

**Report to the Governor Concerning Veteran Suicide Prevention**  
**Fulfilling the Requirements of Executive Order 2013-22**  
**Prepared by the Veterans Suicide Prevention Council**  
**May 1, 2014**

**Introduction and Executive Summary:** The following report is the result of several months of meetings and deliberations of the Veterans Suicide Prevention Council (Council). It contains a general overview of the situation in Nevada with respect to service member and veteran suicide, accounts of the Council's various meetings, and finally, policy recommendations for the Governor and the Legislature to consider ahead of the next Legislative Session. The data in this report as well as the recommendations are focused on achieving the goals of the Council and the many entities and agencies that supported its deliberations and efforts.

The Veterans Suicide Prevention Council was created through an Executive Order signed by Governor Sandoval. Members represent the Nevada National Guard, the Nevada Department of Veterans Services, the Office of Suicide Prevention, the Department of Health and Human Services, Veterans Service Organizations, and others. The Council is based on the efforts and successes of the Veterans Suicide Prevention Task Force, a less formal group that worked together to develop the initial action plan. Numerous initial successes with respect to service member and veteran suicide within the State of Nevada were achieved during the Task Force phase.

According to the Executive Order creating the Council, the purpose of the Council is to "work to identify opportunities and prioritize recommendations with respect to how best to reduce suicide among Nevada's service member and veteran populations." Further, the Council was created to "work towards increasing coordination of State government's efforts to meet the needs of [veterans, service members, and their families]." The Executive Order also required the Council to prepare a report regarding its activities, its findings, and its legislative recommendations to the Governor by May 1, 2014, a requirement that this report aims to fulfill.

In order to achieve these goals, the Council developed several "guiding principles," which were derived from the Governor's strategic priorities and the wellness objective of the Green Zone Initiative. These guiding principles include a declaration affirming that suicide is preventable; they recognize the significant impact that military and veteran suicides have on Nevada's communities; and they outline the characteristics of successful suicide prevention plans, including an insistence on a data-driven approach.

This report, and indeed all of the activities of the Task Force and Council phases of this effort, rely heavily on a report written by Dr. Luana Ritch in 2012. Dr. Ritch's report, "Suicide in Nevada's Military Veteran Population, 2008-2010: A Silent and Tragic Epidemic," outlines the severity of the problem in Nevada,

EXHIBIT L-3 - SENIORVETSPECIAL Document consists of 30 pages. Entire exhibit provided. Meeting Date: 07-09-14
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provides key focus points and recommendations for policy development, and serves as a call to action to the military, civilian, and veteran communities throughout Nevada. The report had broad influence within the State, and the Council is proud to be continuing in the important efforts that the challenges of military and veteran suicide demand.

The guiding principles and Dr. Ritch's reports had tremendous influence upon the Council's prioritized recommendations. These recommendations range from improved data gathering and communication with the military and veterans community, to encouraging universal screening training to health and law enforcement professionals, and increased state personnel to continue the efforts initiated by this Council.

The report you see below outlines efforts associated with preventing and in fact ending a serious problem within the state of Nevada. Much work and deliberation has gone into developing these findings and recommendations. The Council is aware that others may have different desires and perspectives on the issues contemplated within this report, but asks that those wishing to address this important statewide issue will give each recommended item their full consideration.

**Guiding principles:** As derived from the Governor's strategic priorities, the wellness objective of the Green Zone Initiative states that "service members, veterans, their families, and the families of the fallen have access to healthcare, mental health services, prevention services, benefit information, wellness programs, and community support." Accordingly, the guiding principles of the Veterans Suicide Prevention Council are:

- Veteran suicide is preventable, prevention is everyone's responsibility, and responsible solutions are always data-driven.
- Suicide among the veteran population is a major community and public health issue requiring a community solution based on public and private collaboration, awareness, and strong community support.
- A comprehensive veterans suicide prevention plan targets the entire community, is sensitive to the differences in suicide rates across the lifespan, and recognizes the varied roles different age groups can play in suicide prevention program planning.
- Successful veterans suicide prevention requires local action plans supported by regional, state, and national resources, coordination, and follow-up.

**Background:** The Veterans Suicide Prevention Council (Council) was established by Executive Order 2013-22, which was signed by Governor Brian Sandoval on

November 6, 2013. Although the signing of this Executive Order was an important formulation for the working group addressing this significant statewide challenge, the effort began approximately a year before. The Council built upon this history, and the progress that was achieved was rooted in research, collaboration, and an insistence on bringing awareness to this difficult public health issue.

The effort to address veteran suicide prevention began in earnest, and through a statewide, interagency approach, with a February 28, 2012 report titled, "Suicide in Nevada's Military Veteran Population, 2008-2010: A Silent and Tragic Epidemic." The report, written by Dr. Luana Ritch, then the Bureau Chief for the Division of Vital Records as well as a military veteran herself, described suicide as "a pressing public health concern in Nevada." Further, it noted that "Nevada's military veterans, particularly younger veterans, are dying from suicide at alarming rates above the state's already high rate."

The report went on to offer an explanation for this public health concern in Nevada:

Today's new veteran from active duty, reserve, or National Guard is often a person who has experienced the burden of the wars of the last decade. Veterans have endured deployments that disrupt life with family and friends even with unprecedented access to technology that enhances communication with loved ones. Deployments bring exposure to long periods of numbing routine that provides time to worry about crises occurring at home interspersed with moments of extreme violence and death.

As you can see from the above, the report discusses the unique exposure and risk for the current generation of veterans, but it also takes the discussion further. It shows how today's suicide deaths among military veterans are connected to all other veteran populations in Nevada, and it highlights significant concerns and trends within the female military veteran population as well. The report includes recommendations that the author hopes will "result in efforts to control this epidemic" through the creation of initiatives and "policies and programs and [actions] that will help control Nevada's epidemic of veteran suicides."

Dr. Ritch concludes her 2012 report with a "call to action," asking "every community, healthcare provider, university, college, job training program, employers, supervisors, co-workers, families, and friends, every individual to take notice, ask, and help these veterans survive and thrive after the parade, after the homecoming." Nevada must address this together, she argues:

We as a society must fulfill our responsibility to those that have carried our freedom and interests into battle. To not acknowledge their pain and having their deaths come at their own hand in the very communities they fought to protect is as if their sacrifice was never made and their service meaningless. Lastly, to have such injury occurring in Nevada communities is a risk to the health and wellbeing, if not the collective humanity, of the entire society.

"Suicide in Nevada's Military Veteran Population, 2008-2010" received broad circulation and coverage, and shed initial light on how this important national conversation translated locally to Nevada. Not only did it focus the conversation locally, but it also drove the policy development process, resulting directly in the creation of the Veteran Suicide Prevention Task Force (Task Force). The Task Force was created through a joint letter signed by Director Mike Willden of the Department of Health and Human Services and Executive Director Caleb Cage, then of the Nevada Office of Veterans Services. Initial members included representatives from the veteran employment community, homeless prevention, veterans court, elected officials, the Nevada National Guard, the federal Department of Veterans Affairs, the Office of Suicide Prevention, and numerous other organizations.

Because of Dr. Ritch's report and the establishment of a statewide initiative, the Task Force received an invitation from the Substance Abuse and Mental Health Services Agency (SAMHSA) to participate in a policy academy in Washington, D.C. This policy academy allowed the group to come together, to develop a vision, mission, and action plan, and to start working towards its objectives. Following the policy academy, SAMHSA followed up with several technical assistance visits and regularly scheduled Task Force meetings focused on achieving the group's objectives.

The Task Force's action plan derived at the policy academy and improved upon throughout the year was focused on the mission of "ending suicide among veterans, service members, and their families in Nevada." This mission received considerable attention at the policy academy due to its specific focus on suicide among Nevada's military and veteran population, and also because it made the Task Force's stated purpose ending this issue in the state, not reducing it.

The action plan developed several key objectives for accomplishing this mission. As with all action plans, the objectives were intended to focus the Task Force's activities, and to help outline the subsequent action steps to be carried out by members of the group. These objectives are:

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- Integrate and coordinate suicide prevention activities across multiple sectors and settings to increase awareness among service members, veterans and their families;
- Develop veterans, service members, and military families health and wellness (including mental health) indicator tracking and reporting system;
- Identify services, resources, and partnerships; and,
- Bridge resources to service members, veterans, and families and follow up.

Each of the Task Force's objectives had an identified strategy, action step or steps, manager, implementer, expected outcomes, benchmarks, and completion dates.

