



# COMMONWEALTH of VIRGINIA

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COMMISSIONER

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October 2, 2023

To: The Honorable Glenn A. Youngkin, Governor of Virginia  
The Honorable Janet Howell, Chair, Senate Finance & Appropriations Committee  
The Honorable George Barker, Co-Chair, Senate Finance & Appropriations Committee  
The Honorable Barry D. Knight, Chair, House Appropriations Committee

From: Nelson Smith, Commissioner, Department of Behavioral Health and Developmental Services

RE: § 37.2-312.1 of the Code of Virginia

§ 37.2-312.1 of the Code of Virginia requires the Department of Behavioral Health and Developmental Services (DBHDS) to report annually on its activities related to suicide prevention. The language reads:

*A. With such funds as may be appropriated for this purpose, the Department, in consultation with community services boards and behavioral health authorities, the Department of Health, local departments of health, and the Department for Aging and Rehabilitative Services, shall have the lead responsibility for the suicide prevention across the lifespan program. The Department shall coordinate the activities of the agencies of the Commonwealth pertaining to suicide prevention in order to develop and carry out a comprehensive suicide prevention plan addressing public awareness, the promotion of health development, early identification, intervention and treatment, and support to survivors. The Department shall cooperate with federal, state, and local agencies, private and public agencies, survivor groups, and other interested persons to prevent suicide.*

*B. The Commissioner shall report annually by December 1 to the Governor and the General Assembly on the Department's activities related to suicide prevention across the lifespan.*

Please find enclosed the report for the Fiscal Year of 2024 in accordance with Chapter 370  
DBHDS Staff are available should you wish to discuss this request.

Cc: Secretary John Littel



# **Report on Activities Related to Suicide Prevention**

(§ 37.2-312.1 of the Code of Virginia)

**October 2, 2023**

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# Code of Virginia § 37.2-312.1 Annual Report on Activities Related to Suicide Prevention

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## Preface

The Code of Virginia § 37.2-312.1 requires the Department of Behavioral Health and Developmental Services (DBHDS) to report annually on its activities related to suicide prevention. The language reads:

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*B. The Commissioner shall report annually by December 1 to the Governor and the General Assembly on the Department's activities related to suicide prevention across the lifespan.*

## Executive Summary

The Department of Behavioral Health and Developmental Services (DBHDS) is pleased to submit its FY 2022 Annual Report on Activities Related to Suicide Prevention pursuant to § 37.2-312.1 of the Code of Virginia (HB 569, 2018).

Suicide is a complex public health problem that requires a cross-sector, multi-pronged approach to successfully address. Risk factors for suicide can exist on the individual, family, community, and the societal level. Suicide prevention efforts seek to reduce risk factors and increase protective factors to promote resiliency in populations.

The activities in this report are a summary of the DBHDS-funded suicide prevention efforts occurring across Virginia.

The report details the work of DBHDS and prevention staff at Region 1 Community Services Boards are doing to implement Lock & Talk, the Commonwealth's lethal means safety campaign and the partnerships they have created across Virginia to make the campaign a nationally-recognized success.

Also highlighted are the collaborative efforts of frontline prevention staff at all 40 Community Services Boards to reduce suicide in their localities. They have been busy implementing social media campaigns, promoting crisis lines, training community members in Mental Health First Aid (MHFA) and Applied Suicide Intervention Skills Training (ASIST) among others, partnering with law enforcement for National Night Out events and Crisis Intervention Training (CIT), teaching suicide prevention curriculums in the schools, hosting community conversations about Adverse Childhood Experiences (ACEs) and launching environmental campaigns to reduce stigma and inform the public about community resources.

Details of the activities of the Governor's Challenge to Prevent Suicide Among Service Members, Veterans and their Families (SMVF) Team is included, with special attention given to the new Virginia Identify Service Members Screen for Suicide and Refers (VISR) pilot program. The program was designed to increase human services personnel's understanding of military culture, suicide prevention and to build out safety planning infrastructure in community agencies for SMVF at risk of suicide.

The work of the Suicide Prevention Interagency Advisory Group (SPIAG) is also highlighted. The group, consisting of non-profits, local and state government, schools, clinicians, and advocates, meets every other month to share data, updates, trainings, and identify ways to collaborate. SPIAG membership continues to grow. Their input this past year was instrumental in the creation of the upcoming 2023 Suicide Prevention Across the Lifespan: A Plan for the Commonwealth of Virginia document, still in development. This document, once released, will provide an updated framework for directing suicide prevention efforts across the Commonwealth.

## Background

The Centers for Disease Control and Prevention (CDC) states that suicide is the tenth leading cause of death in the United States and the second leading cause of death for people 10 to 34 years of age.

Generally, suicide deaths have been slowly increasing since 1999. The number of suicide deaths in 2020 compared to 2019 increased 4.3 percent. The largest number of victims were male (78.3 percent), White (78.6 percent), and aged 25-34 years of age (17.1 percent).

- White people died by suicide at a rate 4.5 times that of Hispanic people, 3.0 times that of Asian people, and 2.1 times that of Black people;
- Males were 3.7 times more likely to die by suicide than females;
- Firearms (specifically handguns), hangings, and drug use were the three most used methods in suicides, with these deaths representing 58.7 percent, 22.9 percent, and 10.6 percent of all suicides, respectively.

