

**Clark/Cumberland County ROSC  
Meeting Minutes**

**July 9<sup>th</sup>, 2024  
4:30 pm  
Forsythe Center  
Zoom**

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**Attendees:** Kristina Drum, Kyle Houser, Amber Clark, Kristin Davis, Jenna Hays, Johanna Gonzalez, Julie Pohlman, Leanna Morgan, Megan Edmonson, Norm Wilson, Allyssa Houser, Adam Lovell, Donnelle Darling, Anna Michealchuck, Liesl Wingert

*Minutes*

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**Agenda Item:** Introductions of attendees/ Plans for Summer

Kristina- Spend time with my grandbaby  
Kyle- Learn how can vegetables  
Donnelle- Side by side trips  
Norm- VBS, fair, family vacation  
Julie- Spend time with grandbaby  
Anna- Spend time with her nephew  
Megan-hang out with her kids  
Johanna-Tire her three-year old out  
Liesl- Beach, sent her daughter to Puerto Rico, camps  
Kristin- Chasing her 14-year old around  
Leanna- gardening  
Jenna- Chasing two kids all over/softball  
Allyssa- Having her baby boy  
Andy- Trying to put together a new home  
Amber- Family in Texas and trip to St. Louis  
Leanna- Gardening

**Spotlight speaker** – Amber Clark, Community Engagement and Partnership Coordinator, Suicide Prevention, Iliana Health Care System. Iliana covers 32 counties across Central Illinois, including Clark and Cumberland, with 2 additional counties in Indiana. Amber provided the council with a presentation on risk factors for suicide among Veterans in relation to alcohol and substance use disorders. In a national representative sample of Veterans, 40.8 percent met the DSM-5 criteria for lifetime Alcohol Use Disorder and 10.5 percent meet the criteria for past-year probable diagnosis. When compared with civilians, Veterans have a similar or slightly elevated overall prevalence of Alcohol Use Disorder. Veterans ages 18-25 have elevated rates of Alcohol Use Disorder compared to older Veterans. Nonroutine discharge from military service for

misconduct or disqualification are associated with elevated risk for Alcohol Use Disorder, suicidal ideation and behaviors. Among Veterans, rates of alcohol use disorder can vary by age and tends to be higher among younger aged men and women Veterans. Veterans who screen positive for both probable alcohol use disorder and PTSD were three times more likely to screen positive for major depression and generalized anxiety disorder and may be at an increased risk of suicide when compared to Veterans who screen positive for probable alcohol use disorder alone. Veterans with a diagnosis of PTSD or PTSD and alcohol use disorder had lower social connectedness and protective psychosocial scores than veterans with a diagnosis of alcohol use disorder alone. Feelings of loneliness and lack of a support system is a risk factor for suicide, not only in Veterans, but for everyone. On the other hand, a sense of belonging is a protective factor.

Alcohol use disorder and suicide risk among female Veterans: While a current diagnosis of alcohol use disorder is associated with an elevated risk for suicide among male and female Veterans, the effect of alcohol use disorder on suicide risk is higher for female Veterans. However, the difference in magnitude was reduced after adjusting for factors such as mental health diagnoses, suggesting that this relationship might be mediated by comorbid psychiatric disorders. Similarly, while screening positive for military sexual trauma (MST) is associated with higher rates of alcohol use disorders and other substance use disorders among both men and women Veterans, the increase is proportionally greater for female veterans. Substance Use Disorder can increase suicide risk. Substance use disorder (SUD) is associated with an increased risk for suicidal ideation, suicide attempts, and death by suicide. SUD is also common among Veterans treated in the Veterans Health Administration (VHA). Alcohol and cannabis are the most commonly used substances among Veterans. Veterans aged 18 to 34 and Veterans who are unemployed have the highest prevalence rates of being diagnosed with a SUD. Male Veterans have a higher prevalence rate of SUD compared to female Veterans, and Veterans who are divorced, widowed, or have never been married have higher prevalence rates of SUD relative to Veterans who are married or cohabiting. Drug problems may be a significant risk factor for suicidal ideation. The rate of suicidal ideation was 9.3 times higher among Veterans who reported drug problems than among those who did not, a difference in rate significantly greater than that found among civilians. The effect of opioid use on suicidal ideation and suicide attempts is stronger than the effect of use of other substances. Depression, suicidal ideation, and chronic pain are also associated with overdose risk behaviors. Veterans who had elevated symptoms of depression, suicidal ideation, pain interference, or pain severity had elevated rates of overdose risk behaviors in the preceding month, both in comparison with Veterans who experienced lower levels of these symptoms, in comparison with their own behaviors when symptoms were less severe. Among Veterans seeking pain care through VHA, those with comorbid Opioid Use Disorder and Alcohol Use Disorder or Opioid Use Disorder and depression had increased risk for suicide attempt. Having AUD or DUD and PTSD more strongly predicts self-harm among female Veterans than male Veterans. Drug use problems predicted future PTSD symptom severity among female Veterans. Suicide is a national issue, with rising rates of suicide in the general population. In 2021, 6,392 Veterans died by suicide-114 more than in 2020. Suicide remains the 13th leading cause of death for Veterans overall, and the second leading cause of death for Veterans under the age of 45. For every death by suicide, approximately 135 individuals are impacted. Reducing access to lethal suicide methods has been shown to decrease suicide rates. About 90 percent of people who survive a suicide attempt do not

