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March 1, 2025

To: The Honorable Glenn A. Youngkin, Governor of Virginia  
The Honorable Winsome Earle Sears, Lieutenant Governor of Virginia  
The Honorable Louise L. Lucas, Co-Chair, Senate Finance and Appropriations  
The Honorable Luke E. Torian, Chair, House Appropriations Committee

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

Subject: DBHDS Activities Pertaining to Suicide Prevention Across the Lifespan.

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

*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.*

cc: The Honorable Janet V. Kelly, Secretary of Health and Human Resources



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

## **Code of Virginia § 37.2-312.1 (B.)**

**December 1, 2024**

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

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## **Executive Summary**

Death by suicide continues to be a major public health problem for Virginia and the nation. According to a 2021 report from the Virginia Department of Health, suicide deaths have been increasing since 1999. In 2022, we lost 1,211 Virginians to suicide. Most of those who died were male (80.0 percent) and white (76.3 percent), with males aged over 85 years having the highest rate of suicide (67.8 per 100,000 persons). Firearms continue to be the most lethal method used in suicide attempts. These statistics illustrate the gravity and importance of the work to prevent suicide. there is hope.

Preventing suicide demands a thorough public health approach that utilizes data-driven interventions. This involves building communities that are aware of suicide prevention, tailoring efforts to be culturally informed, recognizing the diverse perspectives and experiences individuals bring, and collaborating closely with the groups these strategies support. These efforts must be based on the best available research in the field of suicidology and must address approaches at all levels. Suicide prevention requires a community effort and support.

This report provides an overview of suicide prevention activities currently supported by the Department of Behavioral Health and Developmental Services (DBHDS) across the Commonwealth.

The report includes an update on the work being done around the Lock and Talk campaign, which encourages Virginians to secure lethal means, such as firearms and prescription medications like opioids, to prevent their use during a suicide attempt. It also includes highlights from the Community Services Boards' (CSB) Behavioral Health Wellness Teams on how each region approaches suicide prevention and implements strategies unique to their communities. Their efforts increase awareness, promote help-seeking strategies, and support healing across communities. The rapid growth of the Suicide Prevention Interagency Advisory Group and the evolution of The Governor's Challenge to Prevent Suicide among Service Members, Veterans, and Families (SMVF) are also included, as is the crucial work of The Campus Suicide Prevention Center that trains campus faculty and staff how to intervene during a crisis and provides ongoing training and support through their innovative ECHO groups. Updates on gatekeeper trainings, such as Applied Suicide Intervention Skills Training (ASIST), safeTALK, and Mental Health First Aid (MHFA), which are essential to educating communities about mental health, suicide prevention and intervention are also included, as are updates on the resources and information available on suicide prevention, intervention and postvention. Lastly, the 2023 Suicide Prevention Across the Lifespan Plan for Virginia guides efforts to prevent suicide in the Commonwealth.

## Background

The FY 2014 budget included a \$1,100,000 ongoing appropriation to DBHDS to expand and support Suicide Prevention and Mental Health First Aid (MHFA) initiatives across Virginia. The funding includes \$600,000 to expand MHFA and \$500,000 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.

Suicide deaths have been slowly increasing since 1999 affecting individuals of all ages, genders, and backgrounds. In 2022, the Centers for Disease Control and Prevention (CDC) indicates that Virginia's suicide rate is 13.34 per 100,000 persons. In Virginia, as in many other states, middle-aged and older adults, particularly men, have historically been at a higher risk for suicide. However, suicide prevention efforts aim to address all demographics, with several local campaigns focusing on other acutely impacted populations.

While suicide impacts all localities in Virginia, rural areas like Galax City, Rappahannock County, Middlesex County and Scott County having the highest average annual death rates of suicide. The Southwest health region of Virginia also had the highest self-harm rates.

Over a five-year period (2017-2021), ages of Virginians who died by suicide:

- Eight out of ten deaths by suicide were male.
- Over half (52 percent) of deaths by suicide were among people aged 45 years or older.
- Youth and young adults are acutely impacted by the mental health crisis and suicide.
- Deaths by suicide increased by 25 percent among ten to 19 years old youth and 24 percent among people ages 64 to 75 years old.