Many accomplishments were achieved while the Task Force began work towards these objectives. Some of these accomplishments were major, spanning the whole state, while others were more foundational efforts that allowed the Task Force to continue to successfully build and grow into the future. Some of the successes from the Task Force phase include the following items:

- Green Zone Initiative environmental scan complete;
- *Honoring Our Heroes* newspaper insert listing veteran resources published;
- Military culture training promoted to civilian behavioral and physical health providers;
- Standardized prevention training: LivingWorks model used statewide, safeTALK (suicide alertness for everyone), and ASIST (Applied Suicide Intervention Skills Training);
- Collaboration with Nevada National Guard;
- Chaplains ASIST Training for Trainers, mentor trainers and partners to deliver suicide first aid in military/civilian training teams;
- SafeTALK Training for Trainers and training roll-out with Nevada National Guard;
- VA behavioral health summit (2013) to increase collaboration and improve access to services;
- VA rural clergy summit (2014) to train clergy to identify and support veterans in rural communities;
- Annual Walk in Memory, Walk for Hope" programs hosted statewide with military members and veterans as the theme;

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- Memorandum of Understanding signed between the Nevada Office of Veterans Services and Nevada National Guard to develop a plan to align their efforts under Joining Community Forces with the Green Zone Initiative; and,
- Statewide Peer-to-Peer efforts developed.

Another early success in this initiative came through the passage of Assembly Bill 29 during the 77<sup>th</sup> Legislative Session. AB29 established the Committee to Review Suicide Fatalities, an interdisciplinary group directed to study and review recent suicides in the state and make recommendations for prevention measures in the future. Due to the leadership of Misty Vaughan Allen, Coordinator for the Office of Suicide Prevention, the bill included a member of the National Guard and veteran community in order to ensure that this important perspective carried forward.

These accomplishments were remarkable for a relatively informal Task Force to achieve, especially in such a short period of time. However, by the end of 2013 it was becoming clear that there was a need to elevate this effort in order to achieve more of its goals. The Veterans Suicide Prevention Council was created in order to do exactly that.

According to the Executive Order creating the Council, the purpose of the Council is to “work to identify opportunities and prioritize recommendations with respect to how best to reduce suicide among Nevada’s service member and veteran populations.” Further, the Council was created to “work towards increasing coordination of State government’s efforts to meet the needs of [veterans, service members, and their families].” The members of the Council were appointed by the Governor, and represented many of the same groups as the Task Force phase. A complete listing with member biographical information can be found in **Appendix A** of this report.

In order to meet the requirements of the Governor’s Executive Order, the Council met numerous times. The meetings were largely held over teleconference from January through April in order to accommodate the many members from across the state and to meet the report deadline. A brief description of the meetings, as required by the Executive Order, can be found below.

The first meeting of the Council was held by teleconference on January 31, 2014, from 2:00 PM to 4:00 PM. After calling the meeting to order and addressing the administrative meeting requirements, Council Co-Chair Misty Vaughan Allen detailed the history of the Council and its priorities and strategy. Council Co-Chair Caleb Cage then gave an overview of Executive Order 2013-22, its requirements, deadlines, and other expectations. The meeting concluded

with a discussion of what technical assistance needs could be considered for future meetings.

The second meeting of the Council was held by teleconference on February 14, 2014, from 2:00 PM through 3:30 PM. Co-Chair Caleb Cage gave an overview of the report format as it had developed to date and then led the group in an open discussion on developing the Council's "guiding principles." The meeting concluded with a discussion on the report's "findings" section as well as the "recommendations" section.

The third Council meeting was held by teleconference on February 28, 2014, from 2:00 PM to 3:30 PM. The meeting consisted primarily of presentations of three Council members on Council-related activities that were currently underway: Dr. Luana Ritch gave an overview of her report, "Suicide in Nevada's Military Veteran Population, 2008-2010: A Silent and Tragic Epidemic," which the group agreed should feature prominently in the Council's consideration of recommendations; Ms. Jodie Gerson gave an overview of developments within the peer-to-peer efforts from the Veterans Suicide Prevention Task Force phase from her perspective as the Outpatient Administrator for the Southern Nevada's Adult Mental Health Services; and Ms. Cathy McAdoo gave an overview of the Community Coalition structure throughout the state and how it might be best leveraged to assist with the challenges faced by the military and veteran communities throughout the state. The meeting concluded with an agreement by the Council to revisit the recommendation development process at the following meeting.

The fourth Council meeting was held by teleconference on April 4, 2014, from 2:00 PM to 3:00 PM. The Council went over the report as it had been developed over the previous month, agreeing with existing recommendations and developing new recommendations. They agreed to allow Caleb Cage to develop the report going forward based on their updates and recommendations during this meeting, and to hold a final meeting of the council on April 25.

The fifth Council meeting was held by teleconference on April 25, 2014, from 2:00 PM to 3:00 PM. Council members discussed the report as it had been developed over the previous three weeks and made necessary changes. Prior to the conclusion of the meeting, the Council voted to approve the report for submission to the Governor in order to fulfill the requirements of Executive Order 2013-22 by the May 1, 2014 deadline.

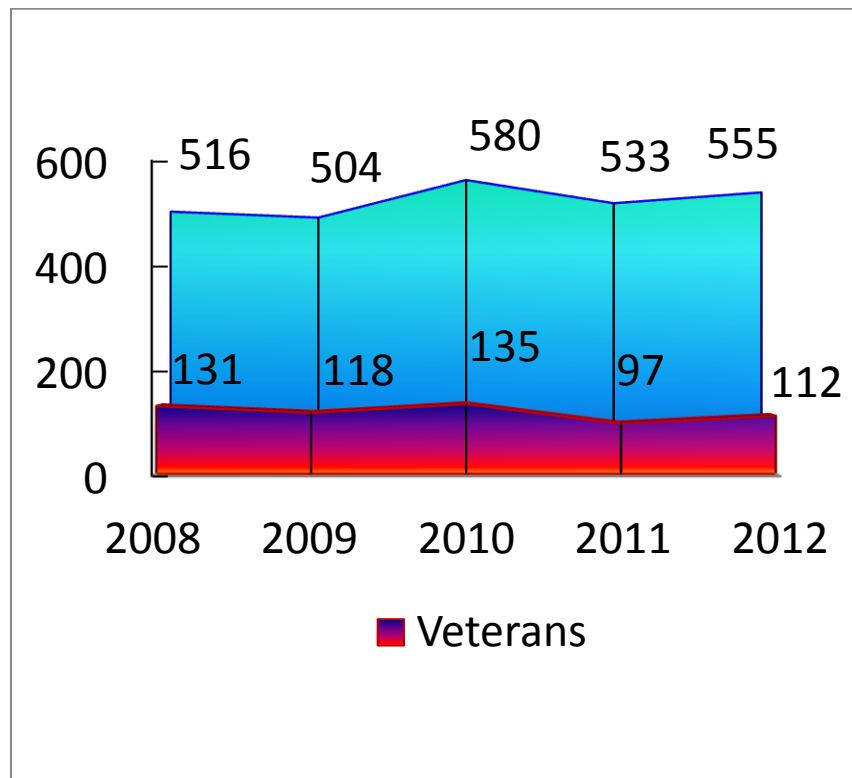
**Findings:** The 2012 report cited above, "Suicide in Nevada's Military Veteran Population, 2008-2010: A Silent and Tragic Epidemic," by Dr. Luana Ritch, clearly established the foundation for not only this Council, but also much of the attention this important issue has seen in our state in recent years. For the first

time a report has presented the specific facts regarding military and veteran suicide in our state and has led to tremendous public attention, policy change, and momentum, with more expected in the future. Those considering the significance of this current report should absolutely read the initial report to gain a better understanding of this complex issue in Nevada.

In 2013, Dr. Ritch published an important update to her original report as well. In this report, a more condensed version than her initial report, Dr. Ritch covered the following areas as updated through 2012: suicide deaths by veterans status; a comparison of Nevada's veteran suicide rate with national data; suicide rates by gender, age, and by type of death; and she updates her consideration of veteran motor vehicle deaths as well, which she also ties to risky behavior in her initial report. Finally, Dr. Ritch provides an overview of the state of the current prevention system for veteran suicide and offers a veteran-focused model that service providers at all levels within the State of Nevada should consider and work toward.

