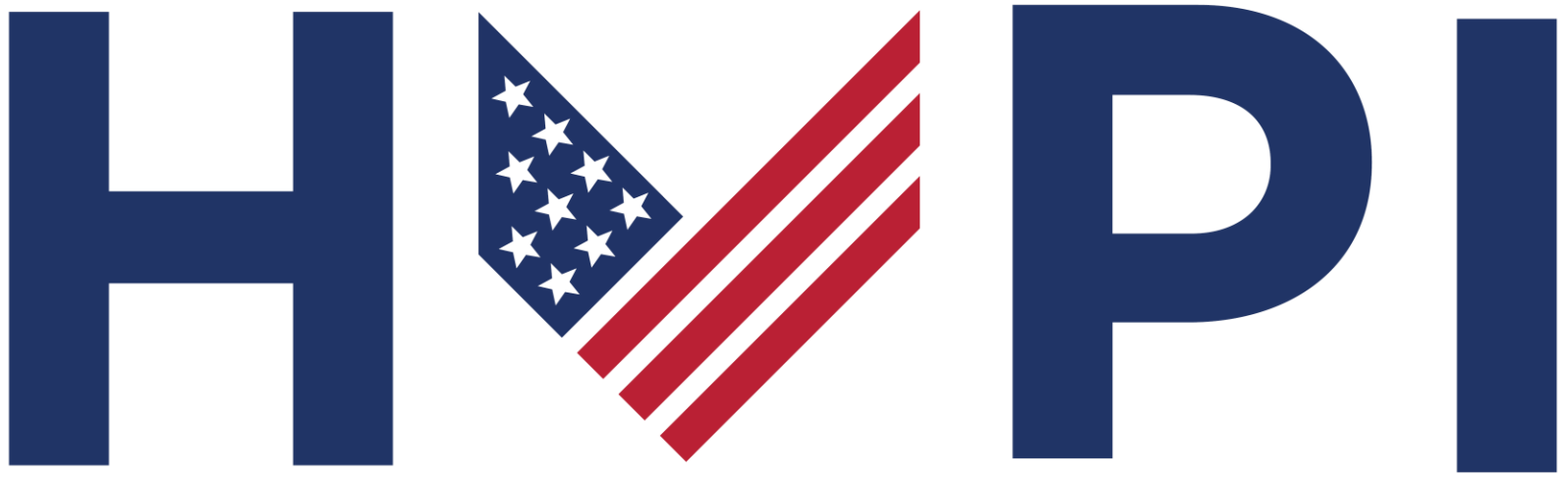


HOSPICE-VETERAN PARTNERSHIP
of Indiana

Hospice Veteran Partnership of Indiana

Quarter 3 Partnership Meeting
September 9, 2026
10:00 am to 11:30 am EST
9:00 am to 10:30 am CST

HOSPICE-VETERAN PARTNERSHIP
of Indiana

Agenda

10:00 – 10:05 am Welcome / Introductions
Melissa Marquardt, LSW / HVPI President

10:05 – 10:10 VA & HVPI Updates
Liz Davis, LCSW / HVPI Vice President
Marty Kieninger, RN / HVPI Vice President
Lexi Harris / HVPI Partner Engagement Coordinator
Angie Bray / HVPI Partner Engagement Coordinator

10:10 – 10:25 am Upcoming Events
Melissa Marquardt, LSW / HVPI President

10:25 – 10:30 Partner Spotlight – Dignity Memorial Funeral Homes and Cemeteries
Julie Olds, MMC, CT, CFC / Community Outreach

10:30-11:30 – VA Suicide Prevention in Palliative/Hospice Care
Joey Eller, LCSW/ Indy VA Suicide Prevention Program Coordinator

VA Updates

- VA has a New Federal Electronic Medical Record System – Expect delays!
- Indy VA new-ish contract nursing homes:
  - Bell Trace Bloomington
  - Harrison Terrace - Indy (must have dementia dx)
  - Reminder: No longer contracted with Waters of Martinsville
- Marion VA
  - Launches virtual OP Palliative Care clinic 9/22!

HVPI 2026 Calendar

- **Q4 HVPI Partnership Meeting:**

  Wednesday, 12/9/26 10:00am– 11:30a.m. EST

  Dr. Lyle Fettig / VA Concurrent Care.

- **Veteran's Day Parade At Marion VAMC**
  - Final Veteran's Day Parade Planning Meeting 10/22/26 at 8:30 via teams.
  - Parade 11/6/26 at 1:00 pm

