



**MISSOURI VETERANS  
COMMISSION**

**2026**

# **LEFT OF BOOM**

VETERANS SUICIDE PREVENTION REPORT



JUNE 2026

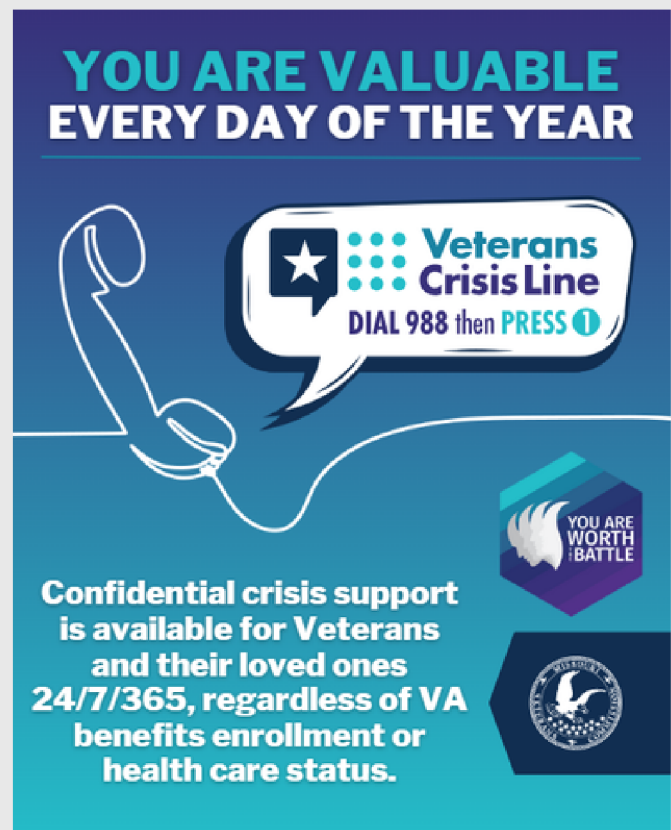
# ABOUT US

## **Missouri Veterans Commission**

The Missouri Veterans Commission (MVC) is a state agency established by Missouri Statute to aid all Veterans, their dependents, and legal representatives by providing information regarding the rights of Veterans and their dependents and to assist Veterans in accessing their available benefits through the State and Federal Government.

On July 11, 2024, Senate Bill 912 and House Bill 1495 were signed into law and promulgated in RSMo 42.022. MVC was charged with creating a new program to aid in the efforts to prevent Veteran suicide. Under this law, MVC was charged to review the provisions of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 and all subsequent regulations and compile an annual report before July 1, 2025, and before every July 1 thereafter. MVC will work in collaboration with the Missouri Department of Mental Health to “provide recommendations and make efforts to adopt procedures, programs, treatment options, additional aid, and other assistance deemed necessary by the Commission to assist in the efforts to prevent Veteran suicide.”

In military terms, “Left of Boom” describes the period of time before an incident occurs where proactive measures can be put in place to prevent or mitigate a life-threatening event such as an attack, explosion, or crisis. In keeping with that theme, the intent of the MVC Suicide Prevention program is to decrease the incidence of suicide and improve the health and well-being of Missouri Veterans by identifying areas of highest need.



**YOU ARE VALUABLE  
EVERY DAY OF THE YEAR**

**Veterans  
Crisis Line**  
DIAL 988 then **PRESS 1**

**Confidential crisis support  
is available for Veterans  
and their loved ones  
24/7/365, regardless of VA  
benefits enrollment or  
health care status.**

**YOU ARE  
WORTH  
BATTLE**

Missouri Department of Mental Health logo

# EXECUTIVE SUMMARY

This report identifies priority recommendations to strengthen Missouri’s Veteran suicide prevention efforts through improved access to care, statewide coordination, community-based outreach, and data-informed prevention strategies.