Of the people who died by suicide in Virginia during the same five-year period (2017-2021):

- 83 percent were non-Hispanic White.
- Ten percent Black or African American
- Four percent Hispanic/Latino(a)/Latinx
- Three percent Asian or Pacific Islander
- American Indian or Alaska Native Virginians represent less than one percent of deaths by suicide; however, the rate of suicide in this population is highest nationally.
- Deaths by suicide among Black or African American Virginians increased by 56 percent.
- Suicide among Black or African Americans aged 18-34 years old increased 69 percent.

In addition, Virginia has a significant veteran population, and veterans are at an elevated risk for suicide. Virginia has targeted programs and services to support veterans' mental health and wellbeing. Nationally, acutely impacted populations are veterans, tribal populations, adults ages 34-64, LGBTQ+ youth, adults in certain occupations such as construction and mining, and people with disabilities. LGBTQ+ youth attempt suicide five times more often than heterosexual youth, and people with disabilities are more likely to report suicidal ideation than others.

## Lock and Talk Virginia: Lethal Means Safety Initiative

Lock and Talk is a comprehensive approach to suicide prevention with a heavy emphasis on lethal means safety, developed in Virginia in 2016 and has now expanded to all 40 CSBs across Virginia. Promoting safe and responsible care of lethal means – while encouraging community conversations around mental wellness – is vital to the mission of preventing suicides and promoting wellness. Lock and Talk provides community members the opportunity to increase education about the signs of suicide risk and how to act as a catalyst to care. The foundation of Lock and Talk is based directly on the National Strategy for Suicide Prevention and the input of national consultants involved in suicide prevention strategy and research.

Key components include:

- **Limiting access to lethal means for a person in crisis is 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 and should be temporarily removed from the vicinity of the vulnerable individual.
- **People at risk for suicide should be part of the lethal means safety 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 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 continues to develop campaigns and resources for community stakeholders (available on [www.lockandtalk.org](http://www.lockandtalk.org)). CSBs report reported doubling the quantity of suicide prevention Lock and Talk literature distributed in Virginia communities this year. New material, such as brochures, posters, presentations, social media posts, etc.,) and new campaigns helped give participants options and increased information for additional target populations.

Currently, there are nine Lock and Talk campaigns available for a variety of audiences, including the general public, healthcare and first responders, service members, veterans and their families. Media messages are used to disseminate campaign messages in the form of billboards, bus ads, public service announcements on television and radio, newspaper ads, social media posts as well as a variety of other platforms such as gas pump ads.

New campaigns are developed to be released at the onset of significant annual events, such as May Mental Health Awareness Month, September Suicide Prevention Month, and November National Family Caregiver's Month.

Lock and Talk now has six ongoing, focused projects for suicide prevention including Crisis Intervention Training support for law enforcement, Healing Events support (such as Out of the Darkness Walks), Poison Control Center and Virginia Pharmacists Association partnerships, and

Governor’s Challenge (Lock and Talk celebrated five years of being the lethal means component of Governor's Challenge). The Lock and Talk program crosses into the state overdose and opioid response as well, with the medication safety component and substance use disorder prevention education offered by prevention specialists and coalitions utilizing the program. Materials in multiple languages are expanding, with lethal means safety messaging from Lock and Talk now available in 10 languages spoken in the Commonwealth.

The other two projects include safety device distribution to community members and the “Gun Shop Project,” which was originally modeled after the “Means Matter” campaign in consultation with the Harvard School of Public Health. This project includes suicide prevention education that is co-developed with firearm retail and range partners and disseminated to new partners. Firearm safety instructors and retailers learn how to identify individuals who may be suicidal, and they are equipped to connect clients and firearm safety students to crisis resources including 988, local mental health agencies, and connecting to a CIT officer (Crisis Intervention Training) if 911 is called for a mental health emergency.

The 40 participating CSBs in the Lock and Talk Initiative reported the following from October 1, 2022 – September 30, 2023:

- 27,047 Medication Locking Devices Distributed (with instructions and resources)
- 18,683 Gun Locks Distributed (with instructions and resources)
- 155 Firearm Retail/Range Partners that received Lock and Talk visits and provided with resources this year.
- 316,498 Lock and Talk and other suicide prevention literature distributed.