In short, Dr. Ritch's report update suggests that the updated data for 2011 and 2012 "provides reason for cautious optimism" as "many veteran indicators have improved from the previous time period." Such indicators include that Nevada "experienced a slight decline in suicide rate" (see graphic below); there was a dramatic decline in female veteran suicide "while all Nevada females saw a slight uptick"; and veteran motor vehicle deaths have decreased as well. However, the data set used for this report update was relatively small, which can result in high variance of rates from year to year, thus justifying Dr. Ritch's call for caution when drawing conclusions from these numbers as well.

### Suicide Deaths by Veterans Status, Nevada 2008—2012



Just as with the 2012 report, readers of this current report are highly encouraged to examine Dr. Ritch's update including 2011 and 2012 statistics. Future updates will include military and veteran statistics from 2013, though that particular data was not currently available in time for this report. Dr. Ritch's entire report update can be found in **Appendix B** of this report.

#### **Prioritized Recommendations:**

Based on the findings in Dr. Ritch's report and the proceedings and deliberations during the Council's meeting, the Council developed the following recommendations. These recommendations are aimed at providing increased opportunities for intervention and support to military members and veterans in crisis, as well as developing ongoing reports of data to drive efforts similar to this Council in the future. Although they are prioritized recommendations, the Council believes that they are all extremely important and worthy of the full consideration of policy makers and service providers.

**Recommendation 1. Require the Nevada Department of Veterans Services to provide suicide prevention information to service members, veterans, and their families via publications and email based on the data shared by the Department of Motor Vehicles.**

Among the duties currently listed in NRS 417 for the Nevada Department of Veterans Services (NDVS) are the following:

- Assist service members, veterans, and their families in preparing, submitting and presenting any claim against the United States, or any state, for any compensation, aid or benefit;
- Aid, assist, encourage and cooperate with every nationally recognized service organization;
- Give aid, assistance and counsel to each and every problem, question and situation, individual as well as collective, affecting any veteran;
- Coordinate activities of veterans' organizations;
- Serve as a clearinghouse and disseminate information relating to veterans' benefits; and,
- Conduct studies that will assist veterans to obtain benefits.

NDVS is currently working with the federal Department of Veterans Affairs' Office of Rural Health to develop a veteran database that would track various items regarding veterans, including contact information. During the last 77<sup>th</sup> Legislative Session the Legislature passed and the Governor signed Senate Bill 244, which allows the Department of Motor Vehicles (DMV) to put a veterans designation on driver's license or identification cards. Additionally, SB244 requires that the DMV "compile and submit to the [NDVS] each month a list of persons who have declared that they are veterans of the Armed Forces."

The information provided by the DMV to NDVS will go into the veteran database and will allow NDVS to communicate with veterans throughout the state. This will allow NDVS to better fulfill its responsibility to serve veterans and serve as a clearinghouse of information, which should include information on resources for veterans who are in crisis. An additional recommendation that could be helpful to this matter would be to allow the DMV to provide this information to NDVS automatically, so long as the veteran is informed that their information will be shared with NDVS agency and will be used for official use only.

**Recommendation 2. Require the State Registrar of Vital Records, Department of Health and Human Services, to provide a report on the suicide mortality of**

**Nevada's veterans to NDVS by October of even years and a report update by October of odd years.**

The Council's guiding principles recognize that responsible suicide prevention solutions are data-driven, and this focus is seen throughout the Council's report, through the findings as well as several recommendations. Simply stated, this means that data should be gathered, analyzed and synthesized, and shared in order to drive resources, initiatives, and solutions toward the challenges surrounding veteran and military suicide. To do otherwise is to be reactive and not proactive, a costly posture when dealing with such a serious concern.

As has been mentioned throughout this report, Dr. Luana Ritch's February 2012 report entitled, "Suicide in Nevada's Military Veteran Population, 2008-2010: A Silent and Tragic Epidemic," established the foundation for much of the work done by the Council. Not only did the report shed initial light on how this important national conversation translated locally to Nevada, but it also drove the policy development process through the creation of the Veteran Suicide Prevention Task Force. The updated versions of this report have been equally significant.

Dr. Ritch wrote her report because she happened to be both a veteran and the Bureau Chief for the Office of Vital Records, Department of Health and Human Services. Since leaving that post, she has continued to provide important data updates to her initial reports, like the 2012 update found in Appendix B of this report. This recommendation would require that whoever holds this important position provide a full report on the subject of suicide among Nevada's military veteran population biannually, and a report update biannually, in alternating years.

**Recommendation 3. Encourage Universal Screening Training for all medical professionals seeking initial licensure and renewal.**

Screening tests are often used to determine the presence of any disease or condition, especially if the disease or condition could lead to death. While risk of suicide may not necessarily be a disease, it certainly meets the latter conditions. Universal screening tests for suicidality have been used to determine if an individual is at risk in order to offer opportunities for intervention, provision of services, or other immediate aid.

Universal screening tests for suicidality often assume that the existence of depression is the majority cause of suicide. Effective universal screening tests

can be brief (four to 20 questions) and can be administered in various ways to match the need as appropriate. The goal of universal screening tests is to identify those dealing with depression and ensuring that they have the help they need.

While it could be legislatively required for all health care professionals holding a state license to receive training in administering universal screening tests, the Council believes that this is not the best approach. Instead, the Council is recommending the development of a universal screening test for health care professionals in the state and finding ways of encouraging the professional health care community to engage in the training. The Council believes that this will be a more effective approach in the long run, rather than a legal mandate.

**Recommendation 4. Encourage the development of veteran suicide protocols for Peace Officer Standards and Training for new law enforcement professionals and update existing Crisis Intervention Training to include suicide protocols.**

Law enforcement agencies around the state and country have long been intervening with military members and veterans in crisis situations. Combining a military trained person who is in crisis with trained law enforcement professionals can lead to dangerous and deadly situations. National programs have recently begun to provide law enforcement professionals with increased training on topics like awareness of the military mindset as well as developing unique strategies for dealing with veterans in crisis in ways that can bring positive resolution to the engagements.

This recommendation suggests that Nevada's law enforcement agencies engage with organizations such as the Center for Deployment Psychology to receive training such as their "Managing Crisis Situations with Veterans" class. According to their Website, their "training is designed to educate law enforcement personnel about military culture, deployment, and reintegration and clinical challenges that veterans face including PTSD, traumatic brain injury, suicidal behavior and readjustment back into the family." This training or similar programs can assist not only by providing real training to those who are often on the leading edge of dealing with veterans in crisis, but also include issues surrounding veteran and military suicide in law enforcement culture, doctrine, and training.

While it could be legislatively required for all law enforcement professionals to receive training in veteran suicide protocols, the Council believes that this is not the best approach. Instead, the Council is recommending the development of

veteran suicide protocols for law enforcement professionals in the state and finding ways of encouraging POST to engage in the training. The Council believes that this will be a more effective approach in the long run than a mandate.

**Recommendation 5. Assign one staff member in each Governor's agency as that agency's veteran representative.**

Most agencies have employees who deal personally with members of the public, some of whom may be veterans or veterans in crisis. Most, if not all agencies also have employees who are veterans. This recommendation calls for each executive branch agency to identify a single employee to be the agency's veteran representative, which would require attendance at monthly meetings to share information, best practices, and resources, to receive Safe Talk Training, and to build agency policies and procedures for dealing with veterans in crisis.

**Recommendation 6. Add one veteran employee to the Office of Suicide Prevention to expand Safe Talk Training and develop veteran peer-to-peer program.**

The Office of Suicide Prevention is a small office with an enormously important mission. Over recent years that the office has participated in the Veterans Suicide Prevention Task Force or Council, they have provided the majority of the vision, leadership, and focus. They have also adopted the mission of the Task Force and Council as their own by training countless state employees with suicide prevention methods, hiring veterans into open positions within the agency to help further these efforts, and so on.

As most of this has been done because of the individual focus and dedication of the agency's leader, Misty Vaughan Allen, the Council believes that the creation of an actual position will allow this important effort to carry forward into the future no matter what the organization of the agency is. That is, for these efforts to continue forward in a meaningful way, and for future initiatives to be developed organically, the Office of Suicide Prevention needs dedicated staff for military and veteran suicide prevention going forward. This position will have numerous tasks, including developing and managing peer-to-peer programs, managing grant funded employees, conducting outreach, managing the committee suggested in Recommendation 5, and more.