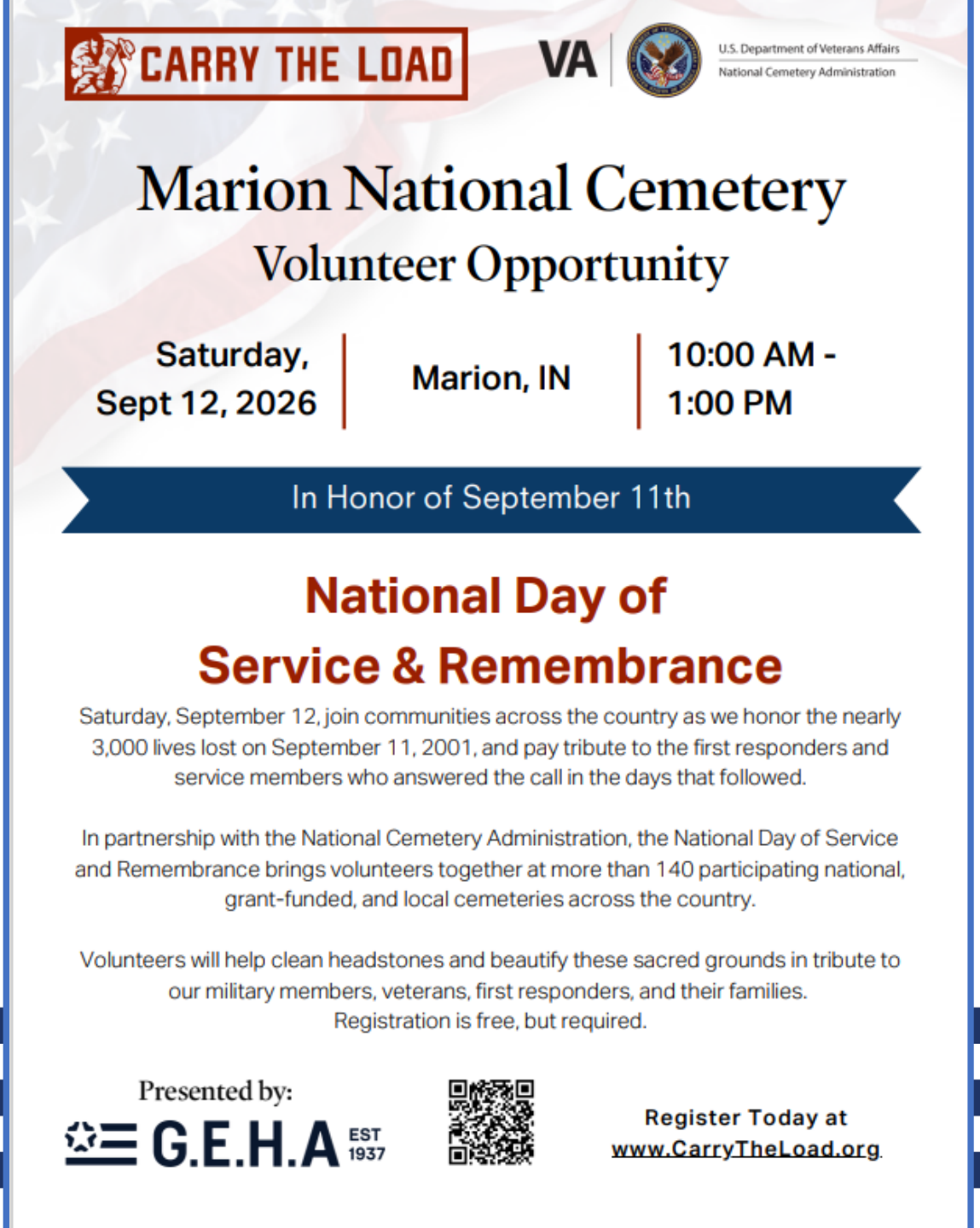
- **HVPI 4th Annual Holiday Drive –** details will be forthcoming

Upcoming Events

- Steps of Honor
  - If interested in volunteering, contact: Kyle Pitt kyle1pitt@gmail.com 765-620-8517
- The Traveling Vietnam Memorial Wall
  - Plainfield 9/18-9/21

Upcoming Events

- National Day of Service and Remembrance.
  - This Saturday @ Marion National Cemetery or Crown Hill in Indianapolis
  - www.carrytheload.org



Upcoming Events – Marion VA Veteran's Day Parade

- November 6th @ 1:00 (if volunteering please come at 9 to decorate truck)
- Hospice partners welcome to pass out agency swag!
- Wear a HVPI t-shirt or a blow-up patriotic costume!
  - Shout out to Tracy Wagoner with Adoration Hospice for making t-shirts!
  - T-shirt pick up can be at Indy or Marion Palliative Care offices, through Tracy, or day of parade.
- See today's meeting follow up email for details on how to order shirts and **sign up genius link for donations AND to let us know if you are coming!**
- Final planning meeting 10/22/26 at 8:30 via teams.

Partner Spotlight

Dignity Memorial

Julie Olds, MMC, CT, CFC

Community Outreach Manager OH, IN, KY

Dignity Memorial Funeral Homes and Cemeteries

614-370-9960

Julie.olds@dignitymemorial.com

Dignity Memorial:
Indiana Hospice Volunteer Services Managers Network

All local hospice volunteer services managers and coordinators are invited to join