## **Regional Suicide Prevention Initiatives**

DBHDS currently funds regional suicide prevention initiatives across 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. Each year, \$625,000 of state general funds 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 the following CSBs: Alleghany Highlands, Harrisonburg-Rockingham, Horizon, Northwestern, Rappahannock Area, Encompass Community Supports, Region Ten, Rockbridge Area, and Valley. Region 1 is known as Region 1 Suicide Prevention Committee. <https://www.lockandtalk.org/about>
- DBHDS Region 2 includes the following CSBs: Alexandria, Arlington, Fairfax-Falls Church, Loudoun County, and Prince William County. Region 2 is known as the Suicide Prevention Alliance of Northern Virginia (SPAN). <https://www.suicidepreventionnva.org/>
- 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 the following CSBs: Blue Ridge, Danville-Pittsylvania, New River Valley, Piedmont, and Southside. <https://askingsaves.org/>
- Region 3 West is known as Region 3 West Wellness Council and includes the following CSBs: Cumberland Mountain, Dickenson County, Highlands, Mount Rogers, and Frontier. [Suicide Prevention - Appalachian Substance Abuse Coalition \(stoppingsubstanceabuse.com\)](https://stoppingsubstanceabuse.com/)
- DBHDS Region 4 includes the following CSBs: Chesterfield, Crossroads, Goochland-Powhatan, Hanover, Henrico Area, District 19, and Richmond. Region 4 is known as the Region 4 Suicide Prevention Initiative. <https://bewellva.com/>
- Region 5 includes the following CSBs: Chesapeake, Colonial, Eastern Shore, Hampton-Newport News, Middle Peninsula-Northern Neck, Norfolk, Portsmouth, Virginia Beach, and Western Tidewater. Region 5 is known as HPR 5 Suicide Prevention Task Force. <https://region-five.org/>

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 Skills Training, Mental Health First Aid, 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. Highlights and accomplishments that occurred as a result of the regional suicide prevention initiative implementation efforts during FY 2023 are found in Appendix A.

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

ASIST is a two-day workshop for all caregiving groups. 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 can also provide those in formal helping roles with professional development to ensure that they are prepared to provide suicide first-aid help. The emphasis is on teaching suicide first-aid to help a person at risk stay safe and seek further help as needed. Participants learn to use a suicide intervention model to identify persons with thoughts of suicide, seek a shared understanding of reasons for dying and living, develop a safe plan based upon a review of risk, be prepared to do follow-up, and become involved in suicide-safer community networks.

During the two-day workshop, ASIST participants learn to:



1. Understand the ways personal and societal attitudes affect views on suicide and interventions.
2. Provide guidance and suicide first-aid to a person at risk in ways that meet their individual safety needs.
3. Identify the key elements of an effective suicide safety plan and the actions required to implement it.
4. Appreciate the value of improving and integrating suicide prevention resources in the community at large.
5. Recognize other aspects of suicide prevention including life-promotion and self-care.

The DBHDS Suicide Prevention Coordinator is responsible for the coordination, monitoring, and oversight of ASIST trainings. DBHDS currently has over 40 actively certified trainers. ASIST training is popular among first responders who are often the first ones on scene during a mental health crisis or need to respond when a mental health crisis emerges from another emergency. Individuals on peer support teams also find the training particularly useful.

Funding for ASIST trainings and materials is provided through the annual appropriations to expand and support suicide prevention and MHFA initiatives across Virginia. ASIST is promoted by SAHMSA as an evidenced-based suicide prevention practice. CSBs report training 469 individuals in ASIST during this reporting period. As of September 30, 2023, Virginia has held 414 ASIST workshops and trained 7,477 individuals in ASIST.

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

safeTALK is a half-day training that helps participants become alert to suicide. Suicide-alert people are better prepared to connect persons with thoughts of suicide with life-affirming help. safeTALK teaches participants to recognize invitations, engage with the person with thoughts of suicide, and connect them with resources to help them be safer from suicide. These resources could include health care professionals, first responders, or crisis line workers—among others who have suicide intervention training. During the training, safeTALK participants will learn to:

- Notice and respond to situations where suicide thoughts may be present,
- Recognize that invitations for help are often overlooked,
- Move beyond the common tendency to miss, dismiss, and avoid suicide,
- Apply the TALK steps: Tell, Ask, Listen, KeepSafe, and
- Know community resources and how to connect someone with thoughts of suicide to them for suicide-safer help.

safeTALK is promoted by SAHMSA as an evidenced-based suicide prevention practice and is safe for participants ages 15 years and older, giving older teens an opportunity to be trained to assist their peers or loved ones experiencing suicidal thoughts.