Suicide and suicide attempts affect over half of the population and the devastation from the loss of life causes irreversible ripple effects. Losing a loved one, such as a parent, to suicide increases one's risk of suicide. Additionally, the impact of suicide and suicide attempts is estimated to cost billions per year in lost productivity. For these reasons it remains imperative that efforts are undertaken to ensure a comprehensive, evidence-based system is in place to respond to this need.

While the causes of suicide are complex and determined by multiple factors, the goal of suicide prevention is to engage with these complexities on a variety of social-ecological levels, that is, individual, relational, communal, and societal. This work primarily occurs through the identification of factors that help to reduce the risk of suicide to individuals, (i.e., protective factors), and the factors that increase risk of suicide to individuals (i.e., risk factors). While the research, development, and implementation of these efforts remains critical, it is important to recognize that these efforts will not be effective unless they are supported through robust campaigns designed to increase awareness, promote help-seeking strategies, and support healing across communities.

In recent years, research has continued to build on the evidence-base for factors associated with increased risk of an individual dying by suicide. Some of the risks include alcohol use, feelings of hopelessness, isolation, barriers to mental health access, and loss. While rates of suicide continue to increase, the continued impact of COVID-19 and the necessary response to reduce deaths because of the pandemic must acknowledge the potential catalyzing effect on risk factors in the Virginia community. Many in-person trainings to build capacity for gatekeepers within communities have resumed, however the impact COVID-19 will take years to understand. It is imperative that Virginia recognize the serious and continued need for mental health resources. A comprehensive evidence-based public health approach to prevent suicide risk before it occurs (prevention), identify and support persons at risk (intervention), prevent reattempts, and help friends, family, and community members in the aftermath of a suicide (postvention) needs to be enhanced to fully address this need.

Virginia's FY 2022 budget included a \$1,100,000 ongoing appropriation to the Department of Behavioral Health and Developmental Services (DBHDS) to expand and support Suicide Prevention and Mental Health First Aid (MHFA) initiatives across the Commonwealth of Virginia. The funding is under the purview of the Office of Behavioral Health Wellness. Of the \$1.1 million, \$600,000 is allocated to expand MHFA. \$500,000 is allocated to develop and implement a comprehensive statewide suicide prevention program. Funding for the Suicide Prevention and the MHFA Program Coordinators is included in this appropriation. Resources were allocated to promote suicide prevention, reduce stigma, and promote help-seeking behaviors.

DBHDS' goal is to continue to address suicide prevention across the lifespan on a statewide level and in congruence with the state plan, *"Suicide Prevention across the Lifespan: A Plan for the Commonwealth of Virginia."* DBHDS continues to strengthen capacity across multiple agencies and organizations to reduce the risk of suicide across the lifespan.

## **Lock and Talk Virginia: Lethal Means Safety Initiative**

Lock and Talk Virginia is a comprehensive suicide prevention program with a heavy emphasis on Lethal Means Safety (LMS).

Key components include:

- Limiting access to lethal means for a person in crisis as an essential strategy for preventing suicide. Any objects that may be used in a suicide attempt, including firearms, other weapons, medications, illicit drugs, chemicals used in the household, other poisons, or materials used for hanging or suffocation, should not be easy for someone at risk to access. In crisis, objects such as firearms should be temporarily removed from the vicinity of the vulnerable individual.
- People at risk for suicide should be part of the LMS conversation, as should their families. Safe handling and secure storage of lethal means at home at all times is encouraged, even after a crisis has passed. Lock and Talk Virginia distributes safety devices and instruction for locking medications and firearms. Safety devices provided include gun trigger locks, gun cable locks, medication safety devices (now includes boxes, pouches, timer-top pill bottles and medication deactivation kits).
- Conversations about suicide helps to save lives and reduce stigma. Talking encourages help-seeking behaviors and supports attempt survivors and survivors of suicide loss in their personal healing.

Lock and Talk Virginia includes the "Gun Shop Project" in consultation with the Harvard School of Public Health Means Matter Campaign. Suicide prevention education is disseminated and co-developed with firearm retail and range partners. Identifying signs of suicide risk, who will be a



trusted and legally allowable individual to temporarily hold on to firearms and connecting to crisis resources are key messages relayed through retail partners and firearm safety instructors. “Lock your guns, lock your meds, talk safety, and talk often” is the primary message of the “We are a Lock and Talk Family” campaign. In addition, Lock and Talk established the campaigns “Speak up for Mental Wellness,” “Lock Tight, Save Lives,” “Strength in Community,” and “Healing and Empowering Together”.

DBHDS works with the Virginia Governor’s Challenge to Prevent Suicide among Service Members, Veterans, and their Families (SMVF), and utilizes Lock and Talk for targeted messaging. The “Healing and Empowering Together” campaign was built specifically for the SMVF population. Media messages are in the form of billboards, bus ads, PSAs on television and radio, newspaper ads, social media posts, and a variety of other platforms, like gas pump videos.

Led by the Prevention Teams of Region 1 Community Services Boards (CSBs), the initiative has expanded to all 40 CSBs across the Commonwealth and is gaining popularity in other states.