**Recommendation 7. Require the Nevada Department of Education to share aggregate data of military-dependent children with the Nevada Department of Veterans Services annually.**

Assembly Bill 224 was passed during the 77<sup>th</sup> Legislative Session. According to the Legislative Digest, AB277 is:

An act relating to education; requiring, to the extent money is available, that the automated system of accountability information for Nevada established and maintained by the Department of Education include a unique identifier for each pupil whose parent or guardian is a member of the Armed Forces of the United States, a reserve component thereof or the National Guard; requiring the board of trustees of each school district to take the actions necessary during the 2013-2014 school year to implement a data system which includes a unique identifier for those pupils; and providing other matters properly relating thereto.

The Council believes that this information would be extremely valuable if provided to the Nevada Department of Veterans Services (NDVS) on an annual basis. It is not requiring personally identifiable information, but rather the number of military-connected students at individual school locations. Much like the veterans database mentioned in Recommendation 1 above, this will allow the Office of Suicide Prevention and NDVS have a concept of population density of military families for the state, and to request and allocate resources accordingly. Together with the report suggested in Recommendation 2, these data could be used to test current solutions and to make future adjustments.

**Conclusion:** This report fulfills the requirements outlined in Executive Order Executive Order 2013-22 signed by Governor Brian Sandoval on November 6, 2013. It outlines the activities of the group, it provides detailed findings, and it identifies and prioritizes the needs for addressing issues related to suicide among Nevada's veteran and military populations. It also makes recommendations for further improvement, either through the creation of future entities to carry this work forward, or the tools to do so.

As with many reports of this nature, the Council believes that the prioritized recommendations are the most important aspect of this report. The Council was careful to consider the unique challenges of this issue in Nevada. Although the recommendations developed by the Council are significant and substantive as stand-alone recommendations, the Council believes that they truly must be considered as a whole to address this significant problem in Nevada.

Much effort has gone into bringing issues related to military and veteran suicide to the front of the public health discussion since Dr. Luana Ritch wrote her initial report on the subject in 2012. The Council is pleased with the outcomes and successes of these efforts to date, but also realizes that much more must be done to address this issue in our state. Accordingly, the Council would like to conclude this report by echoing Dr. Ritch's initial call to action: as a statewide community, we must all rise to meet these challenges.

## **Appendix A: Member Biographies for the Veteran Suicide Prevention Council**

**Co-Chair**—Misty Vaughan Allen, MA, is the Coordinator for the Nevada Office of Suicide Prevention in the Division of Public and Behavioral Health. She works together with local advisory groups and community coalitions, providing oversight and leadership to launch new suicide prevention programs in communities across Nevada. She facilitated the development of Nevada's first Suicide Prevention plan consistent with the National Strategy for Suicide Prevention. Ms. Allen graduated with her Master's Degree in Counseling and Educational Psychology from the University of Nevada, Reno. She began her journey to prevent suicide as the coordinator for the Suicide Prevention Hotline of Nevada, a program of the Crisis Call Center in Reno. Ms. Allen advocates for suicide prevention resources to help create change for Nevadans. She is the proud mother of Luke and Madelynne who assist her with suicide prevention events across the state.

**Co-Chair**—Caleb Cage is the Director of Military and Veterans Policy within the Office of the Governor. Prior to joining the Governor's Office, Cage was the Executive Director of the Nevada Office of Veterans Services (now the Nevada Department of Veterans Services). There, in addition to leading the State's veteran home, veteran cemetery, and veteran service officer programs, he helped establish the State's veteran outreach and collaboration effort, the Green Zone Initiative. Before serving with the Nevada Office of Veterans Services, Cage served as a policy advisor in the Office of the Lieutenant Governor, with a focus on veteran and rural issues. A Reno native, Cage spent five years in the U.S. Army, with two tours in Iraq.

**Member**—Yvonne Betron served in the U.S. Marine Corps from 1995-1998. She has lived in Las Vegas since 2000 and is currently serving as the Women Veterans Program Coordinator for the State of Nevada. She is also a member of the VA Women Veterans Health Committee and the UNLV Military Veteran and Family Assistance Council.

**Member**—Captain Mike Bordallo lives and works in the Reno area. He has 15 years in the military and currently serves approximately 4,900 from both Army and Air Force personnel of the in the Nevada National Guard as the full time Resilience Risk Reduction and Suicide Prevention Program Coordinator with offices in Reno and Las Vegas. Captain Bordallo is a combat Veteran of Afghanistan.

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**Member—**Ross D. Bryant is Director of Veteran Services for the University of Nevada, Las Vegas. He is a retired Army veteran and the current Director of UNLV's Office of Veteran Services. In 2012, UNLV established the Office of Veteran Services to better serve its growing student veteran and military family community by developing a welcoming, veteran-friendly campus environment that fosters academic and personal success. UNLV understands the many challenges associated with pursuing a degree while serving on active duty, as well as the challenges associated with making the leap from the military to the civilian world. Working with the Student Veterans & Military Family Services Committee to meet these needs, the office is staffed with veterans and G.I. Bill-experienced staff to assist more than 1,200 veterans, dependents, active duty service members, National Guard members and reservists with answers to questions concerning admissions, G.I. Bill enrollment certification, financial aid resources, campus and community support services, local veteran discounted-housing programs and various networks for veteran employment opportunities. He comes to the Office of Veteran Services after a 24-year career as an enlisted soldier, NCO and former Army Officer.

**Member—**Richard Egan is the Southern Nevada Suicide Prevention Training and Outreach Facilitator for Division of Public and Behavioral Health, Department of Health and Human Services. He brings to his position experience in administration leadership, supervision, and suicide prevention for over 700 individuals. Mr. Egan has over 26 years in U.S. Air Force Munitions Systems Technology Career field, 24 years of experience and certified in facilitating training objectives, 10 years of experience preventing suicides utilizing awareness, prevention and intervention training and 2 years of experience facilitating training objectives to the public for Clark County Department of Family Services. He enlisted in the Air Force and reported to Lackland AFB for basic military training in July 1986. Mr. Egan retired from the U.S. Air Force in August of 2012. Sergeant Egan was reassigned to Las Vegas Nevada in August of 1998 where he his wife Pamela and their three daughters Kymberlie, Cheyenne, Emaleigh, and son Joseph now call home.

**Member—**Carlton R. Fogg Jr. is the current Veteran of Foreign Wars Department of Nevada State Chaplain. He served in the U.S. Navy for 10 years as a Hospital Corpsman (Medic). His assignments were with the U.S. Marine Corps as a Combat (FMF) front line "Doc" with the 2<sup>nd</sup> Marine Div at Camp Lejeune, North Carolina. He attended Aerospace Medical Training at Pensacola, Florida, and then was assigned to West Coast Squadrons. He made four Deployments, one to the Mediterranean with BLT 2/6, one on the USS Ranger (CV-61), Diego Garcia (BIOT), and also to Misawa, Japan. While on shore duty at NAS Point Mugu, he

was on the Presidential Ambulance Team when President Regan came to the Western White House. Chaplain Fogg has been an Ordained Minister for five years and he is currently the VFW Dept of NV Chairman of the Suicide Prevention and Awareness Committee. He is married to Andrea and they live in Las Vegas, Nevada.

**Member—**Jodie Gerson has been working in the field of Mental Health for almost 20 years. She is the proud Daughter of a Vietnam veteran, Grand-daughter of a WWII veteran and great-grand daughter of a WWI Veteran. Ms. Gerson started her career working at the Rhode Island Correctional Facility as a counselor. While attending graduate school, she helped create, build, and eventually became the Director of the Crisis/Respite program in New Haven, CT. After graduate school, Ms. Gerson spent many years pioneering the battle to end homelessness and HIV/AIDS for the population of individuals with chronic mental illness. She worked in several clubhouse programs, clinics and hospitals. After moving to Las Vegas, she served as the Director of the Migration and Refugee Program and the Intake Specialist at a local counseling agency. Ms. Gerson came to SNAMHS in 2005 as a Mental Health Counselor. During her time with SNAMHS, she has served in several progressively responsible positions including the Director of the Downtown Clinic, the Director of Community Services, and most recently the Outpatient Administrator.

**Member—**Elaine Alessandro Krows is a Licensed Clinical Social Worker, working in the field of mental health and substance abuse since 1989. She works with adults with persistent mental illness and youth with serious emotional disturbance. Ms. Krows has worked both in inpatient and outpatient settings primarily in the public sector. Currently, she works for the VA as a case manager in the HUD-VASH program, which is the chronic homeless program with the goal of permanent housing for Veterans. Ms. Krows joined this Council as a member of the public. She is the wife of Master Sergeant Junior Krows, who was deployed twice during the Global War on Terror and will retire with 28 years of military service in August of 2014. She has been involved with the Family Readiness Group (FRG) for Recruiting and Retention for the Army National Guard.