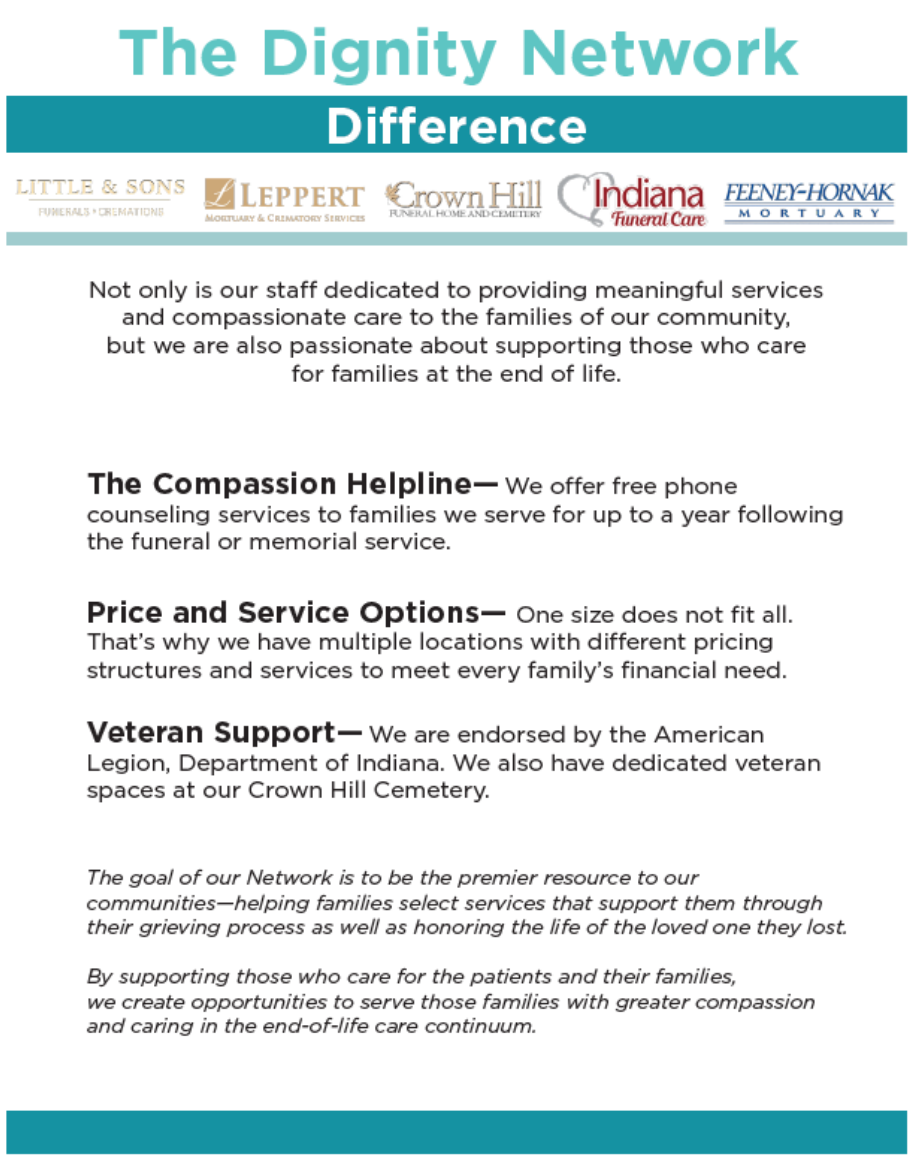
Meet for lunch every other month at a convenient location

Safe space to tackle challenges and share successes

Learn about opportunities and resources available in the community

Collaborate on projects that support the We Honor Veterans program

Provide programs to help VC's engage their volunteers



U.S. Department of Veterans Affairs

VA Suicide Prevention in Palliative/Hospice Care

VA Roudebush Suicide Prevention Program

A Little Housekeeping Before We Start:

- Suicide is an intense topic for some people.
  - If you need to take a break, or step out, please do so.
    - National Suicide Prevention Lifeline: Dial 988
      - Service members and Veterans should press 1 to connect with the Veterans Crisis Line.

Objectives

By participating in this training, you will able to:

- Describe the importance of connection in reducing suicide risk
- Outline the steps to clinically assess suicide risk
- Accurately describe 6 steps of a Client-Centered Safety Plan
- Being Future Oriented at End of Life

Facts About Suicide

Suicide is a National Public Health Issue

- Suicide is a national public health issue, affecting both the Veteran and general population.
- Societal factors may also impact suicide risk, such as economic disparities, race, ethnicity, LGBTQ+, homelessness, social connection, isolation, health and well-being.
- Coronavirus Disease 2019 (COVID-19) pandemic has also placed additional strain on individuals and communities across the nation.
- One suicide is heartbreaking, notably affecting an estimated 135 surviving individuals for each death by suicide.
- Our nation grieves with each suicide, necessarily prompting the collective tireless pursuit of evidence-based clinical interventions and community prevention strategies, critical to the implementation of VA's National Strategy for Preventing Veteran Suicide.

2025 National Veteran Suicide Prevention Annual Report

- **Annual Report**
  - Reports on trends in Veteran suicide deaths from 2001–2023
  - Focuses on suicide counts and rates among various Veteran subpopulations
- **State Data Sheets**
  - Examined state level Veteran suicide deaths and compared to national and regional trends
  - 53 data sheets available for all 50 states, D.C., Puerto Rico, and U.S. Territories

Access the reports online:
https://www.mentalhealth.va.gov/mentalhealth/suicide_prevention/data.asp

Assessing Suicide within context of Palliative Care

"cancer patients experience nearly twice the incidence of suicide compared to the general population. Lung, prostate, pancreatic, head and neck cancers have the highest suicide rates among all cancer types. Up to 8.5% of terminally ill cancer patients express an ongoing desire for an early death, which may not result in suicide attempts, but is worthy of deeper observation by the hospice interdisciplinary group"
https://www.axxess.com/blog/hospice/the-importance-of-a-suicide-risk-assessment-in-hospice-care/

