



# ROGER



# PROGRAM EVALUATION

2026



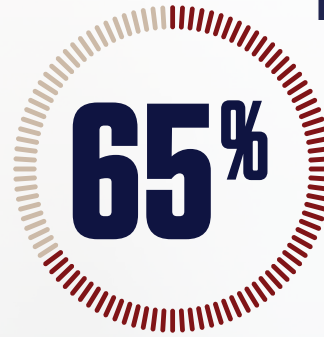
# KEY FINDINGS

Each year, Stop Soldier Suicide evaluates and refines its **ROGER** Wellness Program. During the current evaluation time frame of Calendar Year (CY) 2025, **ROGER** served 4,287 veterans and service members, 462 of whom received in-depth suicide assessment and support. This work amounted to more than 10,000 clinical hours of support.

For those engaged in our care for more than 30 days and responding to a follow-up survey, 63% or 99 out of 158 clients said that they would have attempted suicide if it were not for the help of the **ROGER** program.

## Suicide Specific Outcome Measures

### HARMFUL SELF-BELIEFS



of clients experienced a decrease in harmful beliefs about themselves related to suicide risk.

### LIFE-SAVING IMPACT



of clients would have attempted suicide if it were not for the help of the **ROGER** program.



# STOP SOLDIER SUICIDE'S ROGER WELLNESS SERVICE

As a veteran-founded national nonprofit that is exclusively dedicated to reducing military suicide, our vision is a nation where veterans and service members are at no greater risk for suicide than any other American. Our mission is to reduce service member and veteran suicide by using enhanced data insights, focused client acquisition, and suicide-specific intervention services.

One of Stop Soldier Suicide's primary lines of effort is **ROGER** Wellness Service. Launched in 2019, this national, evidence-based program was designed by the country's leading experts in military suicide prevention.

The **ROGER** clinical telehealth services focus on evidence-based, suicide specific care, utilizing effective psychotherapy protocols such as Collaborative Assessment and Management of Suicidality (CAMS) and Brief Cognitive Behavioral Therapy for Suicide Prevention (BCBT-SP). In addition, the **ROGER** Client Engagement Coordinators (CECs) connect clients with tailored and vetted resources in each client's community.



## ROGER has three key features:

- 1) Best-in-class client identification and acquisition methods using proprietary online keyword searches to tailor digital advertisements that connect veterans and service members to immediate intervention and help.
- 2) Comprehensive suicide risk assessment utilizing validated tools that effectively capture military history, trauma exposure, mental health symptoms, suicide attempt history, and specific plans for suicide while simultaneously building the therapeutic trust necessary to reduce risk.
- 3) Empirically-supported telemental health services delivered by highly-trained Wellness Coordinators employing validated tools to mitigate suicide risk (such as Crisis Response Plans) improve protective factors (especially by providing access to individualized resources), and comprehensively meet the needs of veterans and service members.

# EVALUATING OUR IMPACT



This report summarizes our evaluation of the **ROGER** Wellness Program from 2025.

We have gathered several patient-reported outcomes throughout the past year. At intake and every 30 days thereafter, we administered to our clients an outcome questionnaire that measured changes in mental wellbeing, suicide cognitions, severity of suicidal thinking, self-rated suicide risk, and life purpose and satisfaction.

Every 45 days, we also asked clients to complete a survey related to additional questions such as depression, anxiety, PTSD, and substance use disorders. Feedback surveys are asked at the middle and end of treatment.

Non-response to these self-reported outcomes was adjusted for using inverse-probability weighting. Weights were developed based on the individual's age, gender, race, ethnicity, initial risk level, and origin of the help request.

We also have tracked closely all of our clinicians' interactions with clients. This included the date and time when services were offered, the length of time to deliver care, the services offered with each interaction, and all the interactions that take place between treatment sessions.

These data were also used to evaluate the efficiency of our process.

# TREATMENT JOURNEY

6,038 total help requests were made.

## Help Requests

1

Potential clients either call our 24/7 call center or fill out a short request form online that asks about contact information, military status, suicidal thoughts and behaviors, and the reason for their request.

4 minute average from request to initial outreach.  
50% of follow-up phone calls were made within 2 minutes

## Outreach & Scheduling

2

We rapidly follow-up with each person who submits an online help request in order to confirm information and determine whether immediate crisis services are needed. Even if they don't respond, staff call the next business day to schedule an intake session.

