

# VHMACST Meeting Minutes (18 Nov 2019)

## I. Call to Order

Chair David La Pointe called to order the regular meeting of the Veterans' Healthy Minds Advisory Council- South Texas, at 1303 on 18 Nov 2019, at the Balcones Heights VA Outpatient Clinic (Gold).

**Roll Call:** Present or Excused: David La Pointe, Estela Cantu-LaPointe, Gingerlei Seda, Karah Smith, Kesha Delasbour, Kevin Crozier, Larissa Martinez, Lisa Firmin, Michael Carrion, Michael O'Connell, Natasha Walden, Wil Seda, Betsy Davis. Not Present: Andrea Strong, Angela Soberly, Carlos Acosta, Christopher Vidaurre, Jill Palmer, Jose Gonzales, Kelly Brooke-Van Drury, Richard Delgado Jr., Robin Soto, Austin Lawler, Richard Martinez.

## II. Approval/Review of Previous Minutes/Current Agenda

Council roll was called by Secretary, Kesha Delasbour.

Previous meeting minutes were reviewed and approved by Chair, David La Pointe.

Current meeting agenda was reviewed by Chair, David La Pointe.

## III. Old Business

**VHMACST Council Culture Survey.** All council members received an electronic copy of the survey via email and/or in person and are directed to complete and submit the survey ASAP via email, fax, or hard copy. Please contact Chair, David La Pointe for further information. **(OPEN)**

**VHMACST Website. VHMACST.com;** Development is a work-in-progress. Please provide input for website content. Resource information for PTSD, veteran's crisis, suicide, and the National Alliance on Mental Illness (NAMI) will be accessible on the site. **(OPEN)**

**VHMACST Budget Request.** There is currently no VA approved funding for food or beverage consumption. Please submit input for budget considerations for the next 12 months (e.g. website development, office supplies, advertising, outreach banner/tent/table/chairs, etc.). Restrictions exist for vendor selections. Final projected budget proposal will be submitted to VA rep, Dr. Betsy Davis. **(OPEN)**

**VHMACST Facebook Page.** A Facebook page has been created with appropriate content. Please submit feedback to council Chair, David LaPointe. **(OPEN)**

**VHMACST Committees.** Establishment of committees within the council must be determined (e.g. website, communications, fundraising, membership, outreach, etc.). All council members are to submit feedback and individual committee designations to council Chair. Council chair has directed that no council officers be nominated for or hold an internal committee position. **(OPEN)**

**VHMACST Tablecloth.** A tablecloth for outreach events involving the council was ordered by VA rep, Dr. Betsy Davis.

**Upcoming Guest Speakers.** Dr. Betsy Davis will arrange for VA reps to present to the council on the following topics: MST for men, veteran's court, Veteran's Justice Outreach program (POC: Justin Childers), and VA programs for homeless veterans. A class on Mental Health First Aid was proposed. **(OPEN)**

#### **IV. New Business**

**VA Whole Health Program Guest Speaker.** VA Social Science Program Specialist Supervisor Darin Elkins presented the program to council members. Council members were given a Personal Health Inventory to review. The purpose of the program is to provide proactive health care and teach self-care thru integrative health practices. Contact info: (210) 617-5300 ext. 8277 or ext. 15088; email: [darin.Elkins@va.gov](mailto:darin.Elkins@va.gov); Audie L. Murphy Medical Center; Polytrauma rm. 113. **(CLOSED)**

**VHMACST Functions, Duties, and Responsibilities.** The mission of the council is to establish a true partnership between the veterans and their families, VA mental health professionals, community partners, and Veteran Service Organizations (VSOs) in order to improve the quality of VA mental health services, to improve veteran and family understanding of those services, and to promote best use of those services. A handout was provided to all council members in attendance detailing all functions, duties, and responsibilities of the council. The council is required to have 50% of council members present at meetings in order to be operational. Contact Chair, David LaPointe for more information. **(OPEN)**

**VHMACST Feedback to VA Mental Health Dept.** Council members are asked to report any issues or concerns with obtaining quality mental health care via VA mental health services in order to improve the quality of VA mental health services provided. Please pass on any positive feedback as well. **(OPEN)**

#### **V. Next Meeting**

16 Dec 2019; 1400; Balcones Heights VA Outpatient Clinic (Gold)— Wonderland of The Americas, 4522 Fredericksburg Rd., San Antonio, TX, 78201. Contact number: (210) 732-1802.

#### **VI. Adjournment**

A motion was made by Chair David LaPointe to adjourn the meeting. Kevin Crozier seconded. Chair David La Pointe adjourned the meeting at 1407.

#### **VII. Miscellaneous**

**Conference line.** Info for council meetings: 1-800-767-1750, code 60009#.

**VHMACST Twitter.** Council profile has been created and may be accessed at the following handle: @VetMinds.

**VHMACST Business Cards.** Cards are available for council members. Contact Chair, David La Pointe to obtain cards as necessary.

**VHMACST Outreach.** VA Rep Dr. Betsy Davis will notify VA PCPs to inform veterans about the VHMACST Council.

**VHMACST Council member Kevin Crozier** will present VHMACST agenda during Veteran Fair committee meetings as a rep. for D.A.V.

**Veteran's Crisis Line.** 24/7 access; Contact 1-800-273-8255 option 1.

**Urgent Care.** Where and When You Need It. Individually review information about the Mission Act, which expands same-day services in primary care and mental health, as well as expands telehealth to veterans in their homes. Attachment previously provided to council members.

**My HealthVet.** Central VA hospital scheduling resource for expedited appointment processing and healthcare management. Site: [www.myhealth.va.gov](http://www.myhealth.va.gov); Contact 1-877-327-0022; M-F; 0700-1900 (CT).

**South Texas Veterans Health Care System.** Mental Health & Recovery Services: "We believe that recovery from mental health and substance use problems is possible and that treatment can be an important part of this process for many Veterans." Attachment previously provided to council members.