Of the 40 participating CSBs in the Lock and Talk Initiative, 38 reported the following from October 1, 2021 – September 30, 2022:

- Number of Medication Locking Devices Distributed – 24,186
- Number of Gun Locks Distributed – 14,375
- Number of Firearm Retail/Range Partners visited this year – 231
- Total retail/range partnerships since 2015 (to promote suicide prevention) – 289
- Lock and Talk Literature Distributed – 142,932

Lock and Talk Virginia participants collaborated with Virginia Pharmacists Association this year to develop pharmacy bag inserts in 6 languages with medication safety tips to prevent overdoses. This is now becoming a statewide project. Other existing Lock and Talk material with suicide prevention education was translated this year into Spanish and other languages as needs arose. These templates are available to all agencies using Lock and Talk.

Innovative outreach strategies that began during COVID-19 restrictions continue to be effective, such as printing the new 988 emergency number on pizza delivery boxes, and providing materials and safety devices at food banks, libraries, and drive-through events.

Community skill-building continues increase suicide alertness education to niche audiences such as customer service professionals (barbers are examples), larger worksites (embedding our education into employee safety education for construction crews as an example), and suicide postvention education to funeral home directors. Youth coalitions in the Commonwealth share Lock and Talk campaign messages alongside the suicide prevention and substance abuse prevention coalitions that CSBs support.

## Regional Suicide Prevention Initiatives

DBHDS currently funds regional suicide prevention initiatives across the Commonwealth of Virginia. These initiatives extend the reach and impact of suicide prevention efforts, afford greater access to suicide prevention resources by affected communities, and leverage and reduce costs for individual localities related to training and other suicide prevention strategies. DBHDS began funding these suicide prevention initiatives in 2014 from the ongoing appropriation from the General Assembly to DBHDS to expand and support Suicide Prevention and Mental Health First Aid initiatives across the Commonwealth of Virginia. In FY 2022, \$625,000 was allocated for the regional suicide prevention initiatives. The DBHDS Suicide Prevention Coordinator is responsible for the monitoring and oversight of regional suicide prevention initiatives, as well as availability for technical assistance relating to the initiatives. CSBs that represent each of the regions are included below:

- DBHDS Region 1 includes: Alleghany Highlands, Harrisonburg-Rockingham, Horizon, Northwestern, Rappahannock Area, Rappahannock-Rapidan, Region Ten, Rockbridge Area, and Valley CSBs. Region 1 is known as Region 1 Suicide Prevention Committee.
- DBHDS Region 2 includes: Alexandria, Arlington, Fairfax-Falls Church, Loudoun County, and Prince William County CSBs. Region 2 is known as the Suicide Prevention Alliance of Northern Virginia (SPAN).
- DBHDS Region 3 split into eastern and western halves to better serve their provider areas. Region 3 East is known as Health Planning Region III East and includes: Blue Ridge, Danville-Pittsylvania, New River Valley, Piedmont, and Southside CSBs. Region 3 West is known as Region 3 West Wellness Council and includes: Cumberland Mountain, Dickenson County, Highlands, Mt Rogers, and Planning District 1 CSBs.
- DBHDS Region 4 includes: Chesterfield, Crossroads, Goochland-Powhatan, Hanover, Henrico Area, District 19, and Richmond CSBs. Region 4 is known as the Region 4 Suicide Prevention Initiative.
- Region 5 includes: Chesapeake, Colonial, Eastern Shore, Hampton-Newport News, Middle Peninsula-Northern Neck, Norfolk, Portsmouth, Virginia Beach, and Western Tidewater CSBs. Region 5 is known as HPR 5 Suicide Prevention Task Force.

Each regional initiative is responsible for developing a collaborative organizational body, establishing need within the region, identifying target areas and populations, and building community capacity to address the issue from a prevention standpoint. Additionally, they develop a plan that has measurable goals and objectives along with an implementation guide that includes the following strategies and activities:

- Trainings in Applied Suicide Intervention Skill Training (ASIST), Mental Health First Aid (MHFA), and safeTALK based on community need and capacity to implement.
- Strategies for September National Suicide Prevention Month
- Strategies for May Mental Health Awareness Month

The regions also develop an evaluation and sustainability plan, including cultural considerations and competency actions, and develop a budget for implementation. There were significant shifts

and changes required due to COVID-19 regarding program offerings, community events and training opportunities. However, our communities and prevention teams are resilient and creative. They used this time to continue to build relationships and to enhance and refine communication strategies and community supports. The following are highlights and accomplishments that occurred because of the regional suicide prevention initiative implementation efforts.

## **DBHDS Region 1**

In partnership with the Office of Behavioral Health Wellness, DBHDS Region 1 Suicide Prevention Committee continues to expand the Lock and Talk Virginia (Lethal Means Safety Initiative) efforts across the Commonwealth. As a part of their strategic planning process, they have partnered with OMNI Institute to update their current logic model and action plan, as well as develop evaluation outcomes for Lock and Talk Virginia. The website link is <https://lockandtalk.org/>.

Region 1 successfully facilitated two (2) virtual speaking events and three (3) in-person events that were offered to prevention staff, community agencies, and community members. In total, over 450 participants were in attendance, both in-person and viewing via live stream.