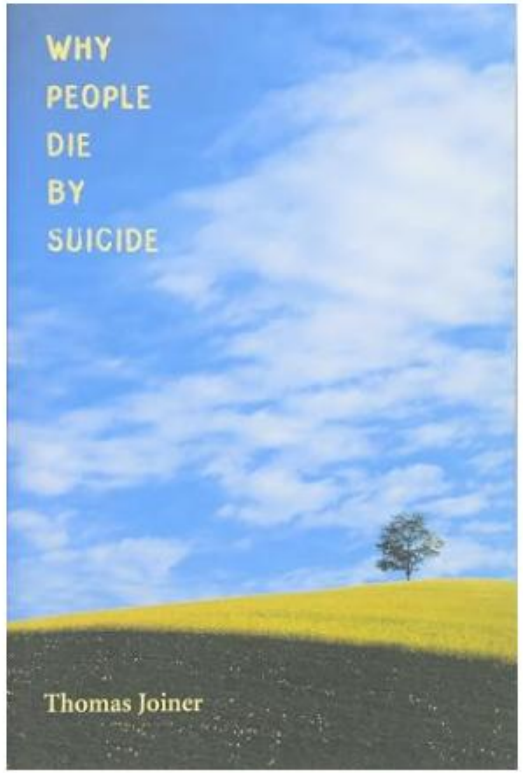
" in a study of suicide risk and precipitating circumstances in male Veterans >age 65 years, the adjusted odds ratio of suicide was 36-fold higher in those with physical health problems. Suicide in palliative care and hospice patients has not been widely studied, but known suicide risk factors include: older age, history of mental health problems, male gender, social isolation, recent medical hospitalization, poor physical functioning, and access to lethal means including opiates or firearms. Suicidal behavior is more lethal later in life, due to increased frailty, social isolation, greater resolve, and greater likelihood of firearm use."
https://www.jpsmjournal.com/article/S0885-3924(18)31233-8/fulltext

The Story behind Suicide Risk - Connection

"Why People Die By Suicide" written by Thomas Joiner, presents that there are two main reliable indicators of the intensity and probability of a suicide.

- **Perceived Burden -** the psychological pain of believing one has nothing to offer the world, and others would be better off if one no longer existed. They "perceive themselves to be ineffective or incompetent, affecting not only themselves, but others" (Joiner, 2005)
- **Sense of Connection** – the psychological pain of feeling one does not belong to anyone or anything. When "belonging is thwarted, it activates a similar area as physical pain [anterior cingulate cortex]. (Joiner, 2005)

- Joiner, T. (2005). *Why People Die By Suicide*. Harvard Press.



- Burden - Joiner and his team completed two studies, both involving reviewing the suicide notes of those who attempted suicide, half surviving/half not. They searched for hopelessness, general emotional pain, and perceived burden. They found clinical significance of more perceived burden then either the hopelessness or general emotional pain in those that died, than those that survived their attempt.

- The second study with a new group of notes found the same results. Feeling a burden was a significant predictor of lethality.

- Connection – It is noted that suicide has a 3x increase of risk in divorce, loss of a partner in the past month or two, loss of a parent before the age of 18 or immigrants who are separated from their "mother country"; suicides reduce when communities come together in tragedies, natural disasters and war.

- Joiner cites a study involving several college sports teams, hypothesizing a connection could reduce suicide. They found that suicides decreased during significant team competitions (think Super Bowl or even local Friday night lights) Even when "their" teams lost, suicide rates were down.

- You will be able to visibly see when people no longer feel connected… there is less eye contact; less head nodding; less facial expressions

How to help change the story – The Safety Plan

- Of 1816 unique abstracts screened, 6 studies with 3536 participants were eligible for analysis. The relative risk of suicidal behaviour among patients who received a Safety Plan-Type Intervention compared with control was 0.570. No significant effect was found for suicidal ideation.

- "To our knowledge, this is the first study to report a meta-analysis on SPTIs for suicide prevention".

- Nuij C, van Ballegooijen W, de Beurs D, et al. Safety planning-type interventions for suicide prevention: meta-analysis. *The British Journal of Psychiatry*. 2021;219(2):419-426. doi:10.1192/bjp.2021.50

