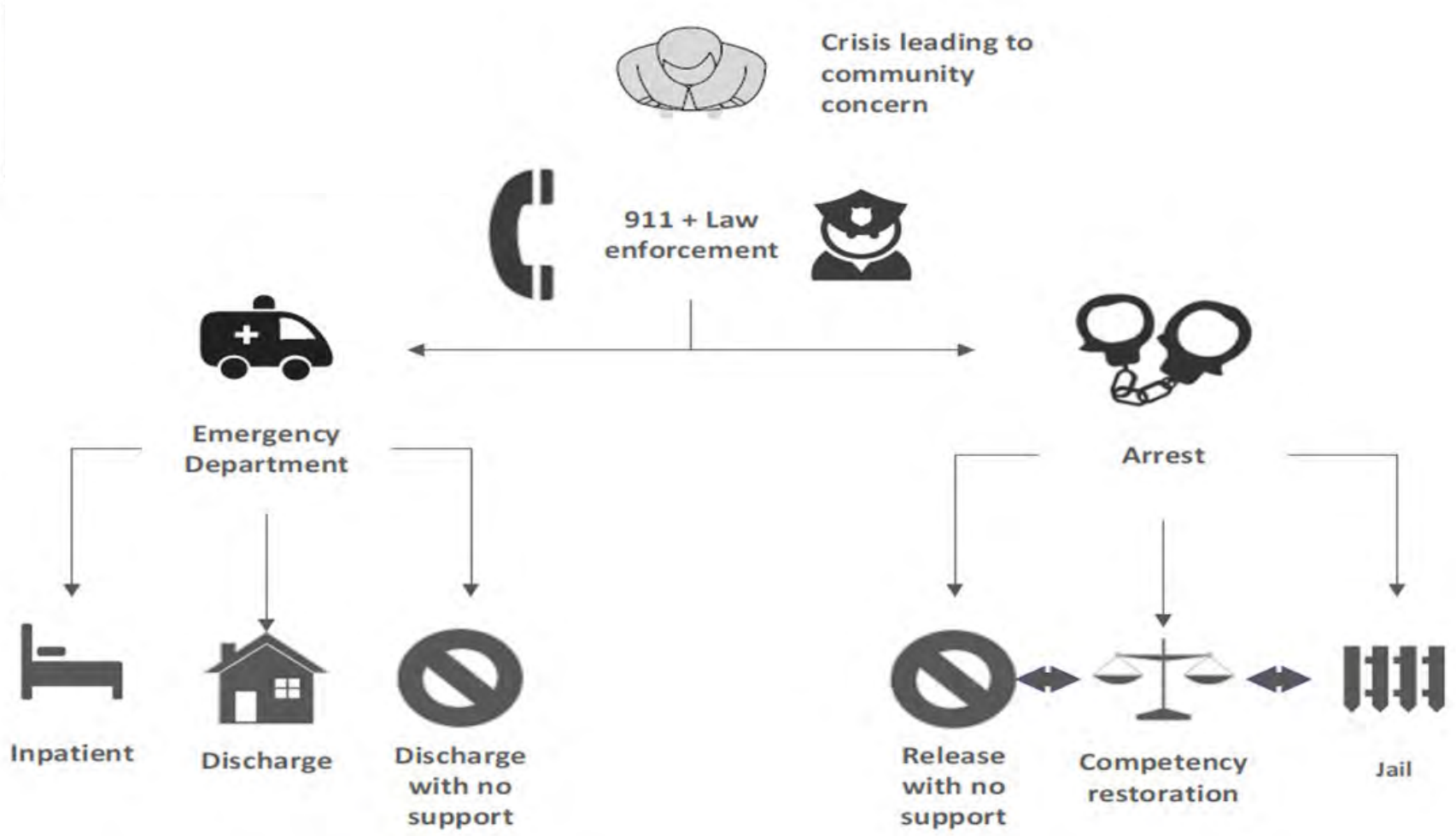
When you have an urgent mental health need, you call 988.

