

**COMMITTEE TO REVIEW SUICIDE FATALITIES**  
**MINUTES**  
**January 14, 2016**  
**9:00 a.m.**

Division of Child and Family Services (DCFS)  
Youth Parole Bureau  
620 Belrose Street, Suite 107  
Las Vegas, NV 89107

Toll-Free Dial Number  
(866) 434-5269  
Conference Code  
7501044

**BOARD MEMBERS PRESENT IN LAS VEGAS**

Heather Shoop, CADC (WestCare)  
Sergeant John Harney, Las Vegas Metropolitan  
Police Department  
Joanne Libertelli, RN MS (Spring Mountain  
Treatment Center)  
Marlyn Scholl, LCSW, Veterans Administration  
Sierra Nevada Health Care System, Reno  
Kathy M. Ingelse, DNP, RN, PMHNP-BC, FNP-BC,  
Orvis School of Nursing, University of Nevada,  
Reno (UNR)  
David Mills, Clark County Coroner Medical  
Examiner's Office (Proxy for John Fudenberg)  
Mike Bernstein, M. Ed. (Southern Nevada Health  
District)  
Dr. Lesley Dickson, MD (Nevada Psychiatric  
Association)

**BOARD MEMBERS NOT PRESENT**

John Fudenberg, Clark County Coroner

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH STAFF PRESENT IN LAS VEGAS**

Misty Allen, State Suicide Prevention Coordinator, Division of Public and Behavioral Health, Child  
Family and Community Wellness, Office of Suicide Prevention (DPBH-CFCW-OSP)  
Richard Egan, Suicide Prevention Training and Outreach Facilitator, DPBH-CFCW-OSP  
Angela Friedman, Administrative Assistant, DPBH-CFCW-OSP

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH STAFF PRESENT BY PHONE**

Daniel Mackie, NV State Epidemiologist, DPBH

**OTHERS PRESENT VIA TELEPHONE CONFERENCE**

Richard Gent, Railroad Safety Awareness Program, Operation Lifesaver

**OTHERS PRESENT IN LAS VEGAS**

Sharon Benson, Senior Deputy Attorney General, Attorney General's Office

Heather Shoop called the meeting of the Committee to Review Suicide Fatalities (CRSF) to order at 9:35 AM. The meeting was properly posted at the locations listed on the agenda in accordance with the Nevada Open Meeting Law (OML).

1. **ROLL CALL AND INTRODUCTIONS**

Attendees made their introductions and Heather Shoop determined a quorum of the Committee to Review Suicide Fatalities was present.

2. **VOTE TO APPROVE MINUTES FROM THE NOVEMBER 16, 2015 MEETING**

No corrections, deletions or additions were made to the minutes as presented.

**HEATHER SHOOP ENTERTAINED A MOTION TO APPROVE THE MINUTES OF THE NOVEMBER 16, 2015 MEETING AS PRESENTED. A MOTION TO APPROVE WAS MADE BY JOHN HARNEY. DAVID MILLS SECONDED THE MOTION. KATHY INGELSE ABSTAINED. THE MOTION PASSED UNANIMOUSLY WITHOUT PUBLIC COMMENT.**

Heather Shoop asked for public comment. None was heard.

3. **UPDATE ON AND MAKE RECOMMENDATIONS FOR THE REPRESENTATIVE OF THE NATIVE AMERICAN TRIBES TO BE APPOINTED BY THE DIRECTOR OF THE NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Misty Allen approached Veronica Gephardt, Director of Behavioral Health at the Reno Sparks Tribal Health Center. Ms. Gephardt is considering the appointment. Ms. Allen has invited several persons to consider filling the vacant committee position to represent Native American Tribes, with no success.

John Harney introduced himself and noted his 17 years with law enforcement, experience with suicide deaths, the homicide unit and collaboration with the Coroner's Office.

Kathy Ingelse noted her work with Orvis School of Nursing, the new Psychiatric Mental Health Nurse Practitioner Program at University of Nevada, Reno, and the Veterans Administration. Ms. Allen reported on the suicide prevention training Ms. Allen given to Ms. Ingelse's nursing students. Ms. Allen gave account of her recent experience with training medical students and noted the barriers for delivering suicide prevention to medical students.

David Mills introduced himself noting 15 years at the Coroner's Office, and prior military and law enforcement experience. Mr. Mills served briefly on a national panel for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Suicide Coalition. Mr. Mills is working with Barbara Butcher, former Chief of Staff of the New York City Medical Examiner's Office. Ms. Butcher is training coroner and medical examiner offices to identify suicide cases involving LGBT persons and submit the reports into the National Violent Death reporting system.