## ***PRIORITY RECOMMENDATIONS***

- 1.** Establish a statewide Veteran Peer Navigation and Peer Support Program to improve outreach, trust, and connection to care for Veterans not engaged in services.
- 2.** Expand Veterans Service Officer capacity to increase enrollment in VA healthcare and benefits, particularly in rural and underserved communities.
- 3.** Institute a Missouri Veteran Suicide Mortality Review Board to analyze Veteran suicide deaths, identify systemic gaps, and provide annual recommendations for prevention.
- 4.** Improve the timeliness and accessibility of Veteran suicide data through enhanced data-sharing, provisional reporting processes, and coordinated statewide surveillance.
- 5.** Set up sustainable funding for Veteran lethal means safety initiatives, including voluntary safe firearm storage education and distribution programs.
- 6.** Expand suicide prevention staffing and infrastructure within the Missouri Veterans Commission to support statewide coordination, grant management, outreach, and evaluation.
- 7.** Initiate Rural Veteran Outreach Teams to increase engagement with isolated Veterans and improve access to behavioral health care and supportive services.
- 8.** Establish community-based Veteran suicide prevention grant opportunities to support local organizations providing outreach, peer support, and prevention programming.
- 9.** Expand access to Veteran civil legal assistance programs, particularly for family law and other high-stress civil legal matters associated with increased suicide risk, through partnerships with legal aid organizations and statewide Veteran-focused legal assistance initiatives.



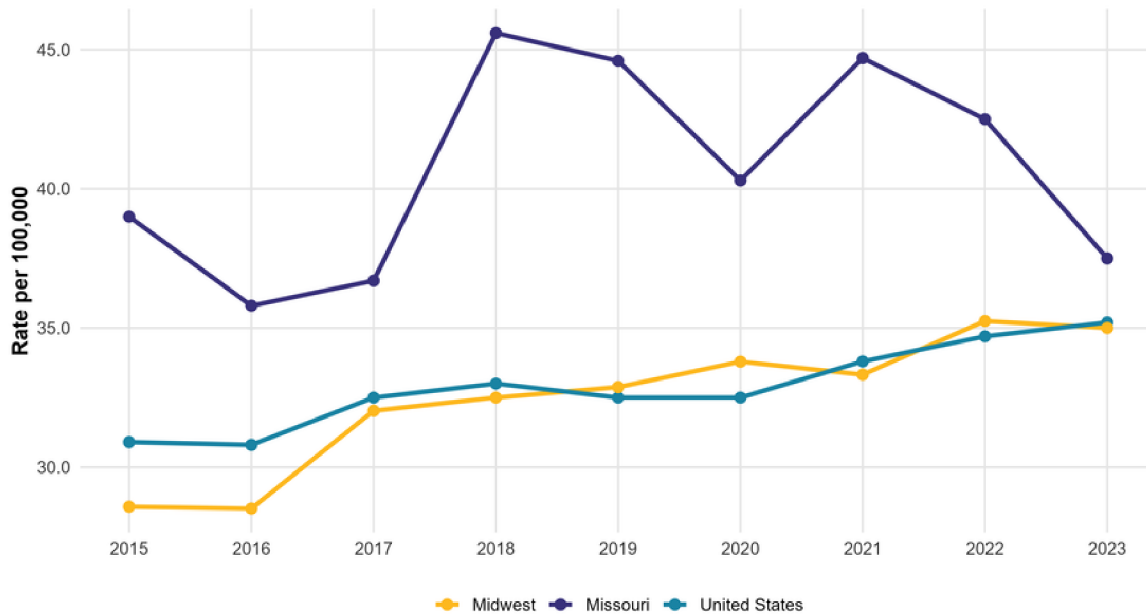
# SUICIDE ANALYSIS

The following analysis provides supporting data and context for the recommendations outlined in this report. Building upon the inaugural 2025 report, this second annual report reflects measurable progress, persistent challenges, and strategic opportunities to strengthen statewide prevention efforts.

Missouri continues to experience a disproportionately high Veteran suicide rate compared to the national average. According to the U.S. Department of Veterans Affairs (VA), there were **6,398 Veteran suicide deaths nationwide in 2023**, with a **Veteran suicide rate of 35.2 per 100,000**, compared to approximately **14.7 per 100,000 in the U.S. adult population overall**. These findings indicate suicide risk remains significantly higher among Veterans than non-Veterans. Missouri-specific data remains concerning. The VA reported **147 Veteran suicide deaths in Missouri in 2023, with an estimated rate of 37.5 per 100,000**, consistent with prior years and indicating limited reduction in mortality despite ongoing prevention efforts.