**Member—**Councilman Al Litman hails originally from Duluth, Minnesota and moved to Los Angeles following graduation from the University of Minnesota. He entered the Army in 1965 and served in Vietnam from 1966-1967, where he was decorated with a Bronze Star for Valor and an Air Medal for flying in numerous combat flights with the First Cavalry (Airmobile). Following his military service, Councilman Litman taught public school in Los Angeles for several years before teaching in Simi Valley, Ca. for 15 years. In addition to teaching public school,

Councilman Litman was an adjunct professor at Pepperdine University, teaching in the Graduate School of Education and Psychology, where he also completed his Doctoral work in Institutional Management. Since relocating to Mesquite, Councilman Litman has become very active in veterans affairs, directing the annual Veterans Day Parade, Memorial Day Services, bringing the Vietnam Wall That Heals to Mesquite in 2010, helped found the Mesquite Veterans Center, serves on both the boards of the center and the local chapter of Vietnam Veterans, has assisted the Exchange Club on veteran issues, President of Dollars for Scholars, assists the Mesquite-Toes and teaches Psychology at the College of Southern Nevada.

**Member—**Cathy McAdoo is the founding executive director of Partners Allied for Community Excellence (PACE) Coalition, a community-based coalition working in Elko, Eureka, and White Pine Counties to implement strategies and effect policy change to enhance healthy communities within the counties and the state. This work includes serving, honoring and recognizing veterans and their families for the multiple sacrifices they pay for the freedoms we enjoy as Americans. Cathy has a Bachelor's degree in Applied Management and has worked in the field of prevention for twelve years. During this time, she has not only mobilized community partners throughout northeastern Nevada, but has been actively involved in and currently serves as the chairwoman for the Nevada Statewide Coalition Partnership (NSCP). She serves on the Nevada Operation Military Kids board and is the liaison representing the NSCP on the Governor's Veterans Suicide Prevention Council.

**Member—**Georgene Rea is the Director of Psychological Health for the Nevada National Guard. In this position she serves as a behavioral health consultant, subject matter expert, and advocate for psychological health for service members and their families by promoting mental fitness and personal wellness. Georgene received her undergraduate degree from the University of Nevada, Las Vegas, her Master of Arts in Social Work from the University of Georgia, and has an Advanced Graduate Certificate in Forensic Social Work. She has completed the Army National Guard Resilience Trainer Assistant course, a Traumatic Event Management Facilitator course, and is an Applied Suicide Intervention Skills Training (ASIST) trainer. Georgene is the proud grand-daughter of a WWII veteran.

**Member—**Luana J. Ritch, PhD, currently serves as a Quality Assurance Specialist in the Mental Health Services program for the Division of Public and Behavioral Health. She has served with the Division (formerly the Nevada State Health Division) in various positions for 23 years. She has served on numerous statewide

committees and has facilitated several strategic planning processes resulting in state plans and initiatives including the Governor' Maternal and Child Health Advisory Board's Strategic Plan, the Nevada State Health Plan, the Health Division's "Futures Initiatives." In 2012, she published the research brief Suicide Mortality in Nevada's Military Veterans, 2008-2011 and an update to this report in 2014. Dr. Ritch served in the U.S. Army on Active Duty, Nevada Army National Guard, and U.S. Army Reserve from 1976 to 2005, and the Retired Reserve of the Army of the United States from 2005 to the present. Dr. Ritch holds a Bachelor's of Science with Distinction in Health Education, a Master's in Public Administration, and a Doctor of Philosophy from the University of Nevada with a major in Public Policy.

**Member—**Lucy Sei, LCSW, is the Wing Director of Psychological Health at Nevada Air National Guard in Reno with a focus on resiliency and mission readiness. The WDPH provides direct, face-to-face onsite assessment/referral, consultation and clinical case management. She facilitates health and wellness trainings at National Guard Bureau sites.

**Member—**David A. Sousa is currently serving in the Nevada Army National Guard as a Battalion Career Counselor for the 422<sup>nd</sup> Expeditionary Signal Battalion. In his free time, he serves in several Veterans Organizations. Mr. Souza is the Senior Vice Commander for the Department of Nevada Veterans of Foreign Wars of the United States for 2013-2014. Mr. Souza became a safeTALK trainer in 2013, and has made it a goal to have one safeTALK trained member in each VFW post in Nevada. In the National Guard and VFW, there were recently several members lost to suicide and he feels that with this training we could assist them in getting the help they may need.

**Member—**Troy Stormoen currently serves as the Veteran Outreach Coordinator for the Department of Veteran Affairs, Reno Vet Center. In this position, he provides support and information for returning combat veterans and their families as they transition back into civilian life. Troy is familiar with the issues that confront veterans upon their return home because he has experienced firsthand the difficulties faced during readjustment. He deployed to both Afghanistan and Iraq as an Army infantryman with the 101st Airborne (Air Assault) in 2002 and 2003-04, respectively. Due to this experience he is committed to supporting veterans on their journey home.

**Member—**Chaplain Hal Woomer is the full-time State Chaplain of the Nevada National Guard. He is responsible for the care of 4,200 Nevada National Guard Service Members and their Families. He supervises and supports a state wide

**Report to the Governor Concerning Veteran Suicide Prevention**

**Prepared by the Veterans Suicide Prevention Council**

**May 1, 2014**

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team of 18 religious support team members and is the advisor to the Adjutant General of the Nevada National Guard and the Commander of the Nevada Army National Guard. In 2009 and 2010, Chaplain Woomer deployed as a Squadron Chaplain providing religious support for the 1-221st Armored Reconnaissance Squadron in support of Operation Enduring Freedom, which provided security to 11 Provincial Reconstruction Teams in as many provinces throughout Afghanistan and conducted counter insurgency operations in Laghman Province. He received his Masters of Divinity from the Pacific School of Religion in Berkeley, California, and is a graduate of the Chaplain Officer Basic and Advance Courses.

## Appendix B: 2010-2012 Update to Suicide Mortality of Nevada Veterans

**BRIAN SANDOVAL**  
*Governor*

**MICHAEL J. WILLDEN**  
*Director*

**State of Nevada**



**RICHARD WHITLEY, MS**  
*Administrator*

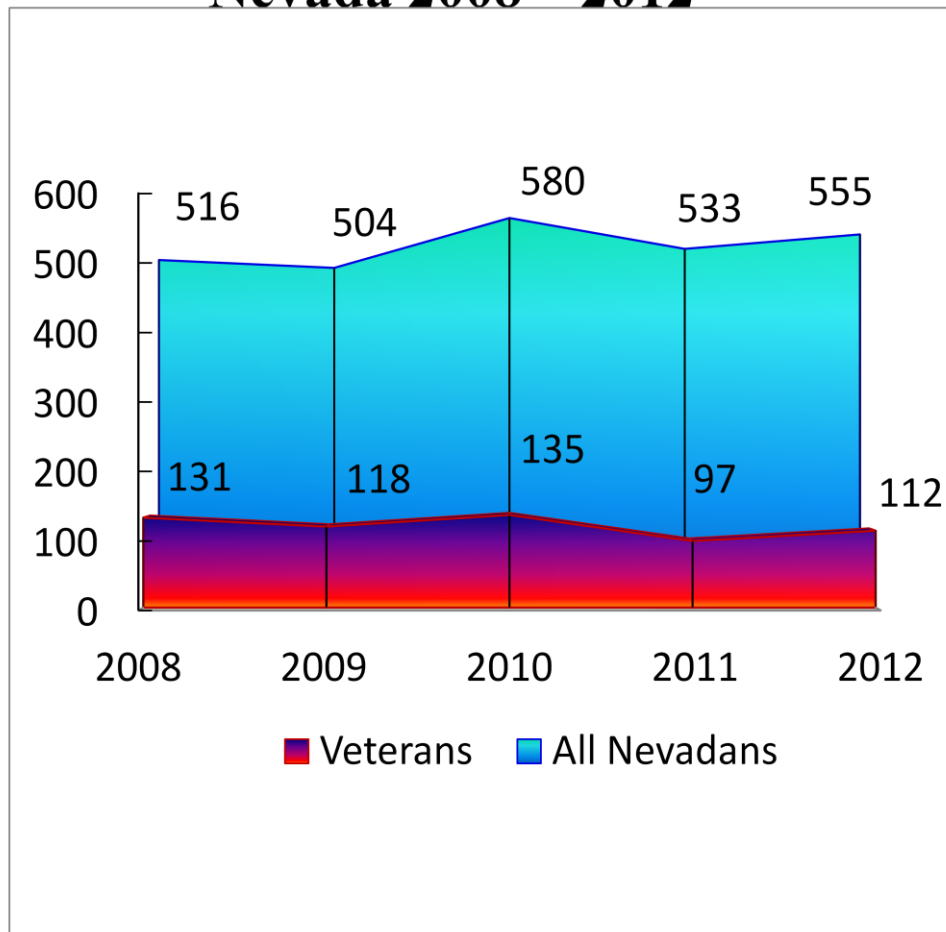
**TRACEY D. GREEN, MD**  
*Chief Medical Officer*