**Vet Centers.** Readjustment issues, counseling services, community outreach & education, individual and group counseling, marital, family & relationship counseling, bereavement counseling, anger management, spouse/significant other support groups, employment guidance & benefits referral, military sexual trauma and more! Attachment previously provided to council members. Contact nearest location for more info: San Antonio Northeast Vet Center, 9504 I-35 Frontage Rd. #214, contact number: (210) 650-0422; San Antonio Northwest Vet Center, 9910 W. Loop 1604 N #126, contact number: (210) 688-0606.

**United Heroes League.** "Provides equipment, camps, pro sports tickets, financial assistance and special experiences for current service members and honorably discharged veterans who have been deployed to a combat zone and their children under 18 years old. All military branches are included and may apply."

**Homeless/At-risk of Becoming Homeless Veteran's Help.** National Call Center— 24/7 access to counseling and information on available health care programs; Contact: 877-424-3838.

**NRD.gov National Resource Directory.** An online resource "that connects wounded warriors, service members, veterans, their families, and caregivers to programs and services that support them" and provides access to services and resources at the national, state and local levels to support recovery, rehabilitation and community reintegration" for the outlined population".

**UTSA Inaugural Veteran Appreciation Event.** 19 Nov 2019; 1100-1300; Denman Room, SU 2.01.28. Event will celebrate all UTSA affiliated veterans such as faculty, staff, students, and veteran's groups. RSVP online at [https://utsa.az1.qualtrics.com/jfe/form/SV\\_eDQQ0V1vNHWjTaB](https://utsa.az1.qualtrics.com/jfe/form/SV_eDQQ0V1vNHWjTaB) NLT 5 Nov 2019.

**Couple's Ruck 5K.** Free event hosted by Steven A. Cohen Military Family Clinic at Endeavors. Saturday, 7 Dec. 2019; 0800-1100; Eisenhower Park— 19399 NW Military Hwy, San Antonio, Texas. RSVP NLT 4 Dec 2019 at <https://www.eventbrite.com/e/couples-ruck-5k-tickets-81621533203>. Contact info: ASANTOS@ENDEAVORS.ORG.

**Veteran's Discounts.** Please submit information for organizations that provide discounts for services to veterans to council Chair, David LaPointe. A compilation listing will be developed and managed by the council.

## VIII. Minutes

Minutes submitted by Secretary, Kesha Delasbour.  
Minutes will be approved by Chair, Dr. David La Pointe.

<b>VHMACST - ROLL CALL</b>			
<b>Meeting Date 11-18-19</b>			
<b>NAME</b>	<b>Present</b>	<b>Not Present</b>	<b>Excused</b>
Andrea Strong		X	
Angela Soberly			X
Carlos Acosta		X	
Christopher Vidaurre		X	
Dr. David A. La Pointe	X		
Estela Cantu-La Pointe	X		
Gingerlei Seda	X		
Jill Palmer		X	
Jose Michael Gonzales		X	
Karah Smith	X		
Kelly Brooke-Van Drury, MSW		X	
Kesha Delasbour	X		
Kevin Crozier	X		
Larissa Martinez			X
Col. Lisa Firmin			X
Michael Carrion	X		
Michael O'Connell	X		
Natasha Walden			X
Richard Delgado, Jr.		X	
Robin Soto		X	
Wil Seda	X		
<b>VA REPS/Staff Support</b>			
Dr. Betsy Davis	X		
Austin Lawler		X	
Richard Martinez		X	
<b>ADDS, Need Application</b>			
	<b>10</b>	<b>10</b>	<b>4</b>

## Council Survey Questions about our Culture

1. Are you inspired by the purpose and mission of this organization?
2. Are our organization's values aligned with the values that you consider important in your life?
3. On a scale from 0-10, (0 = not likely, 10 = very Likely) how likely are you to recommend this organization as "good to be involved in"?
4. I want to see the following items/topics on the VHMACHST Website:
5. I want to see the following items/topics on our Facebook Page:
6. I want to see the following items/topics covered in our TWITTER Account:
6. Do you have access to the material resources you need to do your work properly for this Council (equipment, supplies, etc.)?
7. I would like the Council to consider holding Council Meetings on the following days/times (Evening-1800 or later). Circle ALL that apply.

Mon – AM or PM or Evening	Tue – AM or PM or Evening	Wed – AM or PM or Evening
Thu – AM or PM or Evening	Fri – AM or PM or Evening	Sat – AM or PM or Evening
Sun – AM or PM or Evening		
7. Are you happy with the frequency at which we hold our meetings?
8. Would you like to continue with our current monthly meetings schedule?
9. Do you feel like your organization is "connecting" with the intended people we are supposed to be serving?

**10. What can we do to “get the word out” to the people we are supposed to be supporting?**

**11. What items should we be considering, to include in our BUDGET REQUEST to the VA for continuing work with the VHMACST?**

**12. Do you feel like your Council cares about your feedback?**

**13. Do you feel like you can share your honest thoughts with the Council?**

**14. Do you feel like our organization encourages you to give your opinion?**

**15. Do you have the flexibility to attend meetings, participate in the call-in option, or provide information for “EXCUSED” absences when you need to?**

**16. Do you think that your responsibilities to and for the Council are clear?**

**17. Do you feel like you have the opportunity to improve/provide input to the Council?**

**18. Do you feel the Council has a good level of transparency with you and others?**

**19. Do you think that your council peers’ welcome opinions that are different from their own?**

**20. The best thing(s) this Council could do to really make a difference for our Veterans, family members, etc. include; (please list any and all ideas)**