Heather Shoop noted the lack of LGBT youth data. Mr. Mills received the final draft of the questionnaire created by different disciplines at the national level, and will be made available to law enforcement. Mike Bernstein entered the meeting.

Ms. Shoop asked for public comment. None was heard.

4. **INTRODUCE AND HEAR UPDATE FROM COMMUNITY PARTNERS WORKING TO REDUCE ACCESS TO LETHAL MEANS. DISCUSS AND MAKE RECOMMENDATIONS RELATED TO THE COMMUNITY PARTNERS' UPDATES.**

Misty Allen noted the use of railway suicide prevention programs in Europe and Canada and the need for these programs in Nevada especially along the I-80 corridor. Richard Gent discussed the prevalence of the railway system used as a form of lethal means and the effects of the suicides on the family members, the train crews and first responders. Mr. Gent is working to teach law enforcement volunteers how to approach individuals along the railways who may have thoughts of suicide. Based on a discussion in the United Kingdom, Mr. Gent thought the recent Fernley deaths could potentially be copycat suicides. Mr. Gent is happy to work with the committee. Mr. Gent and Ms. Allen expressed the importance of persons involved in railways to be aware of asking the question "Are you thinking about suicide?"

Mr. Gent explained the Federal Railroad Administration's safety page is used to track railway deaths. Mike Bernstein suggested this information is useful to direct volunteers to monitor common locations to prevent deaths. Richard Egan will work with Mr. Gent regarding finding a contact to gain information for a railway death cases up for review. Ms. Allen noted an instance of copycat railway deaths in Menlo Park, California involving four students, and monitoring the location stopped the deaths.

Mr. Bernstein discussed the Multidisciplinary Prevention Advisory Committee (MPAC) focused on substance abuse is looking at increasing the use of locks on Narcan and providing training to medical staff on how to use the nasal spray version. These state meetings focused on substance abuse. Mr. Bernstein is waiting on direction from the state to create a stakeholder's group. Mr. Bernstein has heard about the work on this issue as a NACCHO (National Association of County and City Health Officials) Injury Prevention Workgroup member. Mr. Bernstein noted work regarding the prescription drug monitoring program and of a pediatric physician who was falsely listed as prescribing class drugs. Dr. Leslie Dickson is not having problems with the drug monitoring program.

Mr. Bernstein is hosting a senior safety event in March which will include an expired prescription drug collection. Ms. Allen announced Truckee Meadows Community College will be hosting an event as part of the 10<sup>th</sup> Annual Suicide Prevention Walk event on September 10, 2016, to include a drug drop off and providing regulating pill boxes. Mr. Egan and Heather Shoop noted that 212 pounds of prescription drugs were returned at the 2015 Walk in Memory Walk for Hope in Las Vegas, with collaboration with the Prevention Advocacy Choices Teamwork (PACT) coalition. Ms. Shoop and Mr. Egan discussed increased involvement with the Nye County Coalition.

Ms. Allen discussed a Massachusetts Public Health Department webinar in which Kathy Barber, with Harvard Injury Prevention and the Means Matter program, suggested removing prescription drugs might lead to seeking out more lethal means. A sample of ten adolescents were surveyed. The survey highlighted the risk factor of a lack of family connection and acknowledged if the prescription drugs were not available students would not have attempted suicide.

Mr. Bernstein said reducing prescription drugs could lead to using cheaper street drugs. Mr. Bernstein noted the Centers for Disease Control and Prevention (CDC) is publishing prescribing guidelines for doctors. Kathy Ingelse noted the incidence of persons making suicide attempts being reissued prescription drugs after an attempted overdose. Joanne Libertelli explained in hospitals only currently prescribed, not previously prescribed medications are returned to patients. Marlyn Scholl stated in the Veterans Administration (VA) high risk persons are restricted to a 14 day supply of all medications, which, depending on the medication, may be enough to kill a person. Per the

National VA Office, medication bottles and pill cases are labeled with the Veterans Crisis Line number. Ms. Libertelli and Ms. Scholl discussed evaluating the prescription prior to refill.

Ms. Allen invited members to suggest involvement with others working with lethal means. Ms. Shoop noted speaking with Nevada Department of Transportation (NDOT) and the City of San Francisco regarding bridge deaths. Mr. Egan discussed how Hoover Dam is monitored by Las Vegas Metro Police and the Dam's police. Sharon Benson contacted NDOT regarding its Bridge Division.