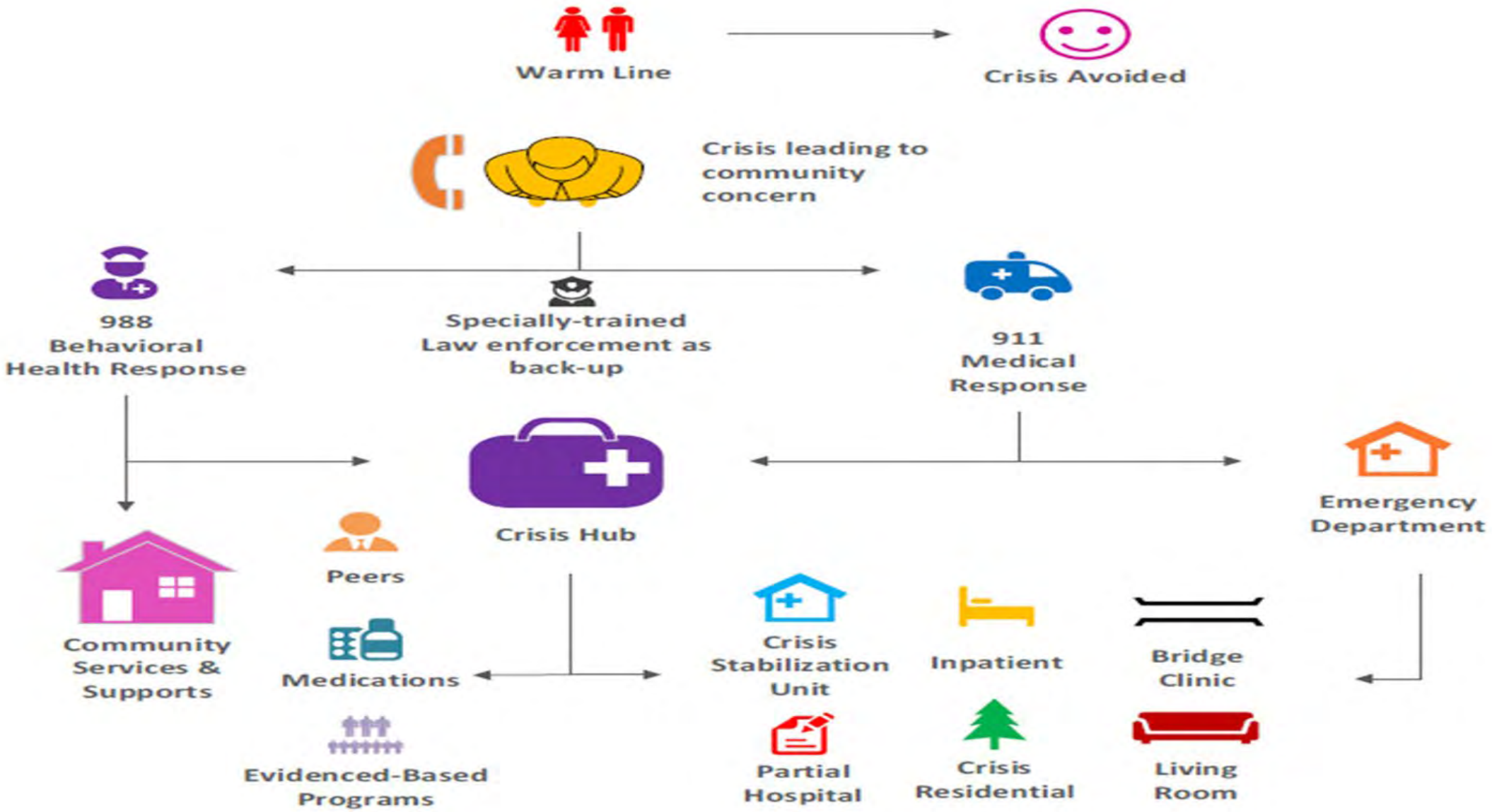
Talk with us.

Be the lifeline.

TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

Behavioral Health Responses




Warm Line
Crisis Avoided
Crisis leading to community concern
988 Behavioral Health Response
Specially-trained Law enforcement as back-up
911 Medical Response
Crisis Hub
Emergency Department
Community Services & Supports
Peers
Medications
Evidenced-Based Programs
Crisis Stabilization Unit
Inpatient
Bridge Clinic
Partial Hospital
Crisis Residential
Living Room

Thank You!!!!