How to help change the story – The Safety Plan

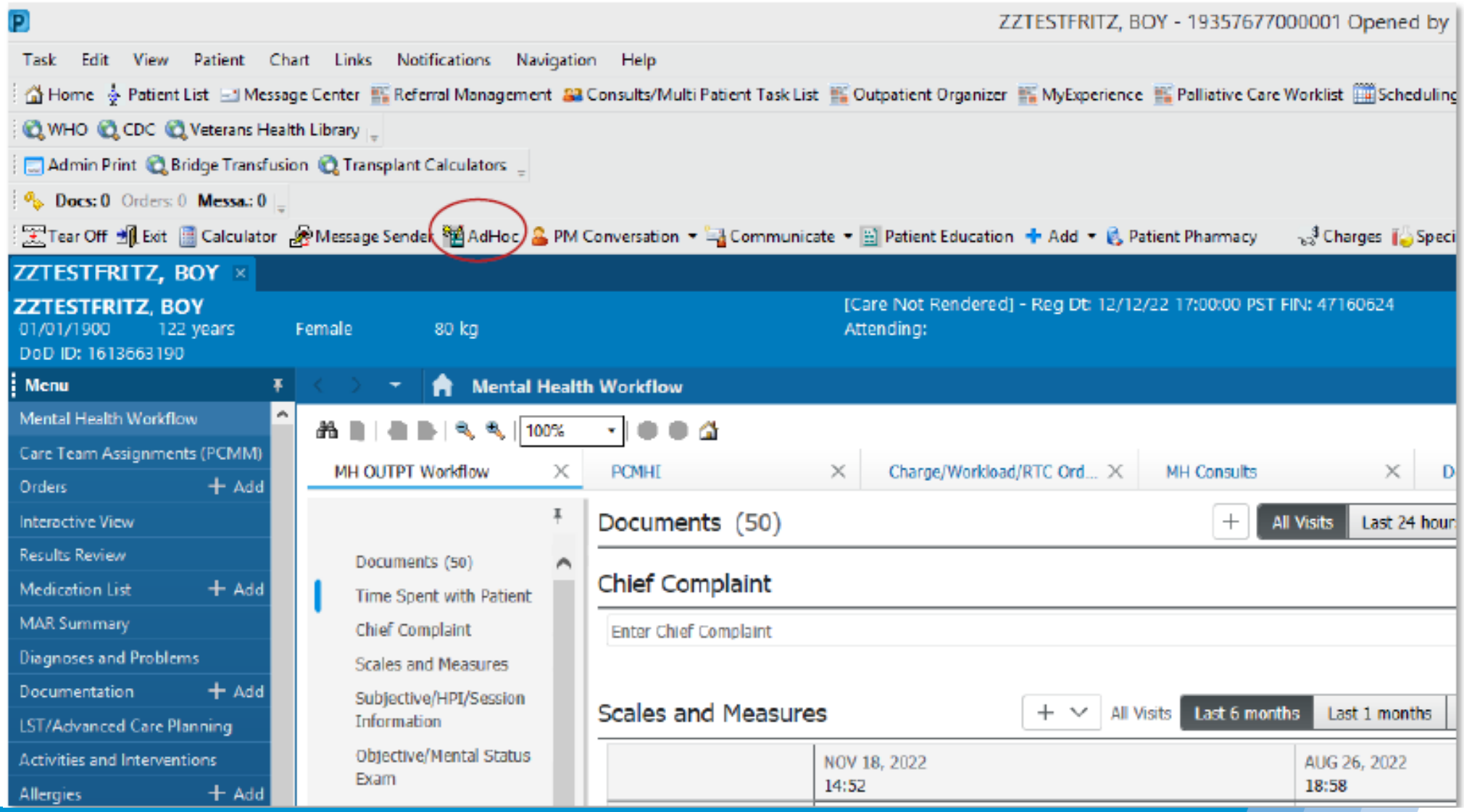
In a similar VA Initiative:

Results from this clinical demonstration project were recently published in a high-impact journal, JAMA Psychiatry (Stanley, Brown, Brenner et al., 2018). The study used a cohort comparison design with six months follow-up at nine VHA hospital EDs (five intervention sites and four control sites). SPI+ was administered to a total of 1,186 Veterans who presented to the intervention EDs for a suicide-related concern, but for whom inpatient hospitalization was not clinically indicated.

Veterans in the SPI+ condition were less likely to engage in suicidal behavior than those receiving usual care during the six-month follow-up period. The SPI+ was associated with 45% fewer suicidal behaviors, approximately halving the odds of suicidal behavior over a six-month period.

Intervention patients had more than double the odds of attending at least one outpatient mental health visit following ED discharge than control patients.

Before We Continue – A brief intermission:



Where can we find…

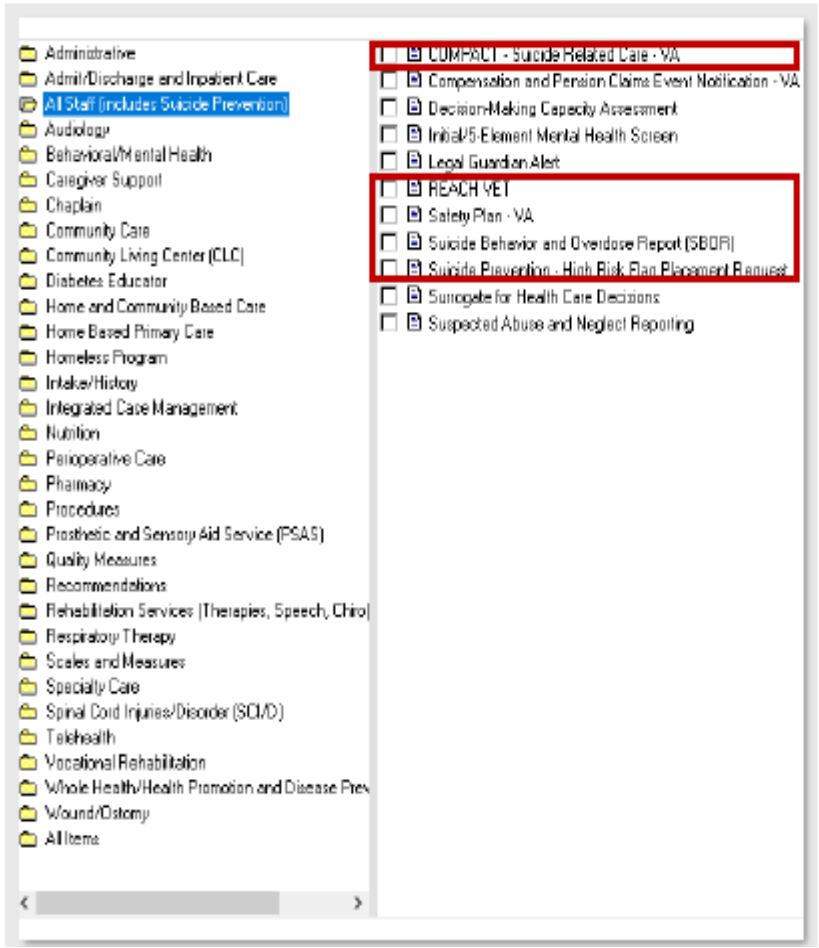
the C-ssrs? (Columbia)