**Missouri Veteran Suicide Rate Compared with Midwest & U.S. Veteran Suicide Rate**



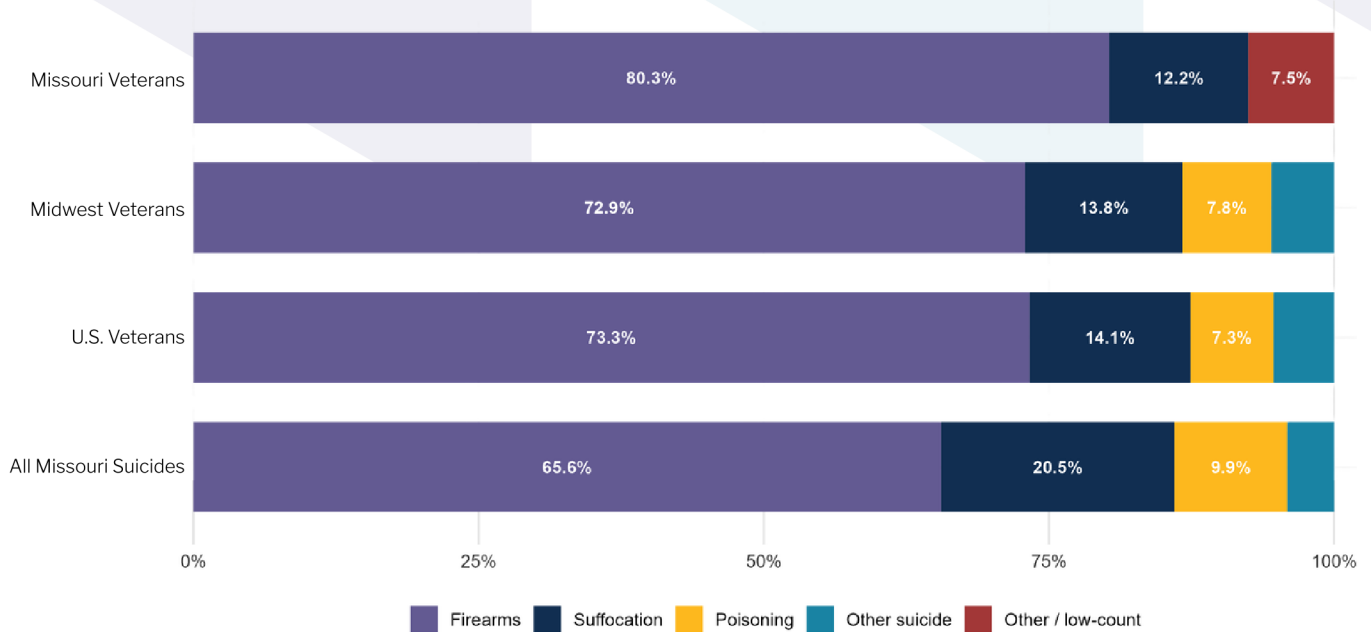
Source: VA 2025 National Veteran Suicide Prevention Annual Report: State Data Appendix. Midwest calculated from Midwestern state totals.



# SUICIDE ANALYSIS

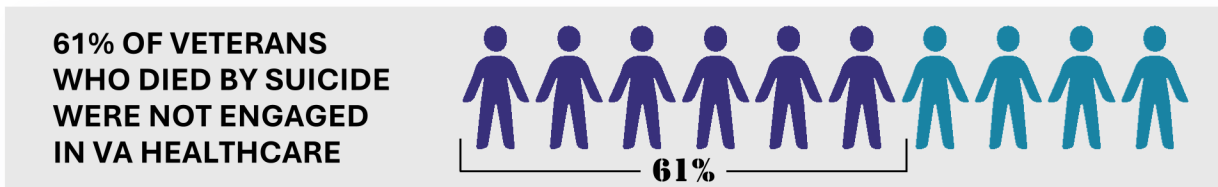
Firearms remain the leading method of suicide among Veterans, accounting for approximately **73% of deaths nationwide**. Missouri-specific data indicates an even higher proportion, with approximately 80% of Veteran suicide deaths involving firearms, reinforcing the importance of lethal means safety strategies.