Region 1 ran two very successful social media campaigns for November National Caregivers Month, May Mental Health Awareness Month and just recently launched the September Suicide Prevention Month campaign on September 1, 2022. These campaigns included specially created website content made available to communities with access to social media posts for Facebook and Instagram, a press release that contained various resources for the month, and the AudioGo radio ad. In addition, Region 1 worked closely with a vendor to create and monitor three paid social media ads that increased awareness and education throughout communities, specifically curated staff videos answering important questions regarding suicide prevention and lethal means safety, and animated videos to complement the radio ads. During the November Caregivers campaign, social media posts and advertisements reached 299,312 individuals on Facebook and Instagram. Additionally, the radio ad that played on platforms such as Pandora and iHeart radio reached 49,572 listeners across the Commonwealth. During this campaign, Region 1 hosted two educational sessions in collaboration from Virginia Veteran and Family Support staff that were focused on suicide prevention, education, and resource sharing among the SMVF population.

During the May campaign, the Region 1 Committee wanted to build a more targeted call to action and chose the theme “Speak Up for Mental Wellness” to encourage conversations around mental wellness and suicide prevention. During this campaign, Lock and Talk Virginia increased Facebook follower’s 14.7 percent, increased social media engagement 449 percent, and increased direct traffic to the website 103 percent. On Facebook, Region 1 acquired 24,616 engagements by users, and over 1,589 link clicks to the campaign landing page on the Lock and Talk website [lockandtalk.org/speakup](https://lockandtalk.org/speakup). For the radio ad, there were over 100,053 impressions with 55,979 listeners reached.

The CSBs, represented in Region 1, reported several trainings provided between October 1, 2021 and September 30, 2022 (total number of participants listed):

- Mental Health First Aid (MHFA) – 28 participants
- Mental Health First Aid Public Safety (MHFA PS) – 123 participants
- Crisis Intervention Training (CIT) – 30 participants.

## **DBHDS Region 2**

The Suicide Prevention Alliance of Northern Virginia (SPAN) continues to share and promote an array of public supports and resources across the region.

The SPAN website has been updated and offers a variety of information to include links to an individual local mental health center, resources and data relating to suicide prevention, a community events calendar, and access to online mental health screenings, among other resources. Brief screenings are the quickest way to determine if someone should connect with a behavioral health professional. The screenings are completely anonymous and confidential, and immediately following the brief questionnaire the individual receives results, recommendations, and key resources. The website link is <http://www.suicidepreventionnva.org/>.

For September Suicide Prevention Awareness Month, SPAN participated in the national #BeThe1To Campaign and created social media posts for partners to customize for use in their localities. SPAN sponsored suicide prevention awareness walks and provided resources to promote the website to increase engagement on the site. SPAN continues to provide youth mini grants to engage youth in schools and other community settings to assist in developing strategies to promote mental health wellness and suicide prevention. One successful mini-grant project provided “Buttons for Change”, which promoted positive messages and imagery for mental health wellness.

Additional activities across the region include the following: community events to provide resources, virtual events promoting conversations on suicide, mental health wellness/suicide prevention walks, National Night Out, and spring break wellness sessions for middle and high school students. Yard signs and posters throughout the community have been a way to continue to promote awareness in lieu of decreased in-person events.

The CSBs represented in Region 2 reported trainings provided between October 1, 2021, and September 30, 2022:

- Mental Health First Aid (MHFA) – 190 participants
- Youth Mental Health First Aid (YMHFA) – 141 participants
- Question, Persuade, Refer, (QPR) – 203 participants.

## **DBHDS Region 3 East**

Region 3E continues to promote and update their website, <https://askingsaves.org>. The website provides resources, highlights community suicide prevention events, and offers access to various

help lines. It also connects viewers to each of the five CSBs for additional support, if needed. Additionally, they promote awareness and provide training opportunities for the community. The CSB localities across the region share the responsibility to update the website content. During May Mental Health Wellness month, they utilized social media (Facebook and Instagram) to promote the importance of self-care. Region 3E launched a social media campaign for September Suicide Prevention Month which highlighted Lunch and Learn events primarily addressing first responders.

Region 3E has held virtual regional planning meetings on a monthly schedule to plan and evaluate efforts of the collaborative. All CSBs have provided various forms of mental health and suicide prevention training in their catchment area. The group has developed a plan to keep the Askingsaves.org website and regional Facebook page active and updated. A designated person from each CSB is responsible for posting content each day of the week.

For Suicide Awareness Month, the group scheduled and promoted relevant social media posts as well as promoted a regional media campaign targeting first responders and veterans. Two local collaborative partners were featured in the videos. Their training cohort includes staff and coalition members; there are 29 MHFA trainers, 4 ASIST trainers, 6 SafeTALK trainers, and 23 Adverse Childhood Experiences (ACEs) trainers.

The CSBs represented in Region 3E reported trainings provided between October 1, 2021, and September 30, 2022 (total number of participants listed):

- Mental Health First Aid (MHFA) – 66 participants
- Applied Suicide Intervention Skills Training (ASIST) – 20 participants
- Crisis Intervention Training (CIT) – 143 participants.