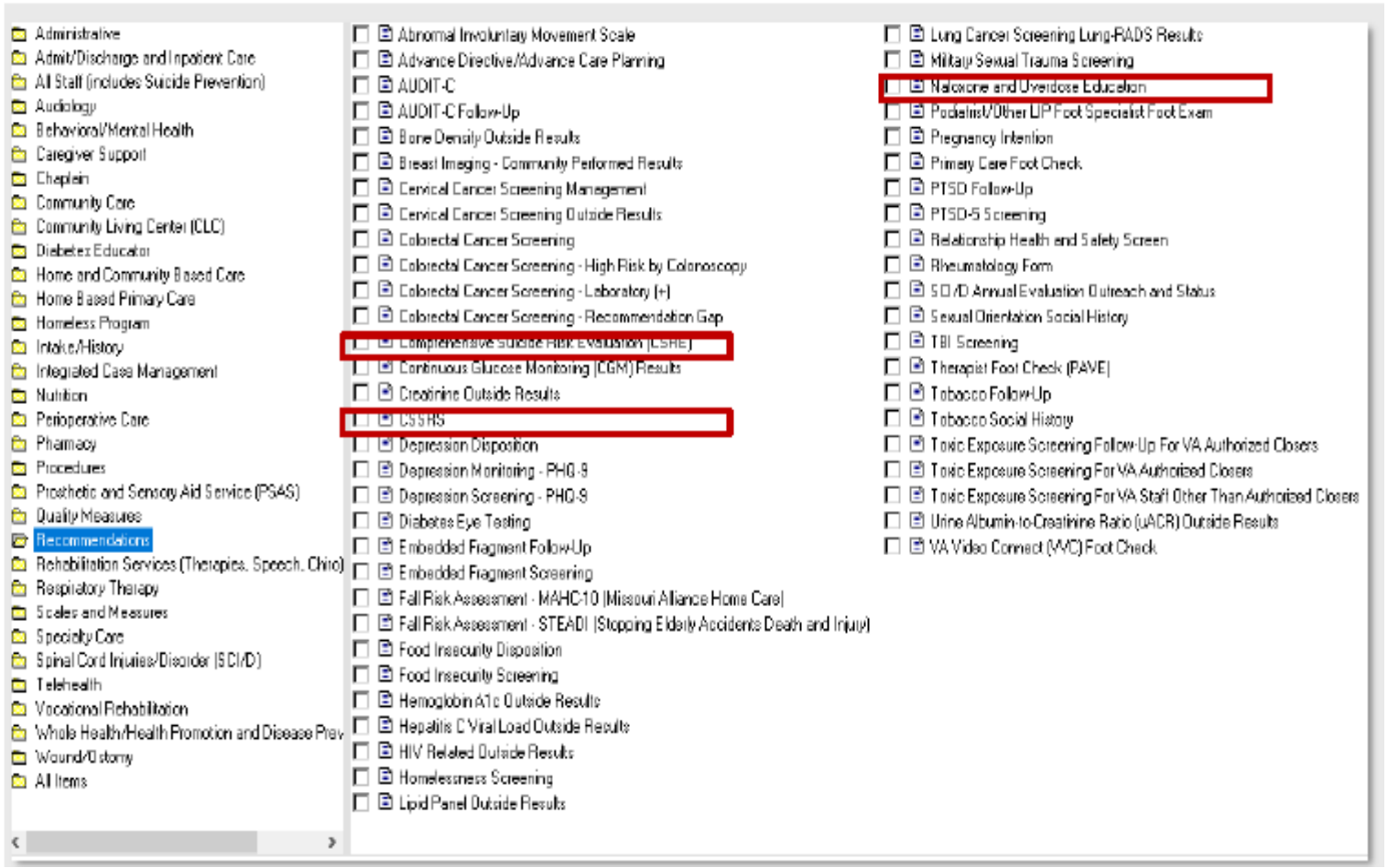
The CSRE?

The Safety Plan?

Under AdHoc

Before We Continue – A brief intermission:





Click “All Staff (including Suicide Prevention)” or” Recommendations”

Suicide is a Complex Issue with No Single Cause

(Frequently a story with lots of chapters)

- There is no single cause of suicide.
- Suicide is often the result of a complex interaction of risk and protective factors at the individual, community, and societal levels.
- Risk factors are characteristics that are associated with an increased likelihood of suicidal behaviors. Protective factors can help offset risk factors.
- To prevent Veteran suicide, we must maximize protective factors while minimizing risk factors at all levels, throughout communities nationwide.

Risk and Protective Factors

Risk

- Prior suicide attempt
- Mental health issues
- Substance abuse
- Access to lethal means
- Recent loss
- Legal or financial challenges
- Relationship issues
- Unemployment
- Homelessness

Protective

- Access to mental health care
- Sense of connectedness
- Problem-solving skills
- Sense of spirituality
- Mission or purpose
- Physical health
- Employment
- Social and emotional well-being

Goal: Minimize risk factors and boost protective factors

What are the increased risks we need to be looking for?

- Physical factors
    - Functional status –
        - Can they do what they used to do?
        - Can they do what they NEED to do?
    - Pain experience

What are the increased risks we need to be looking for?