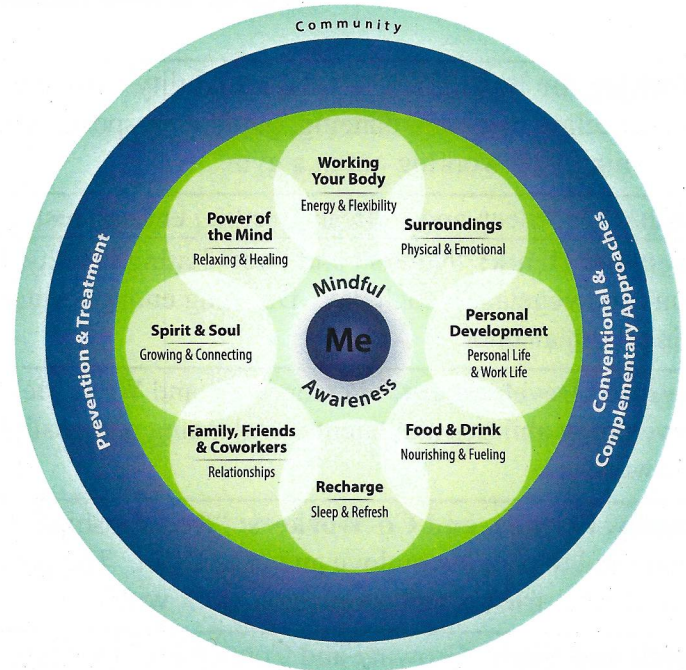
**\*Council Member Name \_\_\_\_\_**

**\*(Will not be shared)**

# Personal Health Inventory

Use this circle to help you think about your whole health.

- All areas are important and connected.
- The body and mind have strong healing abilities.
- Improving one area can help other areas.
- The inner ring represents your values and aspirations. Your care focuses on you as a unique person.
- Mindful awareness is being tuned in and present.
- Your self-care and everyday choices make up the green circle.
- The next ring is professional care (tests, medications, supplements, surgeries, examinations, treatments, and counseling). This section includes complementary approaches like acupuncture and yoga.
- The outer ring includes the people and groups who make up your community.



Rate where you feel you are on the scales below from 1-5, with 1 being miserable and 5 being great.

<b>Physical Well-Being</b>				
1 Miserable	2	3	4	5 Great
<b>Mental/Emotional Well-Being</b>				
1 Miserable	2	3	4	5 Great
<b>Life: How is it to live your day-to-day life?</b>				
1 Miserable	2	3	4	5 Great

What do you live for? What matters to you? Why do you want to be healthy?

Write a few words to capture your thoughts:

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## Where You Are and Where You Would Like to Be

For each area below, consider “Where you are” and “Where you want to be”. Write in a number between 1 (low) and 5 (high) that best represents where you are and where you want to be. The goal is not to be perfect in all areas. You do not need to be a “5” in any of the areas now, nor even wish to be a “5” in the future.

Area of Whole Health	Where I am Now (1-5)	Where I Want to Be (1-5)
<b>Working the Body:</b> “Energy and Flexibility” Moving and doing physical activities like wheeling, walking, dancing, gardening, sports, lifting weights, yoga, cycling, swimming, and working out in a gym.		
<b>Recharge:</b> “Sleep and Refresh” Getting enough rest, relaxation, and sleep.		
<b>Food and Drink:</b> “Nourish and Fuel” Eating healthy, balanced meals with plenty of fruits and vegetables each day. Drinking enough water and limiting sodas, sweetened drinks, and alcohol.		
<b>Personal Development:</b> “Personal life and Work life” Learning and growing. Developing abilities and talents. Balancing responsibilities where you live, volunteer, and work.		
<b>Family, Friends, and Co-Workers:</b> “Relationships” Feeling listened to and connected to people you love and care about. The quality of your communication with family, friends and people you work with.		
<b>Spirit and Soul:</b> “Growing and Connecting” Having a sense of purpose and meaning in your life. Feeling connected to something larger than yourself. Finding strength in difficult times.		
<b>Surroundings:</b> “Physical and Emotional” Feeling safe. Having comfortable, healthy spaces where you work and live. The quality of the lighting, color, air, and water. Decreasing unpleasant clutter, noises, and smells.		
<b>Power of the Mind:</b> “Relaxing and Healing” Tapping into the power of your mind to heal and cope. Using mind-body techniques like relaxation, breathing, or guided imagery.		
<b>Professional Care:</b> “Prevention and Clinical Care” Staying up to date on prevention and understanding your health concerns, care options, treatment plan, and their role in your health.		

### Reflections

Now that you have thought about what matters to you in all of these areas, what is your vision of your best possible self? What would your life look like? What kind of activities would you be doing?

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Are there any areas you would like to work on? Where might you start?

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**After completing the Personal Health Inventory, talk to a friend, a family member, your health coach, a peer, or someone on your healthcare team about areas you would like to explore further.**



# **VHMACST Functions, Duties and Responsibilities – 11/18/19**

## **ARTICLE II-PURPOSE**

### Section 1. Mission Statement

The mission of the independent Council is to establish a true partnership between the Veterans and their families, VA Mental Health professionals, Community Partners and Veteran Service Organizations (VSO) in order to improve the quality of VA Mental Health Services, to improve Veteran and family understanding of those services, and to promote best use of those services.

### Section 2. Functions

1. Educating Veterans, family members, VA staff and the community on issues and resources surrounding veteran mental health.
2. Reducing barriers to accessing mental health services for Veterans and families, including stigma, lack of information about services, and difficulty navigating the VA system.
3. Provide Veteran and other stakeholder (e.g., family members, caregivers, VSOs, community partners) input into VA mental health services.
4. Advocate for Veterans (collectively) to the extent that is appropriate and pertinent to mental health issues.

### Duties and Responsibilities

1. Regularly attend and participate in Council and committee meetings.
2. Assist Council officers in completing their duties as requested by the Chair.
3. Complete tasks that the member has agreed to.

## **ARTICLE V-MEETINGS**

### Section 1. Schedule

Regular meetings of the Council will be monthly, at a time and place agreed upon by the Council.

Special meetings of the Council may be called at any time by the Chair with a reasonable notice to be agreed upon by Chair, Co-Chair, and Staff Liaison. Special Meetings may be held by teleconference or video conference as deemed appropriate by the Chair or Co-Chair.

Reasonable Accommodation shall be made for Council members with barriers to attending in person so that they may participate in regular meetings or special meetings, using remote meeting technology provided solely by the Council. Specifically, the use of a VANTS conference line has been authorized via the Staff Liaison.