**Distribution of Suicide Deaths by Method, 2023**



Source: VA 2025 National Veteran Suicide Prevention Annual Report: State Data Appendix.

Additionally, approximately 61% of Veterans who died by suicide nationwide were not engaged in VA healthcare at the time of death, highlighting a critical gap in connection and outreach. In Missouri, with an estimated 392,041 Veterans in 2023, only about 50% are enrolled in VA healthcare, indicating a significant opportunity to improve access to care, benefits utilization, and early intervention.



This report reflects a transition from assessment to action-oriented implementation, including evidence-informed legislative strategies designed to strengthen Missouri’s capacity for early intervention and community-based prevention.



# ASSESSMENT TO ACTION

## Year Two Focus

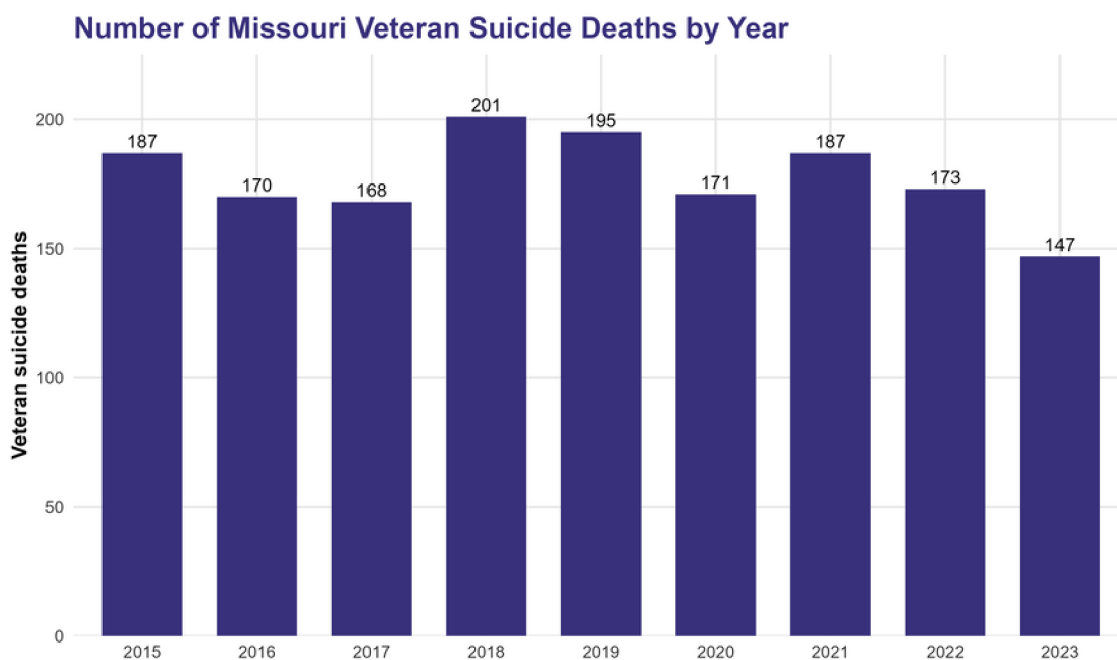
The inaugural report identified key gaps in:

- Timely suicide data reporting
- Access to behavioral health care
- Stigma surrounding help-seeking
- Awareness of available resources

Since the release of the first report, MVC has strengthened collaboration with state and federal partners, including the Missouri Department of Mental Health, Missouri Institute of Mental Health, the Missouri Suicide Prevention Network, and partners. These efforts have included regular coordination meetings, participation in statewide suicide prevention coalitions, shared training initiatives (e.g., VA SAVE and community-based prevention trainings), and joint outreach events.

MVC has prioritized relationship-building with local VA coordinators, Vet Centers, community providers, and Veteran-serving organizations to improve awareness of available resources and reduce fragmentation across systems.

