# SUICIDE & STIGMA Taking the Conversation Out of the Shadows

Sept. 24, 2019 • Registration 8:30 a.m. • Program 9 a.m. to 3:30 p.m. • NJHA Conference & Event Center



### ach year, nearly 700 New Jersey residents die by suicide. Twice as many

people die by suicide in our state than by homicide. Those numbers fail to capture the additional suffering of those with suicide ideation, or families and loved ones impacted by suicide. It's a devastating public health issue that demands dialogue, and yet too often stigma leads to silence. This program aims to bring suicide out of the shadows with a candid, compassionate conversation with healthcare professionals, the champions who raise awareness and the innovators who help us turn loss into hope.



## SUICIDE & STIGMA Taking the Conversation Out of the Shadows

**Sept. 24, 2019** • Registration 8:30 a.m. • Program 9 a.m. to 3:30 p.m. • NJHA Conference & Event Center

#### Keynote Speaker George Scott, EdS, LMFT

"SUICIDE: Wanting the Pain to Stop"

George Scott is a licensed marriage and family therapist who is known across New Jersey as a passionate speaker on raising healthy children amid unprecedented pressures. He served as a training and consultation specialist for the N.J. Youth Suicide Prevention Project and is a statewide coordinator for the Traumatic Loss Coalition. He is certified in Post Traumatic Stress Management.

#### PROGRAM OF THE DAY

8:30 a.m.	Registration and Breakfast
9 a.m.	Welcome
	CATHLEEN BENNETT, JD, MPA President and CEO, New Jersey Hospital Association
9:15 a.m.	Keynote: GEORGE SCOTT, EdS, LMFT "Suicide: Wanting the Pain to Stop"
10:30 a.m.	New Jersey's Expanding Public Health Challenge JOSEPH W. DEVINE, FACHE, President and Chief Experience Officer, Jefferson Health New Jersey MARY DITRI, DHA, FHELA, Director of Professional Practice, New Jersey Hospital Association
10:50 a.m.	Adolescent Suicide: Community Needs and Interventions FRANK GHINASSI, PhD, ABPP, President and CEO, Rutgers Health, University Behavioral Health Care AMY CARNALL, DNP, APN-BC, RNFA, <i>Clarity Psychiatric Care New Jersey</i> DIANNE GROSSMAN, <i>Founder, Mallory's Army</i> WENDY SEFCIK, <i>Chair, N.J. Youth Suicide Advisory Council</i>
12 noon	Luncheon with Special Guest GURBIR S. GREWAL, <i>N.J. Attorney General</i>
1:10 p.m.	Veteran Suicide: The Continuing Battle SAILA DONEPUDI, MD, Veterans Affairs NJ Health Care System, East Orange MAJOR GENERAL MARK GRAHAM, Vets for Warriors
	MAJOR ELLE CLEAVES, MD, <i>Joint Base McGuire-Dix-Lakehurst</i> CHRIS CATTANI, LPN <i>HeroCare Connect</i> ™
2:15 p.m.	Social Media and Self Harm MAUREEN BROGAN, <i>Traumatic Loss Coalitions for Youth</i> BRIAN ISAACSON, MD, <i>AtlantiCare Regional Medical Center</i> RACHELLE AND VLADIMIR ST. PHARD, <i>Founders, Be the Light Foundation</i>
3:30 p.m.	Final Thoughts CATHLEEN BENNETT

#### EDU 1966 • SUICIDE PREVENTION • SEPT. 24, 2019

#### FEES

Member:		\$90
□ Non-member:	\$ <sup>†</sup>	130

#### LOCATION

NJHA Conference and Event Center 760 Alexander Road, Princeton, NJ 08540 Directions: www.njha.com/directions.aspx

Guarantee your seat now by paying for your registration online with a credit card. It's secure and easy. Click on the following link: http://hret-registration.njha.com

**PAYING BY CHECK** Make check payable to: HRET Please fax your registration form prior to mailing with your payment. A copy of the registration must accompany your check in order to allocate your payment properly.

FAX: 609-275-4271 or 609-228-5336

MAIL TO: HRET • P.O. Box 828691 Philadelphia, PA 19182-8691

- For registration inquiries, please contact HRET at: HRETEducation@njha.com or 609-275-4181
- If special accommodations are necessary, please call 609-275-4181.
- In the event of inclement weather, call 609-275-4140 before coming to the conference.

#### **CANCELLATON POLICY**

- Cancellations received by Sept 10, 2019 will receive a refund minus a \$75 administrative fee.
- No refunds will be issued after the deadline or for no-shows.

#### REGISTRATION • D Member D Non-member

NAME	
DESIGNATION/CREDENTIALS	
JOB TITLE	
PHONE	E-MAIL
ORGANIZATION	
ORGANIZATION ADDRESS	
CITY	
STATE	ZIP
PAYMENT AMOUNT: \$ _	
Check#	