Special Accommodation may be made to Veterans with specific disabilities based on the resources of the VA.

Special meetings of committees may be called by the Council Chair or committee Chair.

#### Section 4. Attendance

Members are expected to attend all regular meetings of the Council. If unable to attend, members should notify the Council Chair or Co-Chair and request to be excused. After three unexcused absences in a row, the Council will review the member's status. Multiple unexcused absences can result in removal from the Council.

A quorum of the Council exists if a majority or more of the members are present. No actions requiring a vote may be passed at a meeting of the Council if a quorum is not reached.

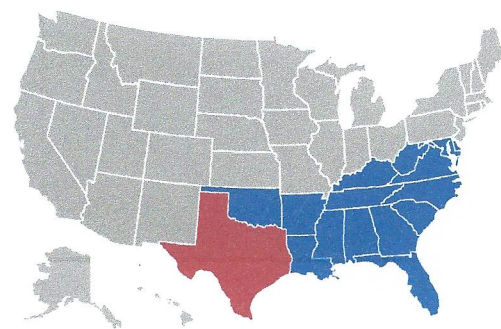
There will be no proxies for meetings of the Council. Members should be present in person or by phone to vote on any business of the Council. Reasonable accommodation will be made to allow council members to vote via email, provided they give the Chair or Co-Chair at least three days' notice and receive approval in advance.

#### **ARTICLE VII-RULES OF CONDUCT**

- **Respectful Communication:** No shouting, interrupting, or side discussions while a member is speaking.
- **Cell Phones:** If cell phones must remain on, they should be placed on "vibrate." All calls should be answered outside the meeting room regardless of the length, or time of call.
- **Responsibility:** Members agree to complete task assignments as agreed.
- **Disagreements:** Members agree to constructively criticize an idea or solution without attacking or criticizing the person who offered it.
- **Reasonable Accommodation:** Members are aware of the needs of other members and make a reasonable effort to accommodate such needs.
- **Feedback:** Members agree to accept feedback from other members when asked and feedback must be given in a respectful and constructive manner.

# Texas

## Veteran Suicide Data Sheet, 2016



The U.S. Department of Veterans Affairs (VA) is leading efforts to understand suicide risk factors, develop evidence-based prevention programs, and prevent Veteran suicide through a public health approach. As part of its work, VA analyzes data at the national and state levels to guide the design and execution of the most effective strategies to prevent Veteran suicide.

The 2016 state data sheets present the latest findings from VA's ongoing analysis of suicide rates and include the most up-to-date state-level suicide information for the United States.<sup>a</sup> This data sheet includes information about Texas Veteran suicides by age, sex, and suicide method and compares this with regional and national data.

### Southern Region

- Alabama
- Arkansas
- Delaware
- District of Columbia
- Florida
- Georgia
- Kentucky
- Louisiana
- Maryland
- Mississippi
- North Carolina
- Oklahoma
- South Carolina
- Tennessee
- Texas
- Virginia
- West Virginia

After accounting for age differences,<sup>b</sup> the Veteran suicide rate in Texas:

- Was not significantly different from the national Veteran suicide rate
- Was significantly higher than the national suicide rate

### Texas Veteran Suicide Deaths, 2016

Sex	Veteran Suicides
Total	530
Male	502
Female	28

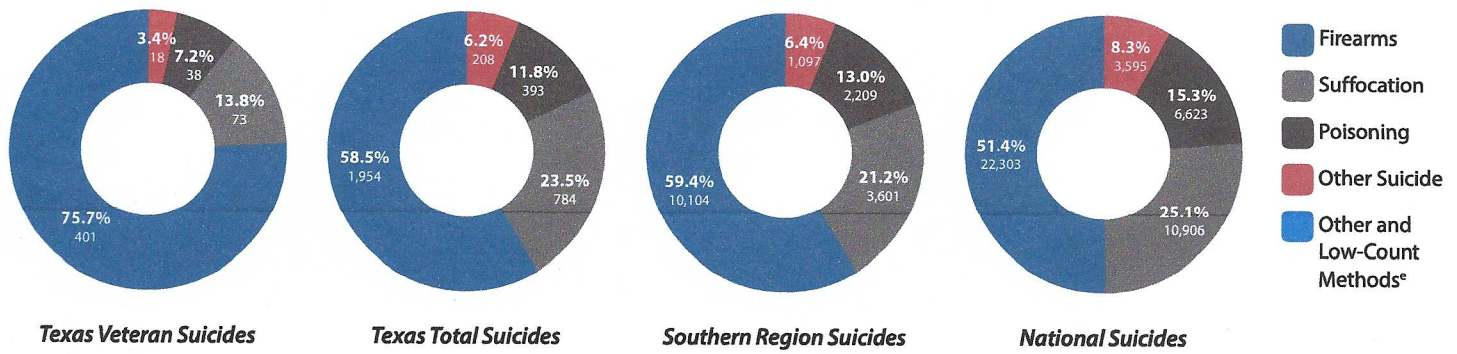
### Texas, Southern Region, and National Veteran Suicide Deaths by Age Group, 2016<sup>c</sup>

Age Group	Texas Veteran Suicides	Southern Region Veteran Suicides	National Veteran Suicides	Texas Veteran Suicide Rate	Southern Region Veteran Suicide Rate	National Veteran Suicide Rate
Total	530	2,611	6,079	33.2	30.6	30.1
18-34	109	397	893	53.4	44.5	45.0
35-54	161	715	1,648	34.5	31.0	33.1
55-74	169	956	2,259	26.2	26.3	25.9
75+	90	540	1,274	32.3	32.0	28.3