Despite these efforts, available data indicates Veteran suicide deaths in Missouri have remained relatively stable in recent years, with 147 deaths reported in 2023 - a slight improvement from previous years, but still unacceptably high. While the total Veteran population has declined over time, national data suggest suicide rates remain elevated, indicating risk has not decreased proportionally to Veteran population. This reinforces the need to expand targeted, evidence-based prevention strategies.

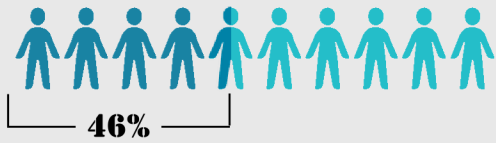


Source: VA 2025 National Veteran Suicide Prevention Annual Report: State Data Appendix.



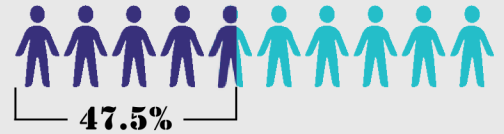
# SUICIDE DEATH DATA

OF THE U.S. VETERANS WHO DIED BY SUICIDE, 46% WERE AGE 65+



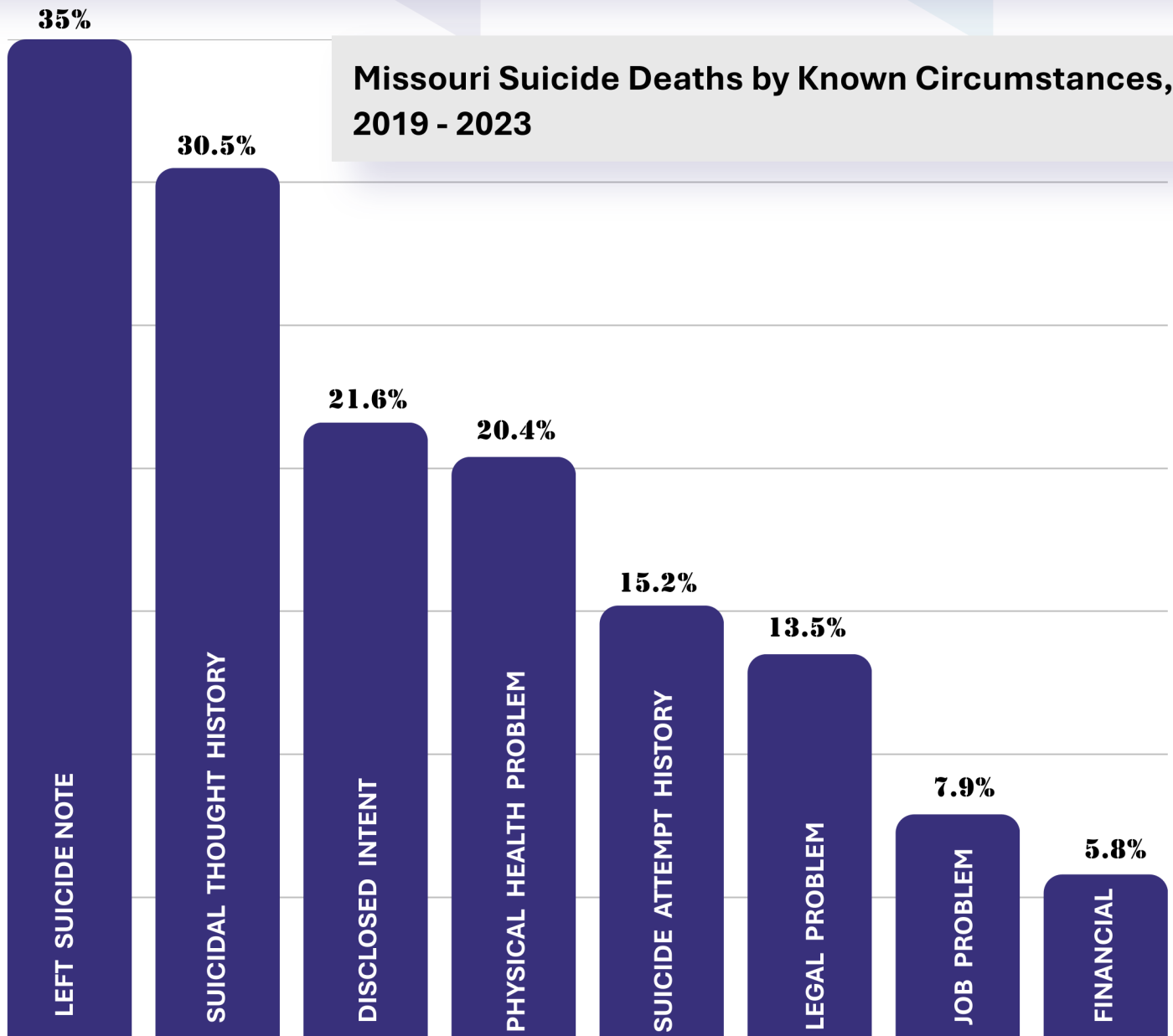
 **11.3%**  
OF THE U.S. VETERANS WHO DIED BY SUICIDE IN 2023, 11.3% WERE WOMEN

OF THE MISSOURI VETERANS WHO DIED BY SUICIDE, 47.5% WERE AGE 65+



 **10.4%**  
OF THE MO VETERANS WHO DIED BY SUICIDE IN 2023, 10.4% WERE WOMEN

Missouri Suicide Deaths by Known Circumstances, 2019 - 2023



# KEY FINDINGS & ONGOING CHALLENGES

## **Data Delays**

Delays in death reporting - often up to two years - continue to limit timely intervention and response.

## **Access to Care**

Veterans continue to face barriers to accessing care across multiple provider types, including mental health, substance use treatment, and primary care services. Challenges include transportation limitations, provider shortages – particularly in behavioral health – and limited awareness of available services, especially in rural areas.

## **Stigma and Cultural Barriers**

Military culture may discourage help-seeking behaviors, reinforcing the stigma associated with mental health care.

## **Disconnection from Care**

Approximately 61% of Veterans who died by suicide in 2023 were not engaged in VA healthcare in the year prior to death.