### 2010-2012 Update to Suicide Mortality of Nevada Veterans



**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**

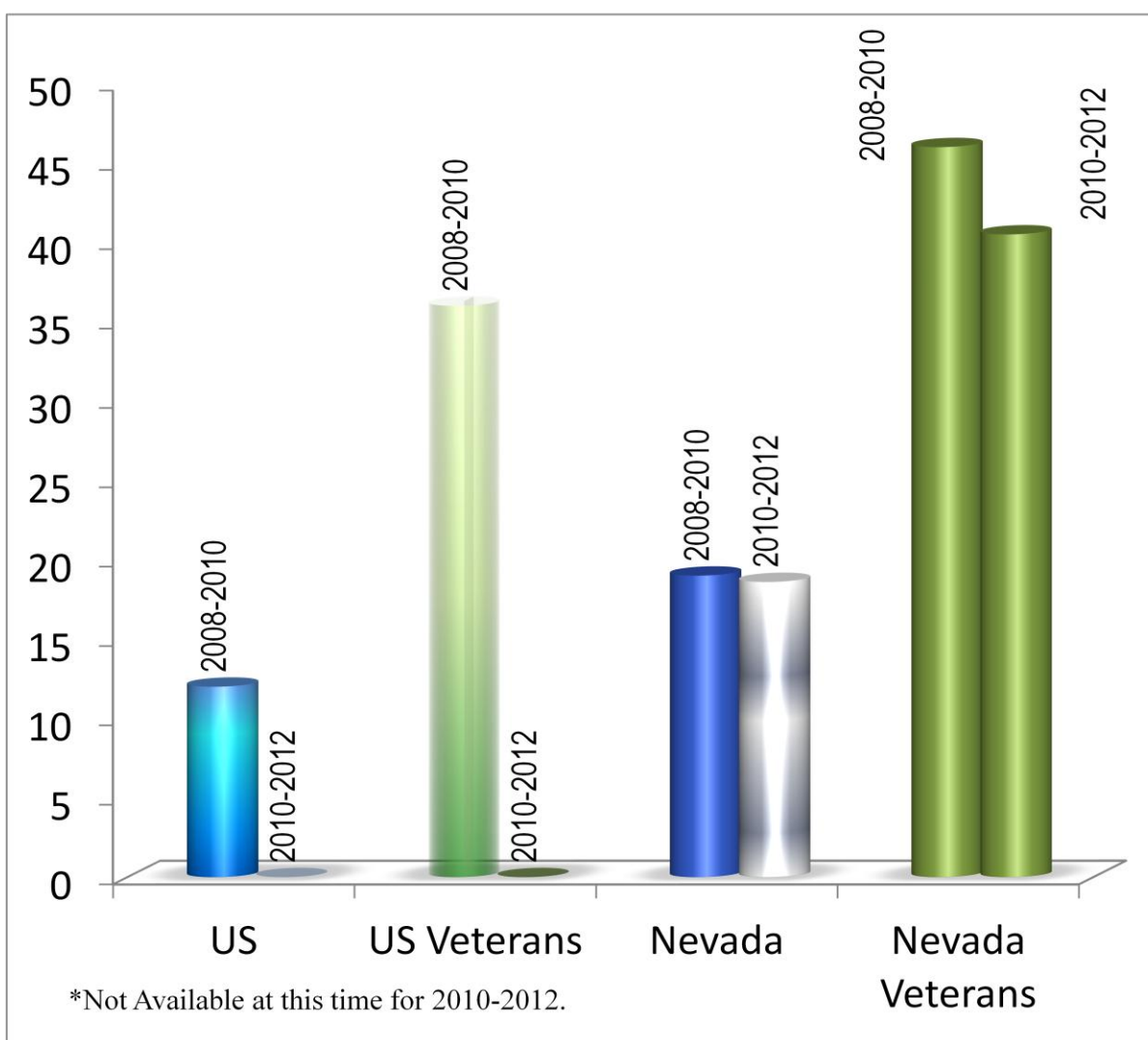
## Suicide Deaths by Veteran Status, Nevada 2008 – 2012\*



Nevada data for the most recent two years (2011-2012) provides reason for cautious optimism. Many veteran indicators have improved from the previous time period. However, caution must be exercised due to the relatively small numbers of events among some sub-groups can result in high variance of rates from year to year.

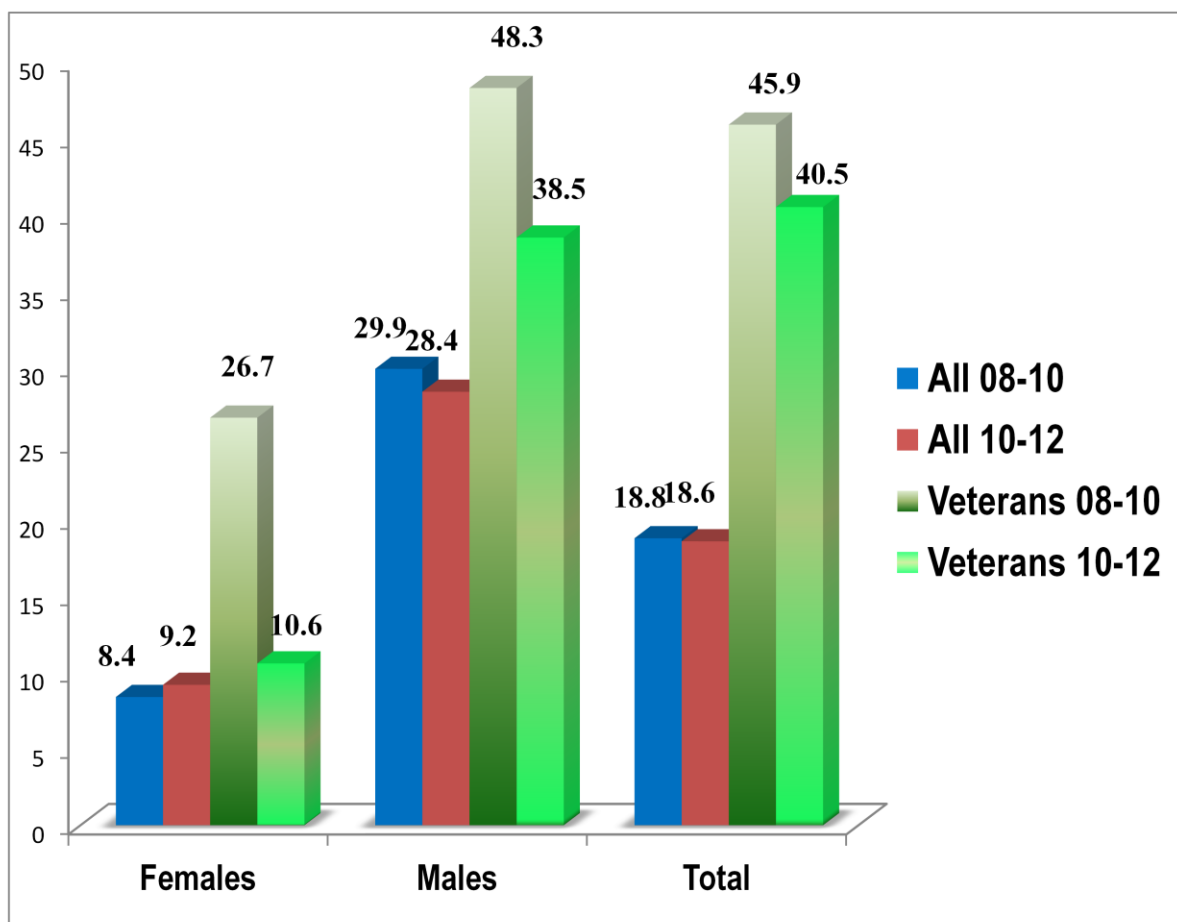
\*Data for 2011 & 12 is not final due to reporting delays on deaths of Nevada residents that occur outside of Nevada.