### **DBHDS Region 3 West**

The “Are You Okay” program continues to be advertised throughout the region promoting the National Suicide Prevention Lifeline and access to the Appalachian Substance Abuse Coalition (ASAC) regional website. Region 3W partners with the coalition to provide suicide prevention resources and promote the Southwest Virginia Suicide Prevention Continuum of Care implementation model. The “Are You Okay” program is advertised on social media, in faith-based communities, as well as in local businesses that promote the effort.

The Region 3 West Suicide logo continues to be distributed through their regional information dissemination campaign. The logo advertises the National Suicide Prevention Lifeline number as well as information for the Bristol Crisis Center in Southwest Virginia. Community partners that promote the campaign include local businesses and restaurants, libraries, schools, and other community organizations.

Additional activities across the region include the following: community tabling events to provide resources and safe storage devices (medication lock boxes, cable locks, and trigger locks); distribution of materials at trainings and community coalition meetings, resource tables at community Health Expo events; and partnerships with food banks to distribute materials (smart pill bottles, and safe disposal pouches for prescription medications).

The CSBs represented in Region 3 West reported trainings provided between October 1, 2021, and September 30, 2022 (total number of participants listed):

- Mental Health First Aid (MHFA) – 257 participants
- Youth Mental Health First Aid (YMHA) – 98 participants
- Applied Suicide Intervention Skills Training (ASIST) - 36 participants

#### **DBHDS Region 4**

DBHDS Region 4 is identified as Be Well VA. They continue to enhance and update their website, [www.bewellva.com](http://www.bewellva.com), to be more user friendly and provided resources for identified populations of focus. Recent enhancements include links to Lock and Talk Virginia, Domestic Violence resources, and Vaccinate Virginia resources. Be Well VA has increased collaboration on virtual training and awareness events, as well as cross-promotion of these events through [bewellva.com](http://bewellva.com) and their social media platform. During the month of September, they ran a robust social media campaign promoting suicide prevention awareness that highlighted positive mental health promotion messaging. They also hosted a ‘Community Conversation’ on the book, What Happened to You, which promotes conversations on trauma, resilience, and healing.

Additional activities across the region include the following: distribution events for lethal means safety devices and prescription drug safe disposal kits; provide wellness education in partnership with parenting classes offered in organizations; collaboration with local libraries to distribute resources and promote books with resiliency themes; and a sticker campaign with local pizza establishments and local pharmacies to promote resources available on the Be Well VA website.

The CSBs represented in Region 4 reported trainings provided between October 1, 2021, and September 30, 2022 (total number of participants listed):

- Mental Health First Aid (MHFA) – 32 participants
- More Than Sad, -23 participants
- REVIVE – 40 participants

#### **DBHDS Region 5**

DBHDS Region 5 continues to be innovative in their strategies to promote awareness throughout their communities. All localities provided trainings, promoted safe messaging via social media platforms, and collaborated with various organizations to continue to create suicide safer communities. Eastern Shore CSB has received national attention for their pizza box suicide prevention campaign. They distributed pizza boxes to local restaurant owners with special messaging highlighting basic suicide statistics, reinforcing the message of “you are not alone,” and providing resources if you or a loved one needs support. This idea was shared across the Commonwealth leading to other localities engaging in similar strategies.

Additional activities across the region included the following: providing training to community college students that counted as credit towards graduation; virtual events promoting mental

health wellness and suicide prevention; billboard campaigns to promote mental health messaging aimed at reducing stigma and promoting community resources; partnerships with local senior centers and youth centers to provide resources and wellness presentations; community tabling events providing lethal means safety devices and prescription drug safe disposal kits; community newsletters during May Mental Health Awareness Month; Lock and Talk PSAs promoted in local cinemas; partnerships with peer recovery and school partners to provide resources at community events; and facilitated youth leadership group topics highlighting mental health and resiliency.

The CSBs represented in Region 5 reported trainings provided between October 1, 2021, and September 30, 2022 (total number of participants listed):

- Mental Health First Aid (MHFA) – 508 participants
- Youth Mental Health First Aid (YMHFA) – 247 participants
- Applied Suicide Intervention Skills Training (ASIST) – 101 participants
- safeTALK – 38 participants
- Question Persuade Refer (QPR) – 38 participants

## **Applied Suicide Intervention Skills Training (ASIST)**

ASIST is a scenario-heavy two-day workshop designed for community members. Family, friends, and other community members may be the first to talk with a person at risk but have little or no training on how to recognize someone at risk and how to respond. ASIST provides in-depth, intensive practice on how to talk with a person who is having thoughts of suicide and/or who is in crisis.

The DBHDS Suicide Prevention Coordinator is responsible for the coordination, monitoring and oversight of ASIST trainings. DBHDS currently has over 60 actively certified trainers throughout Virginia. Funding for ASIST trainings and materials is provided through the annual appropriation from the General Assembly to expand and support suicide prevention and MHFA initiatives across Virginia.

Due to the impact of COVID-19, DBHDS was unable to host ASIST Training-for-Trainers to increase training capacity across the Commonwealth as ASIST developers were not offering in-person trainings and did not offer a virtual option.