Mr. Egan discussed the Access to Lethal Means Firearms Program supported by the Office of Suicide Prevention and Nevada Coalition for Suicide Prevention. Mr. Egan talked about Nevada's first prosecuted event involving an 8 year old child's suicide and access to lethal means. Mr. Egan met with the National Association of Firearms Retailers who wants a conference in Las Vegas focusing on suicide prevention and lead abatement. Mr. Egan talked about a caller concerned about the security of job related firearms in the family's home and the donations to the family by gun shops in the area.

Ms. Shoop asked for public comment. None was heard.

**5. REVIEW AND APPROVE THE FINAL DRAFT OF THE ANNUAL REPORT TO THE DIRECTOR OF THE NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Misty Allen expressed the importance of having a complete report with suggestions to be taken the Director for the upcoming legislative session. Ms. Allen noted the additions to be made to the report related to the recent substance abuse discussion, National Violent Death Reporting System, and Lesbian, Gay, Bisexual, and Transgender concerns. David Mills believes Nevada will have access to the National Violent Death Reporting System next year. Ms. Allen said the 2014 data has been released indicating an increase in the rates for Nevada. Richard Egan explained improvement occurred in the age adjusted rates, just not overall. Ms. Allen noted that rates around the country are also on the rise. There is a change from suicide being the sixth leading cause of the death in Nevada in 2013, to the eighth leading cause of death. Mr. Egan discussed the youth rates.

Heather Shoop suggested re-visiting the report at the end of the meeting as more suggestions for additions can be made. Hard copies of the report will be distributed to the members at the meeting.

Ms. Shoop asked for public comment. None was heard.

**6. UPDATE ON AND MAKE RECOMMENDATIONS FOR THE MOU BETWEEN THE VETERANS ADMINISTRATION AND THE COMMITTEE TO REVIEW SUICIDE FATALITIES**

Marlyn Scholl reported the Acting Chief of Mental Health is looking into broader goals and partnerships resulting in the creation of broader MOUs, not only with the committee. Ms. Scholl stated Las Vegas is in the same Veterans Integrated Service Network (VISN) regional partnership with Reno which will lead to more collaboration.

Heather Shoop asked for public comment. None was heard.

**7. UPDATE ON AND RECOMMENDATIONS PERTAINING TO LISTING MENTAL HEALTH DIAGNOSES ON DEATH CERTIFICATES.**

Marlyn Scholl can send the members copies of the burial benefits from the Board of Veterans' Appeals (BVA). If a disability leads to the cause of death, there is a significant financial incentive for survivors. From the Veteran's Administration perspective, mental illness is not considered a cause of death. If someone is connected to services because of a disability, the family receives a lifetime income. If it is a diagnosis of 10 years or more, the family receives the benefits. Families are not guaranteed benefits if the disability has been less than 10 years. Ms. Scholl sees both the benefit and detriment to the change; some veterans may be more apt to attempt suicide knowing their family is going to be taken care of after the veteran dies.

David Mills expressed the difficulty of determining the cause of death being a mental health disability because of the other risk factors can lead to suicide. Mr. Mills noted with all the reports and documentation including medical and police, the family has information to support their case to receive the benefit. Mr. Mills mentioned a recent discussion with the Coroner's office doctors and doctors from other disciplines and states who had helped with the Coroner's cases. The doctors concluded mental health diagnoses are not something to be included on the death certificate because of all the other competing risk factors. Mr. Mills said the most challenging case is ruling of a suicide. Some families will go to court to take it off the death certificate because of historic family stigma or religious objections. Mr. Mills must list it if forensic evidence shows cause and manner. Mr. Mills would prefer to lean towards an accidental death in a drug overdose rather than suicide. Mr. Mills noted lawsuits occur in both instances of listing or not listing. Ms. Scholl state she spoke with a Coroner who had never been without lawsuits regarding this issue.

Heather Shoop asked for public comment. None was heard.

**8. CLOSED WORKGROUP SESSION PER NRS 439.5108 TO REVIEW AND CONSIDER CONFIDENTIAL INFORMATION DURING FATALITY REVIEW PROCESS**

Heather Shoop adjourned the open meeting at 10:30 AM to begin the closed session of the meeting.

Ms. Shoop called the meeting back on the record at 2:15 PM. Separate minutes of the closed meeting have been prepared.

**5. REVIEW AND APPROVE THE FINAL DRAFT OF THE ANNUAL REPORT TO THE DIRECTOR OF THE NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES (CONTINUED)**

Misty Allen opened up an electronic version of the report to make draft changes to the report as members made comment.

The following changes were made and/or suggested to be changed by Ms. Allen.