### Texas Veteran and Total Texas, Southern Region, and National Suicide Deaths by Age Group, 2016<sup>c</sup>

Age Group	Texas Veteran Suicides	Texas Total Suicides	Southern Region Total Suicides	National Total Suicides	Texas Veteran Suicide Rate	Texas Suicide Rate	Southern Region Suicide Rate	National Suicide Rate
Total	530	3,339	17,011	43,427	33.2	16.3	18.2	17.5
18-34	109	1,089	4,711	11,997	53.4	16.0	16.9	16.1
35-54	161	1,194	6,011	15,467	34.5	16.5	19.0	18.6
55-74	169	805	4,766	12,162	26.2	15.7	18.1	17.3
75+	90	251	1,523	3,801	32.3	18.7	20.0	18.5

## Texas Veteran and Total Texas, Southern Region, and National Suicide Deaths by Method,<sup>4</sup> 2016



These 2016 state data sheets are based on a collaborative effort among the U.S. Department of Veterans Affairs (VA), the U.S. Department of Defense (DoD), and the National Center for Health Statistics (NCHS). The statistics presented are derived from multiple data sources, including the VA Office of Enterprise Integration, the VA Serious Mental Illness Treatment Resource and Evaluation Center, VA Post-Deployment Health Services, the VA Center of Excellence for Suicide Prevention, and the DoD Defense Suicide Prevention Office. For additional information, please email [VASPDataRequest@va.gov](mailto:VASPDataRequest@va.gov).

These sheets include information on the Veteran population and general U.S. population age 18 and older, with deaths reported in the contiguous United States, Alaska, and Hawaii. The total state, regional, and national counts and rates presented include both Veterans and non-Veterans.

Suicide deaths are identified based on the underlying cause of death indicated on the state death certificate. For Veteran decedents, this information comes from the NCHS National Death Index (NDI) and was obtained from the joint VA/DoD Suicide Data Repository (SDR). Suicide death counts for the general U.S. population were obtained from Centers for Disease Control and Prevention (CDC) WONDER (Wide-ranging ONline Data for Epidemiologic Research).<sup>1</sup> Underlying cause of death is defined as (a) the disease or injury that initiated the train of events leading directly to death, or (b) the circumstances of the accident or violence that produced the fatal injury.<sup>9</sup> The ICD-10 (International Classification of Diseases, 10th revision) codes used to define suicide deaths are X60–X84 and Y87.0.

Suicide rates presented are unadjusted rates per 100,000, calculated as the number of suicide deaths in 2016 divided by the estimated population and multiplied by 100,000. Significance statements are based on the ratio of direct age-adjusted rates, using the 2000 standard U.S. population.<sup>h</sup> The Veteran Population Projection Model 2016 (VetPop2016) was used in calculating rates to estimate the Veteran population for each state and age group.<sup>i</sup> The U.S. Census Bureau American Community Survey (ACS) one-year estimates were used to estimate the general U.S. population.<sup>j</sup>

Veteran age-specific counts may not sum to the total counts because there are a small number of deaths for which age information is unavailable. These deaths are included in overall counts and rates but are not distributed among age groups; therefore, they are not included in age-specific counts, age-specific rates, or age-adjusted rates. Rates are marked with an asterisk (\*) when the rate is calculated from fewer than 20 deaths. Rates based on small numbers of deaths are considered statistically unreliable because a small change in the number of deaths might result in a large change in the rate. Because suicide rates based on fewer than 20 suicide deaths are considered statistically unreliable, any comparisons between age-adjusted rates and underlying age-specific rates based on fewer than 20 suicide deaths should be interpreted with caution.

To protect privacy and to prevent revealing information that may identify specific decedents, counts and rates are suppressed when based on 0–9 individuals. For suicide deaths by method, in cases where the number of deaths in any one of the categories was lower than 10, the categories with the smallest counts were combined until the minimum count of 10 was reached, to maintain confidentiality.

<sup>4</sup> The 2016 state data sheets contain suicide information for all 50 states and the District of Columbia.

<sup>5</sup> Suicide rates presented in the tables are unadjusted for age. Age-adjusting suicide rates ensures that the differences in rates are not due to differences in the age distributions of the populations being compared. In some cases, the results of comparisons of age-adjusted rates differ from those of unadjusted rates. Comparison of rates is based on the ratio of age-adjusted rates; significance is determined based on a p-value <0.05.

<sup>6</sup> Rates presented are unadjusted rates per 100,000. To protect privacy, and prevent revealing information that may identify specific individuals, counts and rates are suppressed when based on 0–9 people. Rates calculated with a numerator of less than 20 are considered statistically unreliable, as indicated by an asterisk (\*).

<sup>7</sup> Methods are based on ICD-10 codes X72 to X74 for firearms, X60 to X69 for poisoning (including intentional overdose), and X70 for suffocation (including strangulation). "Other Suicide" includes all other intentional self-harm including cutting/piercing, drowning, falling, fire/flame, other land transport, being struck by/against, and other specified or unspecified injury.

<sup>8</sup> "Other Suicide" refers to all methods of suicide death apart from firearms, suffocation, and poisoning. "Low-Count Methods" refers to methods used in fewer than 10 deaths in a given state or territory. In states or territories with fewer than 10 firearm deaths, suffocation deaths, or poisoning deaths, those data are represented in the "Other and Low-Count Methods" category to protect the privacy of individual suicide decedents.

<sup>9</sup> National, regional, and state general population suicide counts are obtained from the CDC WONDER online database. For more information on CDC WONDER, please refer to <http://wonder.cdc.gov/ucd-icd10.html>.

<sup>10</sup> World Health Organization, Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death, based on the recommendations of the Ninth Revision Conference, 1975; Geneva, 1977.

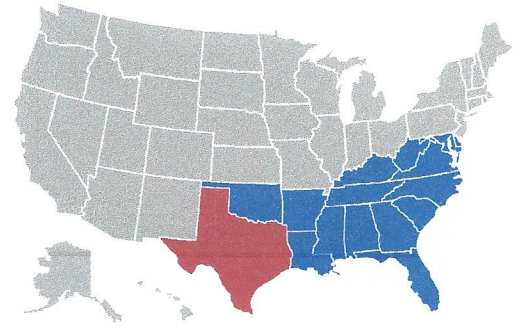
<sup>11</sup> Klein, RJ, and Schoenborn, CA. Age adjustment using the 2000 projected U.S. population. Healthy People Statistical Notes, No. 20. Hyattsville, Maryland: National Center for Health Statistics. January 2001.