## Suicide In the Nation,\* Nevada, and Nevada Veterans, Aggregate Age-Adjusted Rates, 2008-2010 and 2010-2012



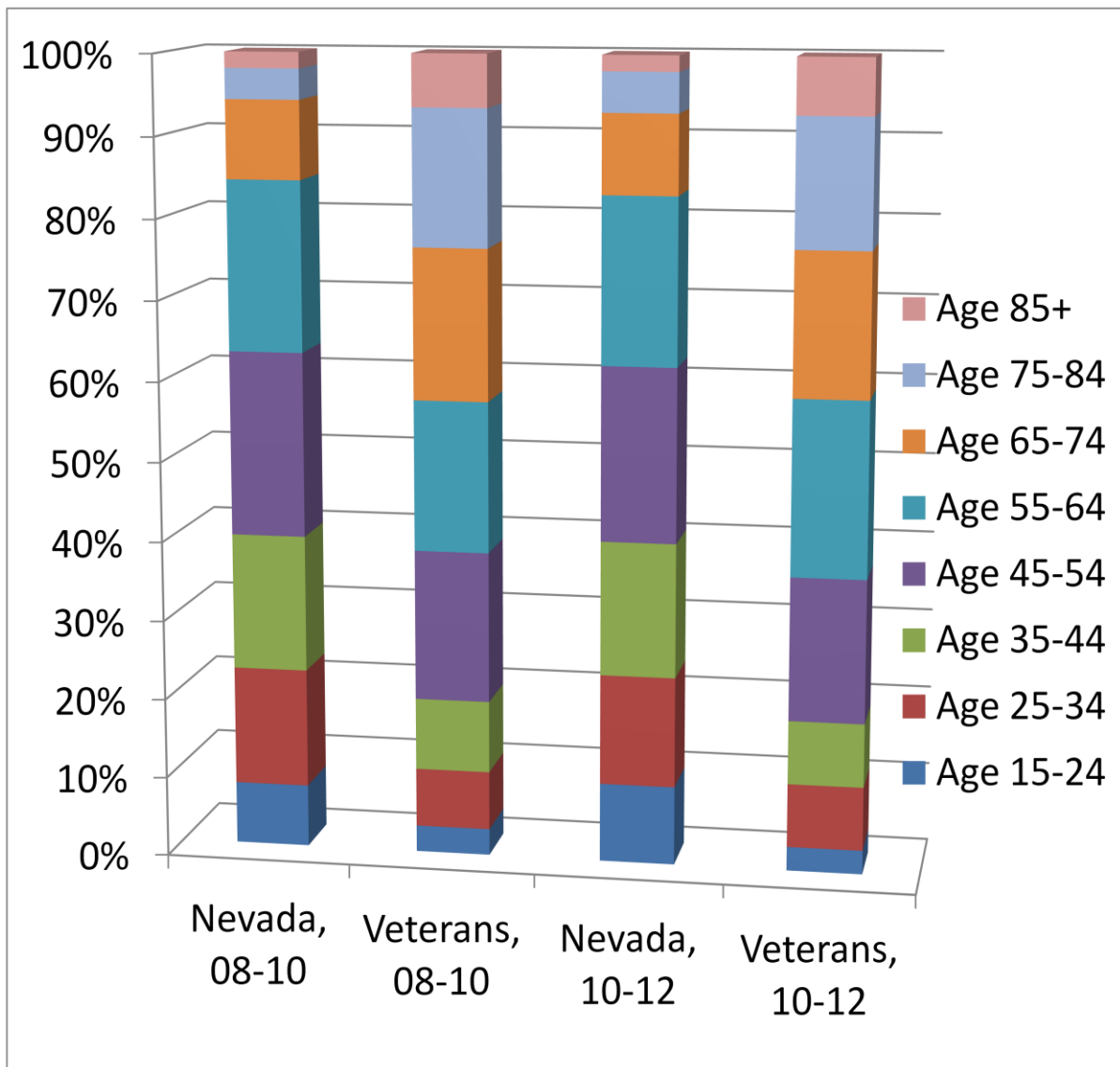
Data illustrated in the above chart indicates that the state experienced a slight decline in the suicide rate. Veterans experienced an even greater decline in rates.

## Suicide Rates by Gender and Veteran Status, Nevada, Aggregate 2008-2010 & 2010-2012



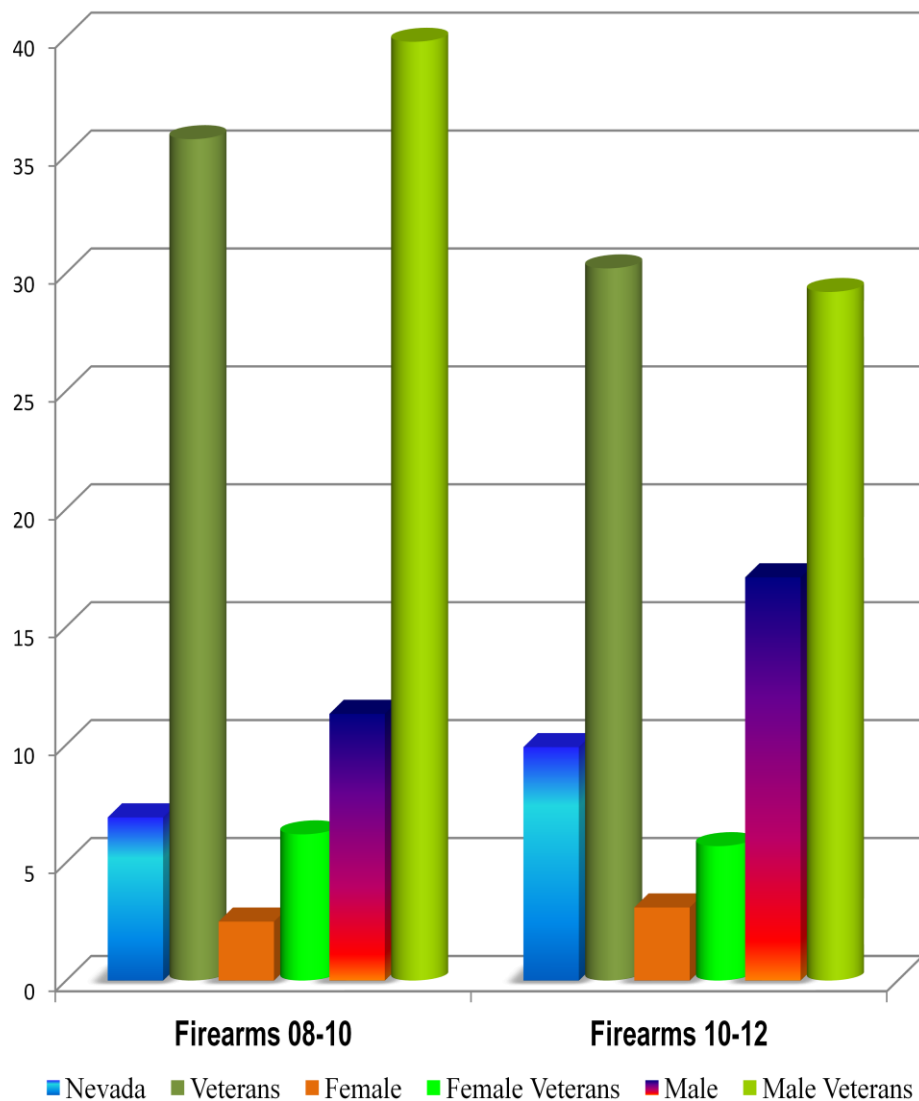
Female veterans had the most dramatic decline while all Nevada females saw a slight uptick. The decline in suicide death rates for female Nevada veterans may be over represented in this data due to extremely small number. More years of data will provide a stronger indication of overall trends.