Also, COVID protocols reduced opportunities to provide in-person trainings in the community. However, some local trainers were able to hold ASIST classes in their communities. CSBs reported training 364 people in ASIST during the reporting period as indicated in the Collaborative Planning Group Virginia DBHDS Dashboard. DBHDS supported these trainings by providing materials and technical assistance to trainers.

There is an ASIST Training-for-Trainers currently being planned.

## **safeTALK (Suicide Alertness for Everyone)**

safeTALK is four-hour trainings that teaches community members how to recognize and intervene if a person is suicidal. safeTALK focuses on teaching participants how to recognize invitations to talk about suicide, engage with the person and connect them to resources, such as health care professionals, first responders or crisis line workers.

The DBHDS Suicide Prevention Coordinator is responsible for the coordination, monitoring and oversight of safeTALK trainings. The Suicide Prevention Coordinator also coordinates safeTALK Training-for-Trainers.

Due to the impact of COVID-19, DBHDS was unable to host safeTALK Training-for-Trainers to increase training capacity across the Commonwealth as safeTALK developers were not offering in-person trainings and did not offer a virtual option.

However, some CSBs were still able to offer safeTALK trainings in their communities. CSBs reported training 1,015 people in safeTALK during the reporting period as indicated in the Collaborative Planning Group Virginia DBHDS Dashboard. DBHDS supported these trainings by providing technical assistance and training materials.

A safeTALK training-for-trainers is currently being planned.

## **Mental Health First Aid (MHFA) Training**

MHFA is a national public education program that introduces participants to risk factors and warning signs of mental illnesses, builds understanding of their impact, and overviews common supports. Mental Health First Aid is the initial help offered to a person developing a mental health problem or experiencing a mental health crisis.

The FY 2022 budget included \$600,000 in ongoing funds for MHFA. Five MHFA Instructor trainings were provided in 2022. DBHDS plans to offer additional instructor trainings in early December as the interest for MHFA continues to increase.

In June 2020, the virtual/blended instructor training became active. This platform led to 265 individuals trained in the virtual MHFA version and 266 in the blended MHFA version as of September 2022.

Mental Health First Aid is the initial help offered to a person developing a mental health problem or experiencing a mental health crisis. The first aid is given until appropriate treatment and support are received or until the crisis resolves. MHFA teaches participants a five-step action



plan to support someone developing signs and symptoms of a mental illness or in an emotional crisis:

- Assess for risk of suicide or harm,
- Listen nonjudgmentally,
- Give reassurance and information,
- Encourage appropriate professional help, and
- Encourage self-help and other support strategies.

As of September 22, 2022, Virginia has 774 certified MHFA instructors. Many are dually certified. There are 533 trained Adult MHFA instructors, 436 trained Youth MHFA instructors, 265 virtual MHFA instructors and 266 blended MHFA certified instructors. Of the certified instructors, 135 are trained in the public safety module, 38 trained in the fire fighter/EMS module, 37 trained in the veteran module, 33 in the older adult module, eight trained in the rural module, 53 trained in the higher education module, and 16 trained in the Spanish adult module.

As the interest for MHFA continues to grow MHFA instructor training was offered to staff at a variety of organizations, Goochland and Powhatan Public Schools, Mental Health America Fauquier County, DePaul Community Resources. MHFA instructor training class was offered to certify multiple staff in the Henry County EMS/Public Safety sector.

DBHDS was able to support a variety of partners that offered Mental First Aider training to communities across Virginia. Some of those partners included Central Shenandoah Criminal Justice Academy, Central Virginia Criminal Justice Academy (Lynchburg Police and Department, the 24<sup>th</sup> District Court Service Unit). DBHDS staff also provided community outreach regarding MHFA in collaboration with the Virginia Department of Health sponsored community outreach event focused on Mental Wellness in Petersburg, VA. DBHDS presented about MHFA, minority mental health awareness (depression and other issues) and provided related resources for Minority Mental Health Month to the Virginia Partners in Prayer and Prevention program. DBHDS staff also provided MHFA programmatic outreach as an Exhibitor at the Housing Virginia's Most Vulnerable Conference hosted by the Virginia Housing Authority. DBHDS also facilitated MHFA training sessions to staff at the Virginia Department of Conservation and Recreation, Virginia Commonwealth University, and DBHDS.

As of September 22, 2022, Virginia has trained 86,919 individuals in Mental Health First Aid since the inception of the program. Of those trained, 57,495 are adult MHFA and 29,059 are youth MHFA. As for the modules under adult MHFA – 8,070 are trained in the public safety module, 3,036 are trained in the higher education module, 586 trained in the fire fighter/EMS module, 495 trained in the veteran module, 1,019 trained in the older adult module, and 197 trained in the rural adult module. An additional 348 individuals were trained in the Spanish adult MHFA program, and 17 participants trained in the youth Spanish MHFA program.

During this reporting period 7,044 people were trained in Mental Health First Aid.

## **Suicide Prevention Resource Materials**

DBHDS provides Mental Health Promotion and Suicide Prevention Education resources at events throughout the state. Materials are representative of those mental health issues most commonly diagnosed and promote mental health wellness across the lifespan. The goal is to increase awareness of and access to resources to promote wellness through prevention, advocacy, and education.