<sup>12</sup> Veteran Population Model 2016 (VetPop2016), Predictive Analytics and Actuary, Office of Enterprise Integration, Department of Veterans Affairs.

<sup>13</sup> U.S. general population estimates used for rate calculations are obtained from the U.S. Census Bureau, 2016 American Community Survey one-year estimates.

# Texas

## Veteran Suicide Data Sheet, 2017



The U.S. Department of Veterans Affairs (VA) is leading efforts to understand suicide risk factors, develop evidence-based prevention programs, and prevent Veteran suicide through a public health approach. As part of its work, VA analyzes data at the national and state levels to guide the design and execution of the most effective strategies to prevent Veteran suicide.

The 2017 state data sheets present the latest findings from VA's ongoing analysis of suicide rates and include the most up-to-date state-level suicide information for the United States.<sup>a</sup> This data sheet includes information about Texas Veteran suicides by age, sex, and suicide method and compares this with regional and national data.

### Southern Region

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- District of Columbia
- Florida
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- Louisiana
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- Mississippi
- North Carolina
- Oklahoma
- South Carolina
- Tennessee
- Texas
- Virginia
- West Virginia

After accounting for age differences,<sup>b</sup> the Veteran suicide rate in Texas:

- Was not significantly different from the national Veteran suicide rate
- Was significantly higher than the national suicide rate

### Texas Veteran Suicide Deaths, 2017

Sex	Veteran Suicides
Total	496
Male	473
Female	23

### Texas, Southern Region, and National Veteran Suicide Deaths by Age Group, 2017<sup>c</sup>

Age Group	Texas Veteran Suicides	Southern Region Veteran Suicides	National Veteran Suicides	Texas Veteran Suicide Rate	Southern Region Veteran Suicide Rate	National Veteran Suicide Rate
Total	496	2,570	6,139	31.3	30.5	31.0
18-34	85	376	864	42.7	42.8	44.5
35-54	144	751	1,708	30.7	33.1	35.1
55-74	178	955	2,319	28.0	26.6	27.1
75+	88	486	1,242	31.4	28.6	27.9

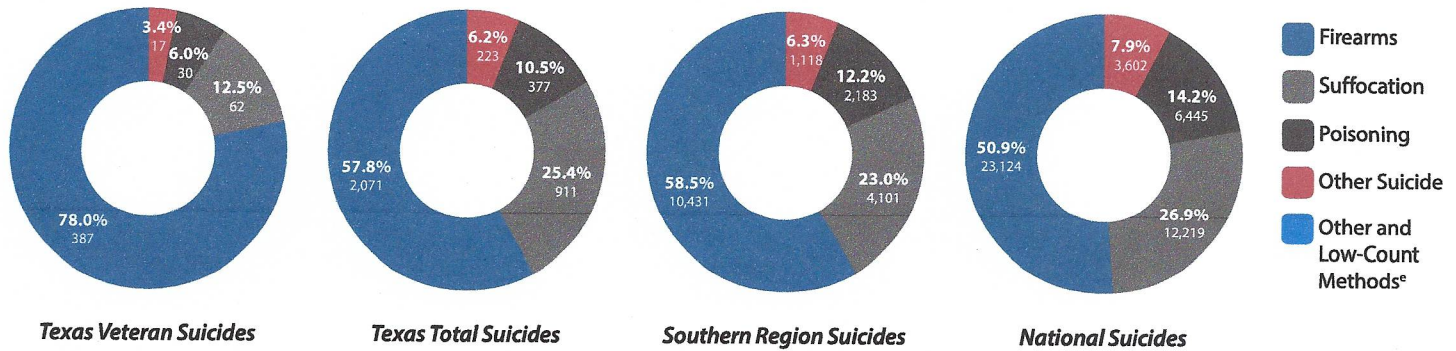
### Texas Veteran and Total Texas, Southern Region, and National Suicide Deaths by Age Group, 2017<sup>c</sup>

Age Group	Texas Veteran Suicides	Texas Total Suicides	Southern Region Total Suicides	National Total Suicides	Texas Veteran Suicide Rate	Texas Suicide Rate	Southern Region Suicide Rate	National Suicide Rate
Total	496	3,582	17,833	45,390	31.3	17.2	18.9	18.1
18-34	85	1,180	4,996	12,944	42.7	17.2	17.8	17.3
35-54	144	1,250	6,266	15,896	30.7	17.0	19.7	19.1
55-74	178	903	5,032	12,602	28.0	17.1	18.7	17.6
75+	88	249	1,539	3,948	31.4	18.1	19.7	18.7



U.S. Department of Veterans Affairs

## Texas Veteran and Total Texas, Southern Region, and National Suicide Deaths by Method,<sup>4</sup> 2017



These 2017 state data sheets are based on a collaborative effort among the U.S. Department of Veterans Affairs (VA), the U.S. Department of Defense (DoD), and the National Center for Health Statistics (NCHS). The statistics presented are derived from multiple data sources, including the VA Office of Enterprise Integration, the VA Serious Mental Illness Treatment Resource and Evaluation Center, VA Post-Deployment Health Services, the VA Center of Excellence for Suicide Prevention, and the DoD Defense Suicide Prevention Office. For additional information, please email [VASPDataRequest@va.gov](mailto:VASPDataRequest@va.gov).

These sheets include information on the Veteran population and general U.S. population age 18 and older, with deaths reported in the contiguous United States, Alaska, and Hawaii. The total state, regional, and national counts and rates presented include both Veterans and non-Veterans.