8.1 days from request to intake  
7.1 days for high priority  
8.6 days for low priority

## Intake Sessions

3

Information is gathered about the client's biopsychosocial history and current life experiences. Suicide risk is fully assessed. Crisis response plans (CRPs) are developed with moderate and high risk clients. Partway through the year we began to focus intakes only on those who screened positive on the suicide screener in our help request process.

5 days between contacts during treatment

## Treatment Sessions

4

Moderate and high risk clients are offered the evidence-based treatments of either CAMS or BCBT-SP. CRPs are revisited and maintained. We collaborate as needed with the client's clinical and social support networks. Check-in calls, text messages, and emails are done in-between treatment sessions. Referrals to local community resources for additional social or economic needs are offered to all clients regardless of initial suicide risk level.

Moderate and high risk clients received services for an average of 118 days.

## Treatment Completion

5

The end of care is determined collaboratively as the client shows greater stability and reduction in their suicide risk. We typically offer up to 14 sessions of treatment as needed.

Clients receive messages from ROGER for a period of up to 12 months following treatment

## Caring Contacts

6

After care has ended, we send emails and text messages over 12 months to check-in with the client and remind them that we can help them if they have a relapse in their suicidality or have additional needs or stressors.

# PROCESS OF CARE: BY THE NUMBERS

From 2025 we served clients from 35 states across the United States, plus Washington, D.C. This was limited to states where we had licensed therapists.

**We now welcome clients across the nation, without restriction by state.**

**90%**

of **HELP REQUESTS** are made through the web request form

**34%**

of clients disclosed thoughts or behaviors of suicide for the first time in their lives.



When someone reaches out for help, time matters. Most individuals who submit an online help request hear from our team within **four minutes**. That first connection allows us to confirm their needs and determine whether immediate crisis support is required.

# PROCESS OF CARE: BY THE NUMBERS

## INTERVENTIONS

**99%**

of high and moderate risk clients completed a Crisis Response Plan

**68%**

of high and moderate risk clients participated in CAMS or BCBT-SP clinical treatment

**NO**

statistical difference in the percentage of clients receiving treatment by: Age, Gender, Race, Ethnicity

## TREATMENT COMPLETION

**11,825**

hours spent serving clients, documenting needs, and finding resources in CY 2025

**10.8**

sessions on average before concluding treatment

**68%**

of clients completed treatment with a sufficient clinical dosage of 6+ sessions

## CARING CONTACTS

**2,500+**

follow up emails and texts to clients after program completion to check-in.

# WHO BECOMES A ROGER CLIENT?

Below are the 10 most common responses to the question “What can ROGER help you with?”

- Finances .....59%
- Housing.....49%
- Anxiety .....35%
- Depression.....27%
- Hopelessness ....24%
- Relationships .....20%
- Trauma .....20%
- Purpose.....19%
- Sleep.....19%
- Feeling Trapped....19%



# WHO BECOMES A ROGER CLIENT?

## SOCIAL FACTORS

- Unemployed ..... 38%
- Uninsured ..... 30%
- Homeless..... 16%
- Experiencing Domestic Violence..... 12%

## MENTAL HEALTH SYMPTOMS

- PTSD..... 83%
- Anxiety ..... 72%
- Depression ..... 60%
- Substance Use Disorder ..... 38%

## PHYSICAL HEALTH

**87%**

of clients report some physical health problem

**70%**

of clients report chronic pain



# WHO BECOMES A ROGER CLIENT?

# 4,287

veterans or service members received support in CY 2025.

# 462

of these individuals had elevated risk for suicide, completed a full intake, and received more in-depth intervention.



# WHO BECOMES A ROGER CLIENT?

**ROGER** clients are typically younger and reflect the full diversity of the veteran population.

## GENDER

**25%** of **ROGER** Clients are women.

**12%** of **veterans** are women.

## AGE

**56%** of **ROGER** Clients are 18-44.

**21%** of **veterans** are 18-44.

## SERVICE

### ROGER

### VETERANS

**51%**

Army

**45%**

**16%**

Marine Corps

**14%**

**19%**

Navy

**22%**

**9%**

Air Force

**18%**

**4%**

Multiple Branches

**3%**

**1%**

Space Force  
or Coast Guard

**1%**

## DISABILITY

**43%** of **ROGER** clients are at 70-100% disability.

**13%** of veterans are at 70-100% disability.

## RACE

**29%** of **ROGER** clients are Black or African American.

**16%** of veterans are Black or African American.

# OUTCOME MEASURES: Risk & Protective Factors

**53%**

of clients receiving CAMS reported a reduction of hopelessness by end of treatment.