- Psychological factors
  - Lack of autonomy/independence
  - Fear of suffering
  - Fear of being a burden

- Depression
- Hopelessness
- Loss of dignity

*More at risk during the immediate period after diagnosis

What's Their Story? Suicide Risk – Screening

Columbia – Suicide Severity Rating Scale (C-SSRS)

1. Have you wished you were dead or could go to sleep and not wake up?

2. Had you actually had thoughts of killing yourself?

(If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, go directly to question 6.)

3. Have you been thinking about how you might do it?

4. Have you had these thought and had some intention of acting on them?

5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?

6. a) Have you ever done anything, started to do anything, or prepared to do anything to end your life? b) Were any of these in the past three months?

Each answer counts as one point, any score above three triggers a need for a thorough risk assessment

Getting the Story - Assessing

VA Comprehensive Suicide Risk Evaluation (CSRE)

Suicidal thoughts:

When was the most recent occurrence? _____

Describe the thoughts: _____

Frequency: _____

Does/Did the Veteran have a plan? ___ No ___ Yes

If YES, Describe: _____

Access to lethal means? ___ no ___ Yes

If YES, Describe _____

Does/Did the Veteran have intent? ___ No ___ Yes

If YES, Describe: _____

Details about SI not already noted: _____

Getting the Story - Assessing

VA Comprehensive Suicide Risk Evaluation (CSRE)

Suicidal Behaviors:

Has the Veteran ever made a prior suicide attempt? ___ No ___ Yes

If yes, How many? ___

When was most recent? _____

Means used in most recent? _____

Did they receive care treatment following attempt?

Where? _____

How long? _____

I

Getting the Story - Assessing

VA Comprehensive Suicide Risk Evaluation (CSRE)

Suicidal Behaviors:

Was the attempt interrupted ___ No ___ Yes, by self ___ Yes, by other(s)

If YES, Describe: _____

Was Veteran injured? ___ No ___ Yes

If YES, Describe: _____

Was most recent attempt the most lethal attempt? ___ No ___ Yes

If NO, What was the most lethal attempt? When did it occur and what treatment, if any was sought and/or received? _____

Has the Veteran ever engaged in preparatory suicidal behavior (aside from prior attempts)?

___ No ___ Yes *If YES, Describe: _____

Getting the Story - Assessing

VA Comprehensive Suicide Risk Evaluation (CSRE)

Warning Signs (Select all that have ever been present)

*Direct Warning Signs

___Preparations for Suicide

___Seeking access or Recent Use of Lethal Means

___Suicidal Communication

___Other: _____

Getting the Story - Assessing

VA Comprehensive Suicide Risk Evaluation (CSRE)

Warning Signs (Select all that have ever been present)

*Indirect Warning Signs

___Anger	___Purposelessness
___Anxiety	___Recklessness
___feeling Trapped	___Sleep Disturbance
___Guilt or Shame	___Social Withdrawal
___Hopelessness	___Substance Use
___Mood Changes	___Other: _____

Additional Warning Signs: _____

Getting the Story - Assessing

VA Comprehensive Suicide Risk Evaluation (CSRE)

Risk Factors (Comment or Please Describe each checked box)

___Access to Lethal Means (e.g., firearms, large quantities of meds)

___Financial Problems (e.g., unemployment)

___History of MH hospitalizations: (include dates, reason for admit, duration)

___History of suicide Attempt(s)

___Homelessness

___Legal Problems (DUI, incarceration, civil vs criminal)

___Losses

___Medical Conditions and Health-Related Problems (e.g. TBI, HIV/AIDS, insomnia, chronic pain)

Getting the Story - Assessing

VA Comprehensive Suicide Risk Evaluation (CSRE)

Protective Factors and Reasons for Living

___Access to and Engagement with Health Care (e.g., supportive medical and MH care relationships

___Interpersonal Relations (e.g., child-related responsibilities, strong bond to family members)

___Positive Personal Traits or Beliefs (e.g., helps seeking, religious or cultural beliefs against suicide, cognitive flexibility)

___Social Context Support System (e.g., community support, family responsibilities

___Other: _____

Changing the trajectory of their story, by planning the next chapter

Editing the Story– Safety Planning

Teaching Self Risk Assessment

Step 1. Recognizing warning signs

___ Ask patient “How will you know when the Safety Plan should be used?”

___ Ask patient “What do you experience when you start to think about suicide or feel extremely distressed?”

___ List warning signs, including thoughts, images, thinking processes, mood, and/or behaviors, using the patient’s own words.

(Ex: “I feel really numb,” “I think ‘Nobody even cares about me,’” “I stop answering calls and texts”)

Editing the Story– Safety Planning

Teaching Self Risk Assessment

Step 2. Using internal coping strategies

___ Ask patient “What can you do, on your own, if you become suicidal again, to help yourself not to act on your thoughts or urges?”

___ Ask patient “How likely would you be able to do this step during a time of crisis?”

___ If doubt about using coping strategies is expressed, ask “What might stand in the way of you thinking of these activities or doing them if you think of them?”

___ Use a collaborative, problem-solving approach to ensure that potential roadblocks are addressed and/or that alternative coping strategies are identified.

Editing the Story– Safety Planning

Teaching Self Risk Assessment

Step 3. Social contacts who may distract from the crisis

___ Instruct patient to use Step 3 if Step 2 does not resolve the crisis or lower risk.

___ Ask patient “Who or what social settings help you take your mind off your problems, at least for a little while?” and “Who helps you feel better when you socialize with them?”