## **Geographic Disparities**

Rural Veterans experience increased isolation and reduced access to healthcare providers, particularly in mental health and substance use services. While national data shows higher suicide rates among rural Veterans compared to urban Veterans, urban areas may still have higher total numbers of deaths due to population size. Incorporating rates (e.g. per 100,000) alongside total counts can improve understanding of risk distribution and inform targeted prevention strategies.

# STRATEGIC OPPORTUNITIES FOR CONSIDERATION

## **1. Establish Veteran Peer Navigation and Peer Support Programs:**

Peer-to-peer outreach is widely recognized as one of the most effective methods for connecting Veterans with services and identifying individuals who may be experiencing suicidal ideation making this one of the most effective strategies for engaging Veterans who are not connected to care.



A statewide peer navigator program could:

- Employ trained Veteran peers to provide outreach and navigation assistance.
- Connect Veterans to behavioral health care, benefits, employment services, and housing resources.
- Provide follow-up support after crisis events or hospitalizations.
- Improve engagement with Veterans who may not trust traditional systems.

Several states, including Washington, Arizona, and Texas operate regional peer support networks within their state Veterans agencies.

## **2. Expand Veterans Service Officer Capacity to Improve Access to Care and Benefits.**

Veterans Service Officers (VSOs) play a critical role in connecting Veterans to healthcare, benefits, and supportive services. Increasing VSO capacity can improve enrollment in VA healthcare and benefits, particularly for Veterans who may be disconnected from traditional systems or unaware of available resources.

Possible elements include:

- Expansion of VSO staffing to improve geographic coverage, particularly in rural and underserved areas.
- Proactive outreach to identify and engage Veterans not currently enrolled in VA healthcare or benefits.
- Integration of VSO services into community settings such as healthcare facilities, community centers, and Veteran-serving organizations.
- Coordination with suicide prevention efforts to ensure at-risk Veterans are connected to care and support services.
- Use of data to identify gaps in enrollment and target outreach to high-need populations.