Angela Roberts

988 Program Administrator, Division of Behavioral Health

Department for Behavioral Health, Developmental & Intellectual Disability

Angela.roberts@ky.gov

QUESTIONS?
PLEASE DROP QUESTIONS FOR THE SPEAKER IN THE CHAT

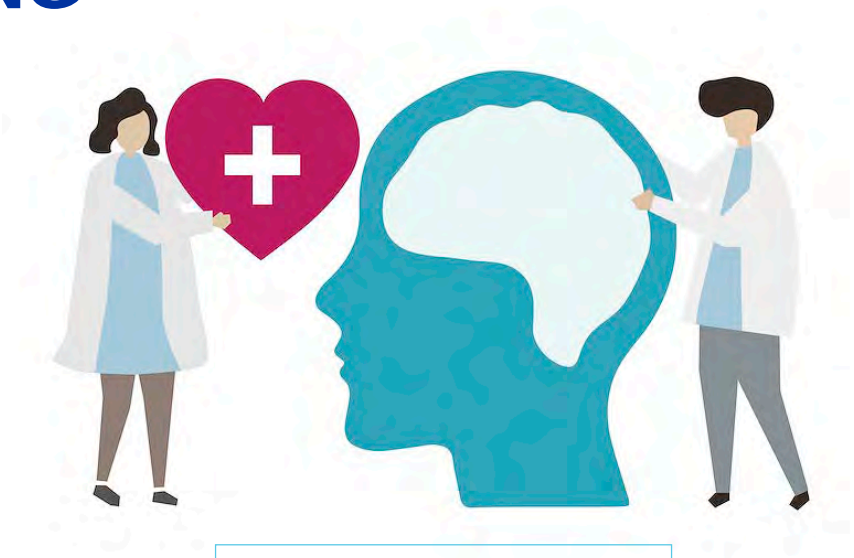
UK HealthCare

PANEL DISCUSSION: RESPONDING TO MENTAL HEALTH CRISES IN PRIMARY CARE

Jennifer Willis, RNBC
Chief Executive Officer,
Pathways

MENTAL HEALTH FIRST AID TRAINING

- Mental Health First Aid increases understanding and teaches people to safely and responsibly identify and address a potential mental illness or substance use disorder.
- We are offering **free** Mental Health First Aid Training classes to our attendees through April.
- Training is open to **everyone**!



Register for Mental Health First Aid Training Here!

UK HealthCare

THANK YOU FOR PARTICIPATING!

HealthCare
Kentucky Regional Extension Center

KYREC@UKY.EDU

859-323-3090

We want to hear from you!

Please scan this QR code to take the survey.

HealthCare

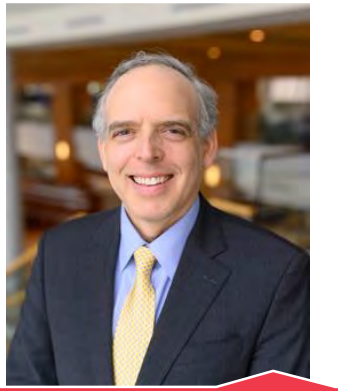
NEXT COMMUNITY OF PRACTICE SESSION:

Primary Care and Mental Health: Cross-Speciality Collaboration

April 13, 2023, 12-1PM ET

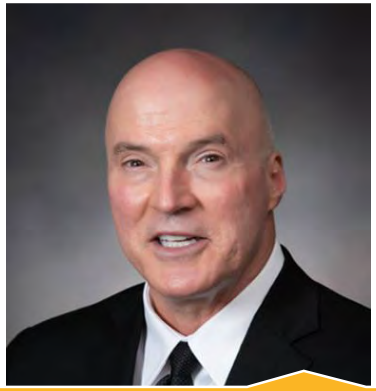
UK HealthCare

BEHAVIORAL HEALTH COMMUNITY OF PRACTICE LEADERSHIP TEAM



Seth Himelhoch, MD, MPH
Chair, Department Of Psychiatry, UKHC

Lindsey Jasinski, PhD
Chief Administrative Officer, Eastern State Hospital



Andrew Cooley, MD
Chief Medical Officer, Eastern State Hospital

Marc Woods, DNP, MSN, RN
Chief Nursing Officer, Eastern State Hospital

Julie Gosky
Regional Director CCBHC Health Initiatives, New Vista

Trudi Matthews
Senior Director Of Quality And Value Strategy, UKHC

UK HealthCare

BEHAVIORAL HEALTH COMMUNITY OF PRACTICE TEAM

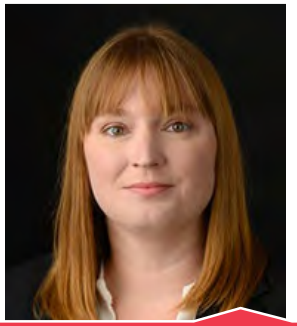
Mindy Ross,
Behavioral Health Community of Practice Project Manager

Jenni Jinright,
Healthy KY Initiative Manager

Lori Maddux,
Healthy KY Initiative Coordinator

Katie Sabitus,
Value Based Programs Manager

Katherine Shaw,
Business Development Assistant



Alicia Anderson,
Health Innovation Advisor

Sydney Adkisson,
Healthy KY Initiative Coordinator