**92%**

of clients who were meaningfully engaged in our care were able to manage their thoughts and feelings by end of treatment.

**72%**

of clients who were meaningfully engaged in our care showed some improvement in mental wellbeing by end of treatment.

Percentage of clients experiencing any improvement by end of treatment in:

|                         |     |
|-------------------------|-----|
| PSYCHOLOGICAL PAIN..... | 59% |
| STRESS.....             | 58% |
| AGITATION.....          | 55% |
| HOPELESSNESS.....       | 53% |
| SELF-HATE.....          | 47% |

## Symptom Specific Outcome Measures

Clients who demonstrate clinically meaningful improvements in the following symptoms:

|                                     |            |
|-------------------------------------|------------|
| <b>ANXIETY .....</b>                | <b>29%</b> |
| <b>DEPRESSION .....</b>             | <b>27%</b> |
| <b>SUBSTANCE USE DISORDER .....</b> | <b>19%</b> |
| <b>PTSD.....</b>                    | <b>18%</b> |

## Suicide Specific Outcome Measures

### HARMFUL SELF-BELIEFS

**65%**

of clients experienced a decrease in harmful beliefs about themselves related to suicide risk.

### LIFE-SAVING IMPACT

**63%**

of clients would have attempted suicide if it were not for the help of the ROGER program.

# OUTCOME MEASURES: ROGER Client Satisfaction

**ROGER's Net Promoter Score of 88 (a measure of customer satisfaction) is rated as outstanding.**

"I was overwhelmed by life, with wreckage that had started 2 years into my service time and followed me for 20 plus years with interest in psychological and physical issues that had grown and compounded under the cover of my pride and denial. My desire to die was massive. After **ROGER**, I am now fostering plans and hope for a better future. Do I still suffer from suicidality? Honestly... yes. But ... I have tools that help me cope and move forward, because of **ROGER**."

Navy Veteran

"It gave me acceptance I wasn't unique in these patterns, and awareness that there are practical suggestions, thought patterns, and behaviors to counter balance the automatic self destruction."

Air Force Veteran

"This is not a cold military standard "pull yourself up by your boot straps" or "drop and give me 20", nor is it any risk to service records or bad marks on character - you get to retain dignity and receive compassionate understanding; nothing you got to "c.y.a." about. Just be real and get some relief."

Navy Veteran

"It has helped me to maneuver through some tough moments. The availability of the staff and clear communication are refreshing."

"**ROGER** was there and quick to respond and get me talking to a real person very quickly which made me feel like they cared. Going through a hard time and feeling like no one has time for you or no one understands how serious it is, is devastating and **ROGER** made me feel less alone and more understood"

Marine Corps Veteran

"When I started I was kind of questioning the online nature of the therapy. But you have to give it a chance. While I still deal with my Chronic PTSD daily, I have more tools to deal with it successfully."

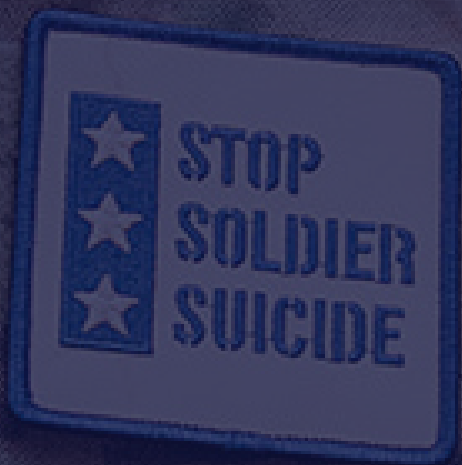
"They kept me talking and texting letting me know someone cared when I thought no one did."

Army Veteran

"I thought my life was good, everything was fine. I cannot explain how things fell apart but it happened fast, in nearly over the course of a couple weeks, I was a mess. The team at **ROGER** were there for me when I thought I had exhausted my options ... The team at go **ROGER** provided a steady hand and TRULY connected me to resources and stayed with me until I was absolutely stable."

Army Veteran

"**ROGER** helped me become comfortable being vulnerable about my issues. This is no small matter. I wouldn't be alive today without the ability to reach out for help."



US



**ROGER**

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