## Percent of Suicides by Age and Veteran Status, 2008-2010; 2010-2012



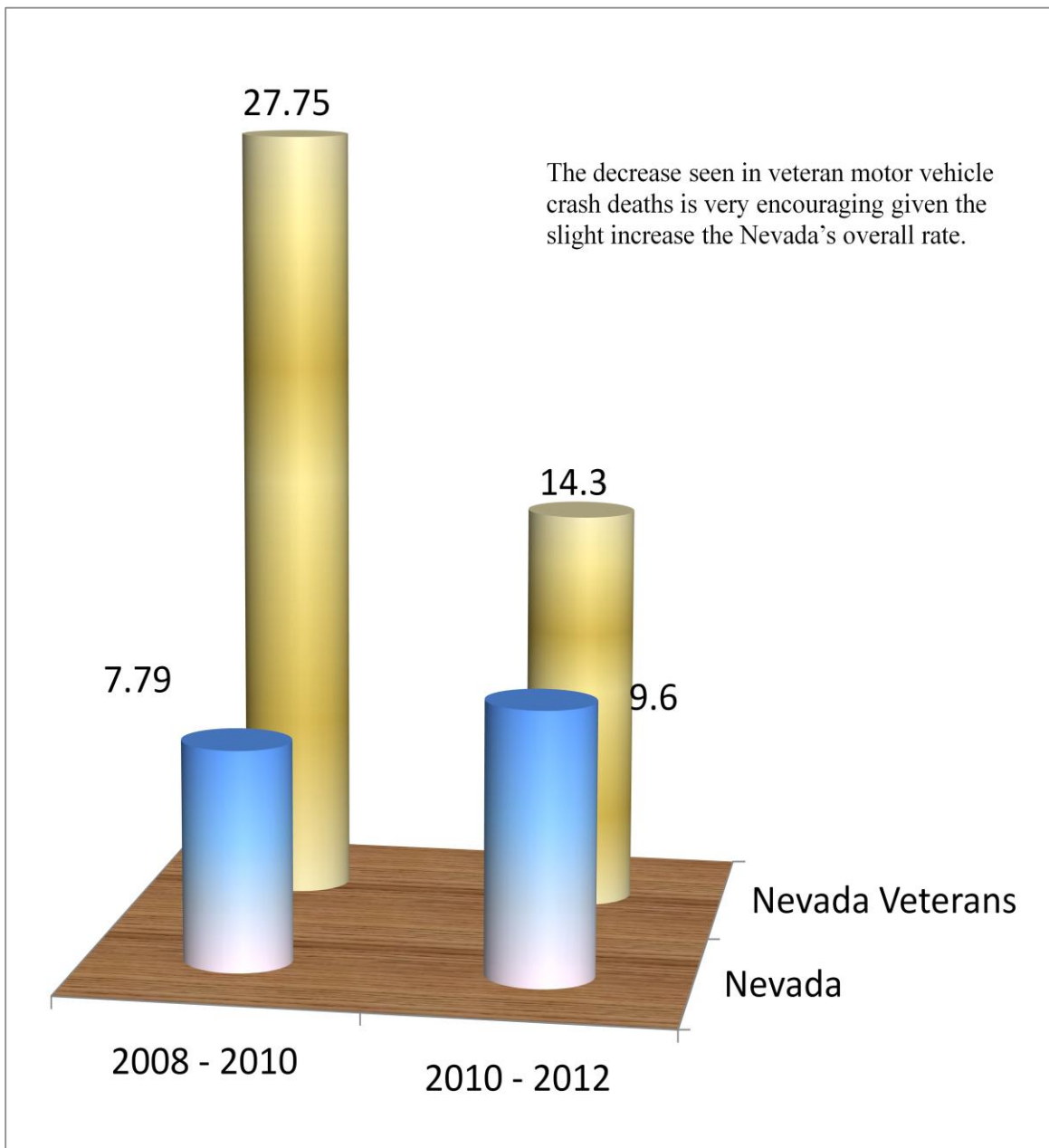
Changes in the data represented in the chart indicates that the majority of veteran suicides occurs in older individuals which differs from the population as a whole. The data is representative of the age of the majority of the veteran population.

## Suicide Rate by Firearms & Veteran Status, 2008-2010 and 2010-2012

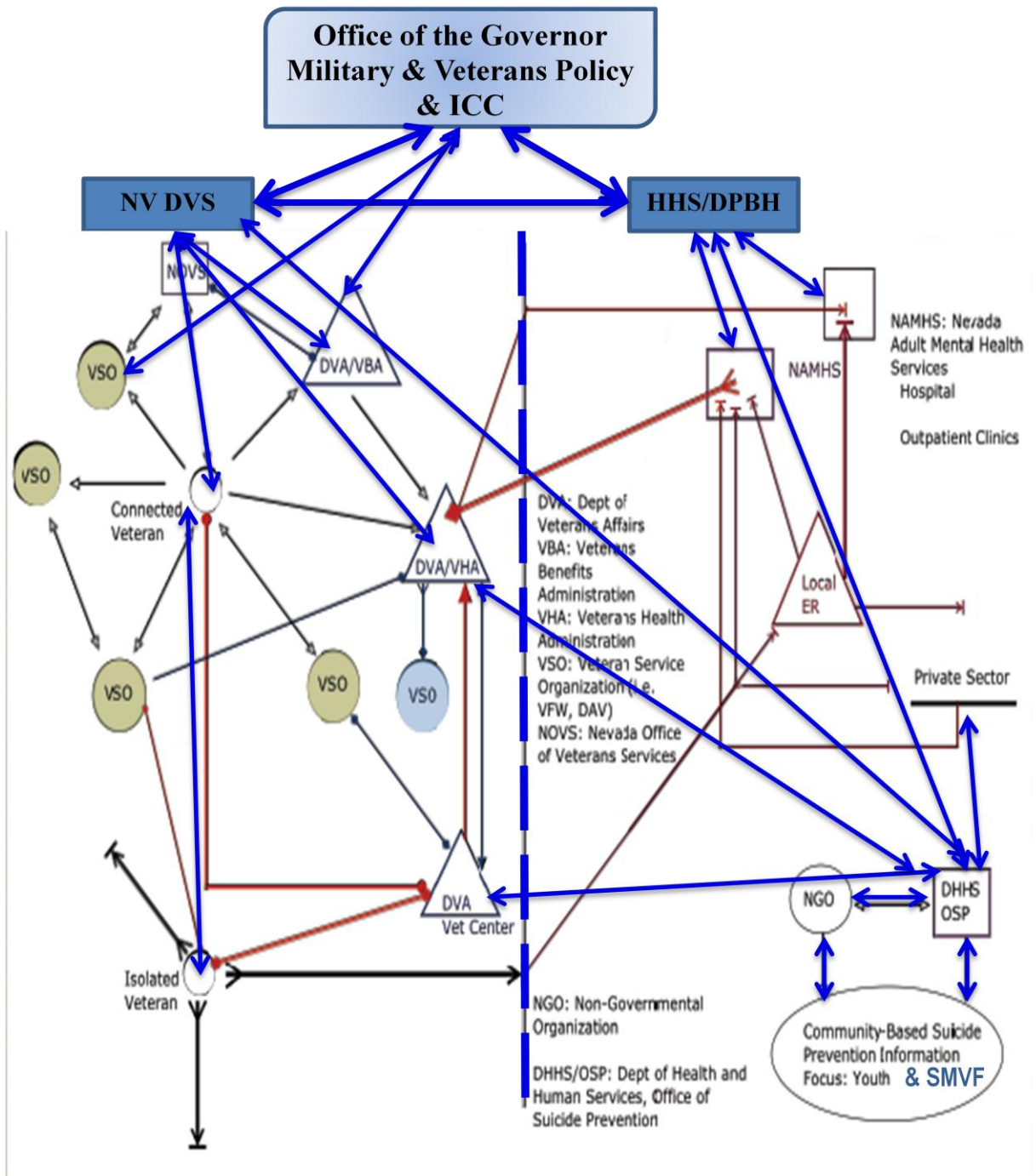


Firearms remain the method of choice for veterans, indicating a comfort with and access to firearms that exceeds non-veterans.

## Motor Vehicle Death Crash Rate by Veteran Status



## Updated View of Current System for Prevention of Suicide Among Service Members, Veterans, and Their Families



## Veteran Focused System

The diagram on the previous page shows changes and improvements in the service system in blue. New relationships and program capacities have been achieved in the last year. Nevada's suicide prevention community is no longer isolated from the issues surrounding veteran suicide. In fact, the Office for Suicide Prevention has become engaged as a leader in addressing prevention. The wall between the federal and state system is becoming more porous with increasing levels of collaboration.