Suicide deaths are identified based on the underlying cause of death indicated on the state death certificate. For Veteran decedents, this information comes from the NCHS National Death Index (NDI) and was obtained from the joint VA/DoD Suicide Data Repository (SDR). Suicide death counts for the general U.S. population were obtained from Centers for Disease Control and Prevention (CDC) WONDER (Wide-ranging ONline Data for Epidemiologic Research).<sup>6</sup> Underlying cause of death is defined as (a) the disease or injury that initiated the train of events leading directly to death, or (b) the circumstances of the accident or violence that produced the fatal injury.<sup>9</sup> The ICD-10 (International Classification of Diseases, 10th revision) codes used to define suicide deaths are X60–X84 and Y87.0.

Suicide rates presented are unadjusted rates per 100,000, calculated as the number of suicide deaths in 2017 divided by the estimated population and multiplied by 100,000. Significance statements are based on the ratio of direct age-adjusted rates, using the 2000 standard U.S. population.<sup>h</sup> The Veteran Population Projection Model 2016 (VetPop2016) was used in calculating rates to estimate the Veteran population for each state and age group.<sup>i</sup> The U.S. Census Bureau American Community Survey (ACS) one-year estimates were used to estimate the general U.S. population.<sup>j</sup>

Veteran age-specific counts may not sum to the total counts because there are a small number of deaths for which age information is unavailable. These deaths are included in overall counts and rates but are not distributed among age groups; therefore, they are not included in age-specific counts, age-specific rates, or age-adjusted rates. Rates are marked with an asterisk (\*) when the rate is calculated from fewer than 20 deaths. Rates based on small numbers of deaths are considered statistically unreliable because a small change in the number of deaths might result in a large change in the rate. Because suicide rates based on fewer than 20 suicide deaths are considered statistically unreliable, any comparisons between age-adjusted rates and underlying age-specific rates based on fewer than 20 suicide deaths should be interpreted with caution.

To protect privacy and to prevent revealing information that may identify specific decedents, counts and rates are suppressed when based on 0–9 individuals. For suicide deaths by method, in cases where the number of deaths in any one of the categories was lower than 10, the categories with the smallest counts were combined until the minimum count of 10 was reached, to maintain confidentiality.

<sup>4</sup> The 2017 state data sheets contain suicide information for all 50 states and the District of Columbia.

<sup>5</sup> Suicide rates presented in the tables are unadjusted for age. Age-adjusting suicide rates ensures that the differences in rates are not due to differences in the age distributions of the populations being compared. In some cases, the results of comparisons of age-adjusted rates differ from those of unadjusted rates. Comparison of rates is based on the ratio of age-adjusted rates; significance is determined based on a p-value <0.05.

<sup>6</sup> Rates presented are unadjusted rates per 100,000. To protect privacy, and prevent revealing information that may identify specific individuals, counts and rates are suppressed when based on 0–9 people. Rates calculated with a numerator of less than 20 are considered statistically unreliable, as indicated by an asterisk (\*).

<sup>7</sup> Methods are based on ICD-10 codes X72 to X74 for firearms, X60 to X69 for poisoning (including intentional overdose), and X70 for suffocation (including strangulation). "Other Suicide" includes all other intentional self-harm including cutting/piercing, drowning, falling, fire/flame, other land transport, being struck by/against, and other specified or unspecified injury.

<sup>8</sup> "Other Suicide" refers to all methods of suicide death apart from firearms, suffocation, and poisoning. "Low-Count Methods" refers to methods used in fewer than 10 deaths in a given state or territory. In states or territories with fewer than 10 firearm deaths, suffocation deaths, or poisoning deaths, those data are represented in the "Other and Low-Count Methods" category to protect the privacy of individual suicide decedents.

<sup>9</sup> National, regional, and state general population suicide counts are obtained from the CDC WONDER online database. For more information on CDC WONDER, please refer to <http://wonder.cdc.gov/ucd-icd10.html>.

<sup>h</sup> World Health Organization, Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death, based on the recommendations of the Ninth Revision Conference, 1975; Geneva, 1977.

<sup>i</sup> Klein, RJ, and Schoenborn, CA. Age adjustment using the 2000 projected U.S. population. Healthy People Statistical Notes, No. 20. Hyattsville, Maryland: National Center for Health Statistics. January 2001.

<sup>j</sup> Veteran Population Model 2016 (VetPop2016), Predictive Analytics and Actuary, Office of Enterprise Integration, Department of Veterans Affairs.

<sup>k</sup> U.S. general population estimates used for rate calculations are obtained from the U.S. Census Bureau, 2017 American Community Survey one-year estimates.

Download the full set of 2017 state data sheets:

[www.mentalhealth.va.gov/suicide\\_prevention/suicide-prevention-data.asp](http://www.mentalhealth.va.gov/suicide_prevention/suicide-prevention-data.asp)



U.S. Department of Veterans Affairs

# COUPLE'S RUCK 5K

SPEND SOME  
QUALITY TIME  
RECONNECTING  
ALONG THE TRAIL.

SATURDAY, DECEMBER 7  
8-11 AM  
EISENHOWER PARK  
19399 NW MILITARY HWY  
SAN ANTONIO, TEXAS 78257

RSVP BY WEDNESDAY, DECEMBER 4  
[BIT.LY/COUPLESRUCK5K](http://BIT.LY/COUPLESRUCK5K)

QUESTIONS? PLEASE CONTACT:  
[ASANTOS@ENDEAVORS.ORG](mailto:ASANTOS@ENDEAVORS.ORG)

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The Steven A. Cohen  
Military Family Clinic  
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## VHMACST Event/Outreach Tracking