- Update the graph in the report to reflect 2014 data
- Update information on the previous and current members of the Committee
- Add gathered information from this, January 14<sup>th</sup> review.
- Update the percentages of the risk factors to include demographics across all cases reviewed. Richard Egan explained the cases reflect a representation of all ethnic groups, making the reviewed cases not a true demographic sample. Mr. Egan will need to contact Daniel Mackie to determine why the selection process is pulling up more Hispanic cases. More cases of middle aged white males might appear later as the cases being provided.
- Add information on the number of cases reviewed
- Site quotes taken from American Association for Suicidology.

Heather Shoop led the group page by page to make changes in the report.

Members discussed the evolution of the case selection methodology. Ms. Allen will add a paragraph to explain the case selection methodology. Mr. Egan invited the members to present cases of special significance to the committee. Mr. Egan explained some cases are delayed in order to collect as much data on the case as possible before review. Mr. Egan discussed the reason cases are not reviewed within the year the death occurred.

Ms. Allen clarified how information has been brought to the committee by its members. Mike Bernstein suggested a brief description of the review tool. Although technically meant for the Director of the Department of Health and Human Services, members suggested keeping information on the background of the committee within the report for those who may be new to the committee. A one page executive summary needs to be included.

Ms. Allen explained the section regarding utilizing existing review committees.

Ms. Allen clarified the initial terms were staggered but after the initial term the term become uniform. Members discussed the need to note all previous and current members involved in the committee. All committee members' credentials need to be included. The name of the contact for the technical guidance needs to be updated.

Sharon Benson approved the addition of information collected after October 2015 deadline to be included in the report. The members discussed the paragraph related to the MOU with the VA.

The members discussed how to present the section on risk factors and preventive factors as it relates to the cases reviewed and the general factors. Members discussed how to present the protective factor of follow up to inpatient stays, emergency room admissions, or pre-existing mental health or physical health admissions. Marlyn Scholl will send research to Ms. Allen regarding follow up and inpatient stays.

Ms. Scholl mentioned adding a section on capacity related to veterans and law enforcement, and burdens related to long term illness. Members discussed these risks may be a psychological factor, and determined Thomas Joiner's research should be included in the report.

Members discussed the negative actions of emergency room and emergency response staff due to stigma, lack of staff and lack of rooms to persons with substance abuse and mental health issues. Mr. Bernstein may bring up the issue at the next Clark County Regional Trauma Advisory Board meeting. The members agreed education is needed. Ms. Allen explained the work being done to divert suicide cases out of the emergency rooms. Joanne Libertelli suggested a booklet regarding pediatric care after a visit to the emergency room be also recommended within the report. Members discussed the diversion of pediatric care to other outpatient programs and the relief it has or has not caused for the hospitals. They discussed the communities' thoughts about the increase in identification of suicide ideation among youth, and the difficulties with managed care and presumptive eligibility.

Ms. Allen will send Recommendations three (3), four (4) and five (5) to Coroner Fudenberg and David Mills for review and comments.

Kathy Ingelse will look into the recent legislation related to the Board of Pharmacies and suicide awareness and prevention courses and also placing hotline numbers on prescription bottles.

More discussion is needed on the contact with mortuaries. The members discussed the appropriateness of timing when providing survivor information to the mortuaries for distribution to the survivor. Members noted the national movement to begin support groups for people who have attempted suicide. Ms. Scholl discussed her work with survivors and their desire for support. Mr. Egan noted the Coroner's Office works with the mortuaries to transport.

Mr. Bernstein left the meeting.

The members discussed adding outreach to the Labor Unions within the report. Mr. Egan described the sensitivity involved when working with the larger businesses.

Members discussed recommendations to increase public awareness and expand partnerships related to access to lethal to means, including bridges and opioids. Members discussed the frequency of bridge deaths and making connections with the Department of Transportation (NDOT). Ms. Benson will get the bridge data from her contact at NDOT. Dr. Lesley Dickson mentioned the prescription drug abuse task force may start up again.

Ms. Allen noted the need to add a paragraph on Hispanic culturally competent community outreach toward reducing stigma and providing resources. They agreed a paragraph needs to be added regarding the Lesbian, Gay, Bisexual, and Transgender community.

Ms. Shoop asked for public comment. None was heard.

**9. DISCUSS AND MAKE RECOMMENDATIONS FOR THE NEXT MEETING AGENDA ITEMS AND DATE.**

The members discussed trying to meet for further preparation of the next face to face meeting. The face to face meeting will review as many as 13 cases.

Heather Shoop asked for public comment. None was heard.

**10. PUBLIC COMMENT**

Heather Shoop asked for public comment. None was heard.

**11. ADJOURNMENT**

Meeting was adjourned at 3:55 PM.