Even though in-person opportunities were limited this year, resources were provided at National Guard Yellow Ribbon (Pre-mobilization events), the Department of Criminal Justice Campus Safety Violence Prevention Forum, the Department of Veteran's Services Women Veterans Summit, and the Virginia Housing Alliance 2022 Housing Virginia's Most Vulnerable Conference.

With the increasing presence of virtual trainings and resource fairs, DBHDS created a list of free and/or low costs suicide prevention and safety planning trainings that are available for all audiences as well as trainings for behavioral health, medical, and other clinical professionals such as (but not limited to) Case Managers, Nurses, Social Workers, Counselors, Psychiatrists, and Psychologists. This list was made available whenever an event or training session took place.

## **Governor's Challenge to Prevent Suicide among Service Members, Veterans, and their Families**

In 2020 we lost 181 Virginia Veterans to suicide. Through the Governor's Challenge, DBHDS and its partners are working to save the lives of Virginia's Service Members, Veterans and their Families (SMVF).

The Virginia Governor's Challenge team is co-led by the Secretary of Veterans and Defense Affairs and the Secretary of Health and Human Resources. The team membership includes federal agencies, including Veterans Affairs (VA) and the Department of Defense; state agencies including the Virginia Department of Veterans Services (DVS), the Virginia National Guard, the Virginia Department of Behavioral Health and Developmental Services, the Virginia Department of Health, the Virginia Department of Social Services, the Virginia Department of Medical Assistance Services, Virginia State Police, and the Virginia Department of Education. Other critical partners include the Virginia Hospital and Healthcare Association, the National Alliance on Mental Illness, and the Richmond Behavioral Health Authority.

### **Key National Priorities for the Governor's Challenge to Prevent Suicide are:**

- Identify Military Service Members, Veterans, and families (SMVF) and screen for suicide risk
- Promote connectedness and improve care transitions
- Increase lethal means safety and safety planning

**Tying into the National priorities, the Virginia Team focuses on the “3 C’s theme – Care, Connect, Communicate”:**

- **Care:** Accessible / culturally competent behavioral health services
- **Connect:** Bring SVMF-specific and community services together and form systemic partnerships
- **Communicate:**
  - Educate the SMVF population on resources
  - Educate behavioral health providers on military culture and suicide prevention best practices

The team implemented *Virginia’s Identify SMVF, Screen for Suicide Risk, and Refer for Services* (or VISR) pilot. The goal of the VISR pilot is to develop military culture, suicide prevention, and safety planning infrastructure in community agencies (including hospitals, local departments of social services, CSBs, and the Up Center Cohen Veterans Network Clinic).

In this reporting year, VISR pilot partner agencies, 3,014 SMVF were identified, 2,311 were screened for suicide risk, and 30 percent of those screened were at risk of suicide (defined as at least low risk, but also includes individuals at moderate and high risk). At risk individuals were linked to behavioral health and supportive services responsive to their level of need.

As part of the VISR initiative, DBHDS continues to lead the effort to promote and provide suicide prevention trainings and mental health wellness trainings. VVFS continues to lead the effort to train state and community agencies in Military Cultural Competency and Transition Awareness Training. DBHDS, CSBs, VVFS, and the VA have continued to distribute VDVS/VA resource business cards that list the VA Suicide Crisis Hotline on one side and VVFS contact information for non-crisis services on the other. The cards have been distributed to State Police, local police departments, first responders, and other service providers across the Commonwealth. Since the original implementation, agencies have worked to expand pilot activities and launch VISR 2.0 launch in November 2022.

**Additional Governor’s Challenge Team Activity Highlights during this reporting period include:**

- Crisis Intercept Mapping as a Statewide Tool
  - SAHMSA hosted two sites in 2022.
- Collaborated with the Virginia Army National Guard to expand Lock and Talk Virginia Lethal Means Safety (training and distribution of firearm locks and medication lock boxes) for Service Members and families.
- Sustained the *Together with Veterans (TWV)* initiative (national best practice from VHA) in Southwest Virginia to bolster grass roots, veteran-led, suicide prevention in rural communities; Together with Veterans regularly hosts art therapy and community meetings to keep local Veterans and families engaged.

- Virginia’s Identify SMVF, Screen for Suicide Risk, and Refer for Services (VISR) pilot.
  - Goal: Provide military culture, suicide prevention, and safety planning infrastructure and expand risk screening in state and community agencies.
- Lock and Talk Virginia Initiative STEP-VA VBH
  - Limiting access to lethal means for a person in crisis is an essential strategy for preventing suicide; Safe handling and secure storage of lethal means at home at all times is encouraged; Talking about suicide helps to save lives and reduce stigma.

The Virginia Governor’s Challenge team is ensuring that initiatives are in place to meet military and veteran families where they *live, work, and thrive*. Building suicide safe communities with efficient access to care is essential to ensure that the Commonwealth of Virginia is the most military and veteran-friendly state in the United States.