DATE	TIME	EVENT	LOCATION	VHMAC TABLE?	VA STAFF POC	COUNCIL MEMBERS ATTENDING
10/20/2019						
5/20/2019	0900-1200	MH Awareness Month	Audie Murphy VA Hospital	YES	Dr. Davis	Betsy, Wil
5/28/2019	0900-1200	MH Awareness Month	Frank Tejada Clinic	YES	Dr. Davis	Betsy, Dave, Kevin
7/25&26/19	1700-1900/0830-1700	Career Summit JBSA	Live Oak TX/Windcrest TX	NO	Dr. Davis	Lisa
8/8/2019	0830-1400	2019 VA Comm. MH and Wellness Summit	St. Phillips College	YES	Dr. Davis	Betsy, Ginger, Kesha, Kevin
8/13/2019	0900-1100	VA Suicide Prev. Resource Meeting	Audie Murphy VA Hospital	NO	Dr. Davis	Betsy, Dave
8/26/2019	0800-1200	Suicide Prevention Team	St. Phillips College	YES	Larry Stokes	Dave, Estela
9/26/2019	0800-1700	Nat. Minority Veterans Summit	Sheraton, Dallas Texas	NO	N/A	Lisa
10/5/2019	7:00am	Recovery is Real Event	Morgans Wonderland	NO	Rick Martinez	Dave, Ginger
10/8/2019	1:30pm	SAC Resource Fair	ALM Auditorium (222)	YES (own)	Betsy Davis	Dave, Ginger, Kesha, Wil
10/23/2019	9:00am	Out of the Darkness	San Antonio College Victory Center	YES w/ VA	Mike Collins	Dave, Ginger, Kesha, Wil
11/4/2019			AFVP	NO		Karah
11/6/2019	1330-1530	SACVF Vet Day Celebration	14747 Jones Maltzberger Rd. 78247	NO		Dave, Bella
11/8/2019	1000-1130	Veteran's Day Celebration	The Ecumenical Center of SA	NO		Richard Martinez, Michael Collins
11/8/2019	1400-1600	Vet Day Info Fair	VA Hosp. Auditorium, Rm. 222	NO	Dr. Davis	Dave, Bella
11/11/2019	1000-1100	Veterans Ceremony	1819 N. Main, Bldg 22	NO		Dave, Bella
11/11/2019	1200-1300	Vet Day Celebration	14747 Jones Maltzberger Rd. 78232	NO		Kelly, Dave, Bella
11/14/2019	1100-1400	CMAC Grand Opening	UTSA ASSY. Rm., JPL 4.04.22	NO		Dave
11/15/2019	1130-1400	VA Caregiver Support Lunch and Fair	VA Hospital Auditorium, Rm. 222, 2nd Fl.	NO		Bella
11/19/2019	1100-1300	UTSA Inaugural Vet Appreciation Event	UTSA Denman Rm., SU 2.01.28	YES	Beatriz Yzaquirre	Lisa, Dave, Bella

**If you are ATTENDING ANY events, please Advise ASAP!**

**If you see Area that needs CORRECTIONS - contact an OFFICER IMMEDIATELY**



VHMACST - Membership Updated 11-5-19		VHMACST@gmail.com											
NAME	Address	Home Phone	Cell Phone	Email	Category								
Andrea Strong	8401 Datapoint Drive, Ste 500, SATX		210-724-4026	astrong@endevors.org	Vet/Comm Part								
Angela Sobery	1102 Boling Brook St., SATX		210-639-4100	asobery@yahoo.com	Vet Family Member								
Carlos Acosta	Held	210-487-1713		Cmigaco@gmail.com	Vet								
Christopher Vidaurre	Held	310-927-3790		christopher.vidaurre@clcityvcgc.org	Vet/Comm Part								
Dr. David La Pointe	299 Tufted Crest, SATX, 78253	210-236-9667	210-488-1593	davelp.lapointe@gmail.com - VHMACST@gmail.com	Officer/Vet/Comm Part								
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Jose Michael Gonzales	213 Terrel Ave. SATX 78214		210-550-6793	joesgm@taps.org	Vet/Comm Part								
Karah Smith	12672 Silicon Dr., Ste. 105, SATX, 78249	210-247-6073	904-524-3686	KWSmith@WoundedWarriorProject.org	Vet Family Member/VSO								
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Kesha Delasbour	P.O. Box 353, Universal City, SATX, 78148		832-493-4137	kesha_03@hotmail.com - VHMACST@gmail.com	Officer/Vet/Family Member								
Kevin Crozier	15927 Watering Pt., SATX 78247		210-326-3556	kcrozier78247@att.net	Vet/VSO								
Larissa Martinez	8018 Hahaha Bif., SATX 78254		210-387-9130	circleofarms19@gmail.com	Vet/Family Member/Comm Partner								
Col Lisa Firmin	Off. of Vet & Mil Affairs, One UTSA Circle, SATX, 78249	210-458-6097	210-464-3592	lisa.firmi@utsa.edu	Vet/Comm Part								
Michael Carrion	12672 Silicon Dr., Ste. 105, SATX, 78249	904-654-4339		mcarrion@woundedwarriorproject.org	Vet/VSO/Comm Part								
Michael O'Connell	10126 Wilderness Gap, SATX, 78254		210-364-3147	oseatx@hotmail.com; 48mcconnell@gmail.com	Vet								
Natasha Walden	6155 Eckhart Rd., Apt. 7101, SATX, 78240	210-399-4838 x385	229-425-0937	natasha.l.walden@gmail.com	Vet/Comm Part								
Richard Delgado, Jr.	1 University Way, ATTN: Military Affairs	210-784-1175	210-369-8817	richard.delgado@tamusa.edu	Vet/Comm Part								
Robin Soto	3007 Mission Gate 78254	210-254-9831	210-364-2953	bumbarn@aol.com	Vet/Vet Family Member								
Will Seda	9622 Elmfield Pl, SATX, 78254		210-790-7900	wil.seda@gmail.com	Vet/Vet Family Member								
<b>VA Representatives</b>													
Dr. Betsy Davis	7400 Merton Minter (116B) SATX 78229	210-949-3151	210-740-8149	betsy.davis@va.gov	VA Rep; Non-voting member								
Austin Lawler	1746 Joy Spring, New Braumfels, TX 78130	540-429-9427		austinlawler@gmail.com; Austin.Lawler@va.gov	Vet/VA Rep; Non-voting member								
Richard Martinez	Held	210-617-5300x17556	210-279-8781	Richard.martinez4@va.gov	Vet/VA Rep; Non-voting member								
Michael Collins	Pending Application												
<b>Support Members/Orgs.</b>													