go on to die by suicide. If we work with Veterans ahead of time to help them survive a suicidal crisis, we have likely prevented suicide for the rest of their lives. VA S.A.V.E. is a way for community members to help Veterans at risk for suicide. S-Signs of suicidal thinking should be recognized, A-Ask the most important questions, V-Validate the Veteran's experience, E-Encourage treatment and Expedite getting help. Signs of suicidal thinking include feelings of hopelessness, anxiety, agitation, sleeplessness, or mood swings, feeling like there is no reason to live, rage or anger, engaging in risky behaviors without thinking, increased use of substances, withdrawing from family and friends. The following signs require immediate attention: Thinking about hurting themselves or others, looking for ways to die, talking about death, dying, or suicide, self-destructive or risk-taking behavior, especially when alcohol, drugs, or weapons are involved. It is imperative to ask the hardest question of all. "Are you thinking about killing yourself?" Use direct words and phrases, such as "killing yourself" and "suicide," when asking about suicidal thoughts. Avoid using vague phrases such as "hurting yourself," as these can have different meanings to different people. Always validate the Veteran's experience by talking openly about suicide, recognize the situation is serious, do not pass judgement, reassure the Veteran that help is available. Encourage treatment and expedite getting help. Do not keep it a secret, do not leave the individual alone, encourage the Veteran to seek help immediately from their doctor or the ER, call 911, Reassure the Veteran that help is available, call the Veterans Crisis Line at 1-800-273-8255 and press 1.

**Feedback on Presentation:** Council members voiced their appreciation for the valuable information that Amber presented. One council member expressed his gratitude for the advice on how to speak to someone who is having suicidal ideation. Other council members asked for permission to share the information and resources on their organization's Facebook page.

**Announcement:** Please welcome our new ROSC program supervisor, Jenna Hays! Jenna was the very first ROSC Coordinator with the Hour House, but has been the statewide mentor over Region 4 for the last two years. Karen Cook has accepted a new position as the Associate Director of Community Services for Hour House. Congratulations to Karen and Jenna on their new roles!

**Recovery Navigator Update:** Starting on July 1<sup>st</sup>, Kyle's role has changed a little, he will be working part time for ROSC and part time for the Coles/Cumberland County Drug Court. His hours will be divided equally between the two. Kyle can provide direct services to the individuals on Drug Court such as providing transportation.

**Communication Campaign:** We launched our Anti-Stigma Campaign on July 1<sup>st</sup> and our slogan is We Can And Do Recover. Kristina shared the month- by- month breakdown of what we will be doing each month. In July we introduced the campaign on social media and in press releases, etc. In August there will be educational content including articles, infographics, and videos, partnership announcements with organizations, blog posts, social media, and webinars. Kristina will send out the list.

**Upcoming Events:** On July 26, there will be a Narcan/Resiliency Training in Partnership with the Chamber of Commerce in Marshall and HRC. In honor of Overdose Awareness Day, we will

host a Candlelight Vigil on or around August 31. Our Recovery Picnic will be held on September 7th at the Lion Pavilion at Casey Fairview Park.

**Barriers in Clark and Cumberland Counties:** Council members were asked to identify barriers that they see in each county. One council member identified confirmation from a Clark County judge on his view of a Drug Court as a barrier. He wants to hear directly from the judge on this matter. How can we accomplish this? Each month we will identify a barrier and discuss what we can do to address these barriers.

**Reminders/Tasks:**

- Please Sign the MOUs and return them to Kristina Drum.
- Kristina will schedule additional opportunities to educate the community on the ROSC Concept.
- Who do we need at the ROSC Council meetings, and how do we get them here?
- We are planning events for the next Fiscal Year, such as the panel events. Council members are encouraged to participate in the planning to ensure their success.

**Next Meeting:** August 13<sup>th</sup>, 2024 4:30 p.m. at The Forsythe Center & Zoom

**New Facebook Page:** Please go like and follow The Clark/Cumberland County ROSC [Clark/Cumberland County ROSC Facebook Page](#)