## **Suicide Prevention Interagency Advisory Group (SPIAG)**

The Suicide Prevention Interagency Advisory Group, co-led by DBHDS and Virginia Department of Health staff, currently includes the Virginia Department of Education (DOE), Virginia Department of Criminal Justice (DCJS), Virginia Department of Veterans Services (DVS), American Foundation for Suicide Prevention (AFSP), the Virginia Association of Community Services Boards (VACSB), the Campus Suicide Prevention Center of Virginia, the U.S. Department of Veterans Affairs as well as other organizations. The advisory group’s mission is to promote awareness of, access to, and capacity for suicide prevention resources, while identifying the root causes of suicide in their respective communities and throughout the state.

SPIAG meets bimonthly utilizing the *Suicide Prevention across the Lifespan Plan for the Commonwealth* as their framework. The SPIAG remained virtual during the 2022 year due to ongoing efforts to limit the spread of COVID-19. Topics covered at meetings this year included the Virginia Crisis System Transformation, review of the Surgeon General’s Call to Action to Implement the National Strategy for Suicide Prevention, data trends related to the National Suicide Prevention Lifeline, a presentation on the Child Fatality Review teams within the Office of the Chief Medical Examiner, and highlighting the Handle with Care program, an innovative approach to caring for children who experience a traumatic event.

In addition to sharing information and topics relevant to suicide prevention, SPIAG members assist in cross promoting their efforts and seek ways to collaborate with one another on projects.

## **Suicide Prevention across the Lifespan: A Plan for the Commonwealth of Virginia**

The *Suicide Prevention across the Lifespan: A Plan for the Commonwealth of Virginia* describes current and proposed efforts by DBHDS and VDH, as well as other suicide prevention partners,

to reduce suicide in Virginia. The goals and objectives represent the consensus of the lead agencies as well as suicide prevention stakeholders from other government agencies, non-governmental organizations, community partners, and private citizens. The plan presents five goals to reduce and prevent suicide across the Commonwealth. SPIAG believes in the importance of expanding on past efforts within the suicide prevention field while exploring innovative ways to address drivers of suicide and self-harm, including developing in-depth data collection for suicide deaths in Virginia, conducting state training efforts to address suicide prevention education, maintaining the Suicide Prevention Resource Directory, and working with regional stakeholders to implement suicide prevention efforts in their communities.

The plan utilizes data from the VDH Virginia Violent Death Reporting System and Virginia Hospital Information to quantify the problem of suicide in the Commonwealth, including identifying areas of high suicide burden and risk factors for self-harm. The plan is available for download on the Suicide Prevention Resource Center website, found at: [FINAL-Virginia-Suicide-Prevention-Across-the-Lifespan-Plan-12152016.pdf](https://www.sprc.org/VAIVP/VAIVP-Plan-12152016.pdf) ([vaivpeducation.org](http://vaivpeducation.org))

## **Conclusion**

Despite complex etiology, there are public health interventions that can decrease suicide rates at a population level. The current state of the nation, as it continues to navigate a new normal past the COVID-19 pandemic, has explicitly drawn attention to serious gaps in our health systems that need immediate attention. By working to ensure that necessary resources are available to address these needs, DBHDS can effectively reduce the number of Virginians who die by suicide. This effort will not only require adequate attention and sustained funding but necessitates the type of coordination the Suicide Prevention Interagency Advisory Group exhibits every day. Although a continued state effort to develop and implement a comprehensive suicide prevention plan is essential, this work cannot be done without the active support and engagement of all Virginians. Providing community resources, talking about suicide prevention to decrease stigma, working to reduce access to lethal means, following up with individuals experiencing mental health crisis; everyone can take part in helping save lives.

Effective suicide prevention efforts require the engagement and commitment of multiple sectors and agencies. DBHDS continues to be Virginia's lead agency for suicide prevention across the lifespan and continues to provide leadership to promote suicide awareness, increase mental health resources, address social determinants of health that result in increased risk, and reduce the incidence of suicide. Statewide, there exists a shared responsibility to identify at-risk individuals and ensure that they receive essential services for mental health care and crisis stabilizations. The collaborative efforts related to suicide prevention in this report raise awareness of community risk factors for suicide and promote suicide prevention awareness and mental health literacy. DBHDS will continue to strengthen capacity across multiple agencies and organizations to impact our ability to reduce the risk of suicide across the lifespan.

## **Appendix**

### **Suicide Death Data**

The Office of the Chief Medical Examiner's Annual Report 2020 provides the most recent available data on suicide deaths in Virginia. The report includes:

- Number and Rate of Suicide Deaths by Year of Death
- Number and Rate of Suicide Deaths by Age Group and Gender
- Percentage of Suicide Deaths by Race/Ethnicity
- Number and Rate of Suicide Deaths by Race/Ethnicity and Gender
- Number of Suicide Deaths by Cause and Method of Death
- Number of Suicide Deaths by Age Group and Ethanol Level
- Number of Suicide Deaths by Gender and Ethanol Level
- Number of Suicide Deaths by Manner of Death and Ethanol Level
- Number of Suicide Deaths by Month of Death
- Number of Suicide Deaths by Day of the Week
- Number and Rate of Suicide Deaths by Locality of Residence
- Number of Suicides Deaths by Locality of Injury and Year of Death

The Office of the Chief Medical Examiner's Annual Report, 2020 can be downloaded at:  
[www.vdh.virginia.gov/medical-examiner/annual-reports/](http://www.vdh.virginia.gov/medical-examiner/annual-reports/)