___ Ask patient to list several people and social settings, in case the first option is unavailable.

___ Ask patient for safe places they can go to be around people, e.g., coffee shop.

___ Remember, in this step, suicidal thoughts and feelings are not revealed to their social contacts

Editing the Story– Safety Planning

Teaching Self Risk Assessment

Step 4. Contacting family members, friends, caregivers or others who may offer help to resolve a crisis

___ Instruct patient to use Step 4 if Step 3 does not resolve the crisis or lower risk.

___ Ask patient "Among your family or friends, who could you contact for help during a crisis?" or "Who is supportive of you and who do you feel you can talk with when you're under stress?"

___ Ask patient to list several people, in case they cannot reach the first person on the list. Prioritize the list. In this step, unlike the previous step, patients reveal to their contacts that they are in crisis.

___ Ask patient "How likely would you be willing to contact these individuals?"

___ If doubt is expressed about contacting individuals, identify potential obstacles and problem solve ways to overcome them.

Step 5. Contacting professionals and agencies

___ Instruct patient to use Step 5 if Step 4 does not resolve the crisis or lower risk.

___ Ask patient "Who are the behavioral health professionals who should be on your safety plan?" and "Are there other health care providers?" In this step, suicidal thoughts and feelings are discussed with health professionals/agencies.

___ List names, numbers and/or locations of clinicians, local urgent care services, military service/command or VA suicide prevention coordinator, Military/Veterans Crisis Line and/or National Suicide Prevention Helpline (800-273-TALK (8255)).

___ If doubt is expressed about contacting health professionals/agencies, identify potential obstacles and problem solve ways to overcome them.

Editing the Story– Safety Planning

Teaching Self Risk Assessment

Step 6. Reducing the potential for use of lethal means

___ Ask patient which means they would consider using during a suicidal crisis and collaboratively identify ways to secure or limit access to these means. Use non-judgmental tone and language with open-ended questions.

___ For patients who identify methods with low lethality, clinicians may ask patients to remove or restrict access themselves or with assistance.

___ Restricting the patient's access to a highly lethal method should be done by a designated, responsible person — usually a family member, caregiver, close friend, military command, or the police.

___ Examples: Keep medications locked in a safe place, properly dispose of medications you no longer need, never keep lethal doses of any medication on hand, keep firearms locked in a safe with ammunition stored separately, have a trusted individual temporarily store firearm until safety is re-established.

___ Consider prescribing naloxone for patients at risk for opioid overdose (See VA/DoD opioid therapy clinical practice guideline).

Step 7. Remembering reasons for living

___ Ask patient to list their reasons for living, including answers to the following: "The things that are most important to me and worth living for are: _____

Incorporating End of Life Planning into Safety Planning

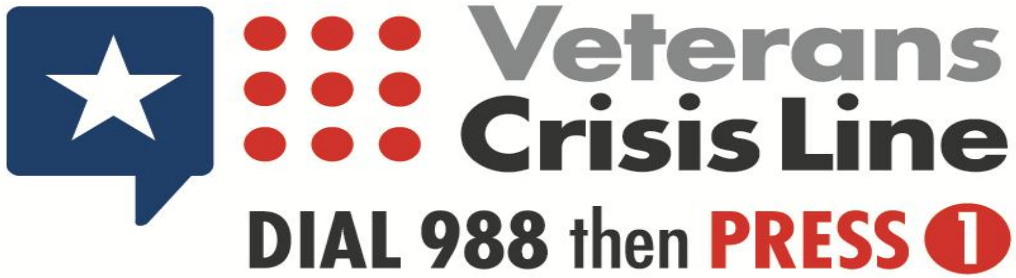
- 10 Practical Ways to Deal with Terminal Illness
  - https://www.verywellhealth.com/dealing-with-terminal-illness-1132513
- How to Prepare as You Near End of Life
  - https://www.cancer.org/cancer/end-of-life-care/nearing-the-end-of-life.html
- Tips for Coping with Suicidal Thoughts
  - https://www.mind.org.uk/information-support/suicidal-thoughts-and-suicide-prevention/coping-and-self-care/

Extra Resources

VA SAFETY PLAN APP

- [Mental Health and Behavioral Therapy Apps | VA Mobile]

Free, Confidential Support 24/7/365



• • • • Confidential chat at **VeteransCrisisLine.net** or text to **838255** • • • •

- Veterans
- Service members
- Family members
- Friends

Make the Connection

- Online resource featuring hundreds of Veterans telling their stories about overcoming mental health challenges.

MAKE THE CONNECTION

www.MakeTheConnection.net

https://maketheconnection.net/conditions/suicide

Suicide Risk Management Consultation Program

SUICIDE RISK MANAGEMENT Consultation Program

FOR PROVIDERS WHO SERVE VETERANS

Why worry alone?

The Suicide Risk Management Consultation Program provides free consultation for any provider, community or VA, who serves Veterans at risk for suicide.

Common consultation topics include:

- Risk Assessment
- Conceptualization of Suicide Risk
- Lethal Means Safety Counseling
- Strategies for How to Engage Veterans at High Risk
- Best Practices for Documentation
- Provider Support after a Suicide Loss (Postvention)

#NeverWorryAlone

To initiate a consult email:

SRMconsult@va.gov

www.mirecc.va.gov/visn19/consult

ROCKY MOUNTAIN MIRECC

VA | U.S. Department of Veterans Affairs

Questions?

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