Increasing VSO capacity can strengthen access to care, improve benefit utilization, and support early identification of risk factors associated with suicide among Veterans.

## **3. Institute a Missouri Veteran Suicide Mortality Review Board**

A Veteran Suicide Mortality Review Board could provide a structured process to examine suicide deaths and identify opportunities for prevention.

Potential responsibilities include:

- Review deidentified cases of Veteran suicide deaths.
- Analyze contributing factors such as access to care, social isolation, financial stress, or behavioral health conditions.
- Identify systemic gaps or missed intervention opportunities.
- Issue annual recommendations to policymakers.
- Conduct Missouri-specific research and surveillance.



Multiple states have established suicide mortality review committees to support data-driven prevention strategies and improve coordination among public health, medical, and Veteran-serving agencies.

#### **4. Improve Timeliness and Accessibility of Suicide Data for Missouri Veterans**

Timely and accessible suicide data is essential for identifying emerging risks and informing effective prevention strategies. Current delays in finalized mortality data can limit the state's ability to respond quickly to trends affecting Veterans.

Possible elements include:

- Development of a provisional or near real-time reporting process using preliminary data from coroners/medical examiners, law enforcement, and healthcare systems.
- Improved identification of Veteran status through standardized data fields and coordination with federal partners.
- Formal data-sharing agreements between state agencies, including DHSS, Department of Public Safety, and the Missouri Veterans Commission.
- Integration of early warning indicators such as 988 utilization, emergency department visits, and behavioral health crisis encounters.
- Routine reporting of preliminary findings to inform timely, targeted prevention efforts.

Improving data timeliness supports more responsive, coordinated decision-making and enhances the effectiveness of broader suicide prevention strategies, including mortality review efforts.

#### **5. Set Up Sustainable Funding for Veteran Lethal Means Safety Initiatives**

Many states have implemented voluntary safe-storage initiatives designed to reduce suicide risk during periods of crisis while respecting lawful firearm ownership.

Possible elements include:

- Distribution of free or subsidized firearm safety devices such as cable locks and gun safes.
- Public awareness campaigns focused on temporary safe storage during high-risk periods.
- Partnerships with firearm retailers, ranges, and Veteran organizations.
- Optional temporary off-site firearm storage partnerships.

Programs in states such as Colorado, Washington, and Pennsylvania emphasize voluntary participation and firearm safety education rather than regulation. These efforts often partner directly with gun owners and firearm retailers to promote responsible storage practices.

While the VA has implemented national lethal means safety initiatives - including provider training (e.g., SAVE), clinical interventions, and patient education - these efforts primarily reach Veterans who are already engaged in VA care. Missouri-specific programs could

extend beyond the VA system and could be designed to reach Veterans in the broader community, including those not connected to VA services.

State-level investment in lethal means safety allows for locally tailored, community-based outreach, partnerships with firearm retailers and rural stakeholders, and broader public awareness efforts that complement, rather than duplicate, federal initiatives.

## **6. Expand Suicide Prevention Funding and Staffing within MVC**

Many state Veterans agencies maintain dedicated suicide prevention teams responsible for implementing statewide prevention strategies.

Potential positions could include:

- State Veteran Suicide Prevention Director
- Regional Suicide Prevention Coordinators
- Peer Support Program Manager
- Data and evaluation specialist

Additional funding and staffing would strengthen the state's ability to coordinate programs, manage federal grants, support community partnerships, and implement prevention initiatives.

## **7. Initiate Rural Veteran Outreach Teams**

Missouri's rural geography can create barriers to accessing mental health care and Veteran services. Some states have addressed this by creating mobile outreach teams or expanding the role of regional Veteran Service Officers.

Possible activities include:

- Suicide risk screenings and resource navigation.
- Peer support events in rural communities.
- Coordination with local health providers, community organizations, and law enforcement.
- Outreach to isolated or aging Veterans.
- Enrolling in VA healthcare.

States such as Montana and Alaska have implemented rural outreach strategies due to similar geographic challenges.

While the VA has expanded outreach through initiatives by local VA mental health outreach teams and Mobile Vet Centers, gaps remain in rural areas with low Veteran population density and limited access to VA facilities or Community-Based Outpatient Clinics (CBOCs).

State-supported rural outreach teams can complement these efforts by focusing on locally identified needs, non-enrolled Veterans, and community-based engagement, particularly in counties where federal outreach presence is limited or intermittent.



## **8. Establish Community-Based Veteran Suicide Prevention Grants Opportunities**

Several states provide grants to community organizations that already work closely with Veterans.

Eligible organizations could include:

- Veteran service organizations
- Community mental health centers
- Peer support organizations
- Faith-based and local nonprofit groups

Small grants can help communities develop localized outreach efforts, peer programs, and suicide prevention education tailored to regional needs.

## **9. Expand Access to Veteran Civil Legal Assistance Programs**

Legal stressors are frequently identified as contributing circumstances associated with suicide risk among Veterans, particularly during periods involving divorce, child custody disputes, child support issues, housing instability, financial hardship, or other family-related legal matters. These challenges may increase feelings of isolation, hopelessness, and disconnection from support systems, especially when Veterans are unable to access affordable legal assistance.

Missouri currently has limited Veteran-specific civil legal assistance resources available statewide. Existing programs are geographically limited and may not adequately meet the needs of Veterans experiencing legal crises. Publicly supported Veteran-focused legal assistance remains limited, particularly in the area of family law, despite these issues being commonly associated with periods of significant emotional distress and instability.

Possible elements include:

- Funding partnerships with Legal Services of Missouri, regional legal aid organizations, bar associations, and Veteran-serving organizations to provide free or reduced-cost civil legal assistance for Veterans.
- Expansion of Veteran-focused legal clinics at VA facilities, Vet Centers, and community-based Veteran service locations.
- Assistance with family law matters, including divorce, child custody, child support, orders of protection, and related civil legal issues frequently associated with crisis situations.
- Development of referral pathways between Veteran Service Officers (VSOs), behavioral health providers, suicide prevention programs, and legal assistance providers to identify and support Veterans experiencing elevated stress.
- Exploration of opportunities to strengthen or expand existing state military legal assistance initiatives, including consideration of Veteran eligibility within programs administered under Section 27.115, RSMo.
- Expansion of virtual legal assistance and outreach services to improve access in rural and underserved communities.



# PROGRAM STRATEGY

## *Moving Forward*

MVC will continue implementing a comprehensive prevention framework focused on:

- Increasing connection to care
- Normalizing help-seeking behaviors
- Improving data timeliness and accuracy
- Expanding community-based outreach

# PERFORMANCE MEASUREMENT

Program effectiveness will be evaluated through the following key performance indicators (KPIs); with baseline data aligned to findings presented in the Executive Summary:

KEY PERFORMANCE INDICATOR	BASELINE
Annual Veteran suicide rate per 100,000	35.7 per 100,000 in Missouri
Engagement with VA healthcare	Approximately 50% of Missouri Veterans are enrolled in VA healthcare
Crisis Line utilization trends (988/Veterans Crisis Line)	To be established through state and federal reporting; ongoing monitoring recommended
Time from death occurrence to reporting	Up to 12–24 month delay in finalized mortality data
Number of trained personnel and peer support engagement	To be established; recommended tracking includes number of trained gatekeepers, peer contacts, and outreach events



# CONCLUSION

Missouri has made meaningful progress to strengthen the foundation for a coordinated, statewide approach to Veteran suicide prevention. Currently available data - most recently from 2023 - reflect trends consistent with prior years, including 2022, indicating key risk factors and areas of concern have remained persistent over time.

Due to delays in mortality data reporting, current data does not reflect the impact of current initiatives but does reinforce the urgency of sustained, targeted prevention efforts. A continued financial and resource investment in outreach, data modernization, and evidence-based interventions will be essential to shift these longstanding trends and reduce suicide risk among Missouri Veterans.

By strengthening community partnerships, expanding access to care, and advancing upstream prevention strategies, Missouri can continue moving “Left of Boom”—working to prevent crises before they occur and ensuring every Missouri Veteran is connected, supported, and able to access timely and effective care.



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