The DBHDS Suicide Prevention Coordinator is responsible for the coordination, monitoring, and oversight of safeTALK trainings. DBHDS is currently in the process of planning a safeTALK Training for Trainers to increase capacity to provide this training. Virginia CSBs reported

training 994 individuals in safeTALK during the reporting period. As of September 30, 2023, Virginia has provided 345 safeTALK workshops and trained 5,766 individuals in safeTALK.

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

The FY 2023 budget included \$600,000 for MHFA. The DBHDS MHFA Program Coordinator is responsible for the coordination, monitoring, and oversight of MHFA activities, trainings, budget monitoring, and researching best practice/evidence-based programs available to reduce the number of suicides and attempted suicides. There were five MHFA instructor trainings provided in FY 2023.

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. The course was initially only facilitated as an 8-hour in-person course that uses role-playing and simulations to demonstrate how to offer initial help in a mental health crisis and connect persons to the appropriate professional, peer, social, and self-help care.

MHFA 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, ALGEE, 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
- **Encourage** self-help and other support strategies

As of September 22, 2023, Virginia has 774 MHFA instructor certifications. 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 Health 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: Loudoun County Public Schools, Caroline County Public Schools, Botetourt County Public Schools, Roanoke City Public Schools, Mental Health America Fauquier Country, Northern Virginia Community College, United States Airforce, Time Family Services LLC and DePaul Community Resources. Also, DBHDS supported a variety of partners that offered MHFA training to communities across Virginia, including state partners, faith-based organizations, and universities.

A data report is provided to DBHDS monthly from the National Council for Mental Wellbeing. The report provides the number of MHFA Instructors in Virginia, and the number of

people trained in MHFA across the state. The number of instructors carrying other designations is also included within the report. Other designations include certification in the following modules: public safety, higher education, veterans, rural areas, and older adults.

As of September 22, 2023, Virginia has trained 94,876 individuals in Mental Health First Aid. Of those trained, 62,094 are Adult MHFA and 32,417 are Youth MHFA. For the modules under Adult MHFA – 8,396 are trained in the Public Safety module, 3,279 are trained in the Higher Education module, 606 are trained in the Fire Fighter/EMS module, 495 are trained in the Veteran module, 1,036 trained in the Older Adult module, and 197 are trained in the Rural Adult module. We also have 348 individuals who were trained in the Spanish Adult MHFA program, and 17 participants were trained in the Youth Spanish MHFA Program.

## **Suicide Prevention Resource Materials**

DBHDS provides Mental Health Promotion and Suicide Prevention Education resources at events throughout the state. The goal is to increase awareness of and access to resources to promote wellness through prevention, advocacy, and education.

Resources are offered free of charge to participants. Materials are representative of those mental health issues most commonly diagnosed and promote mental health wellness across the lifespan. The resources are primarily available through the Substance Abuse Mental Health Services Administration (SAMHSA), the National Institutes of Health (NIH), and the National Institutes on Mental Health (NIMH). Additional materials that promote trainings offered by DBHDS are also provided. Examples of events attended include the Communities in Schools conference and the annual Department of Criminal Justice Services (DCJS) School Safety Conference.

With the increasing presence of virtual trainings and resource fairs, DBHDS also makes available PDFs and links to electronic resources to increase reach.

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

In December 2018, Virginia was chosen as one of the first seven states nationwide (also including: AZ, CO, KS, MT, NH, and TX) to host the Governor’s Challenge to Prevent Suicide among Service Members, Veterans, and their Families. The Governor’s Challenge is sponsored nationally by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Veterans Affairs (VA). The Challenge brings together interagency teams from around the Nation to implement a comprehensive public health approach to suicide prevention for Military Service Members, Veterans, and Families (SMVF). The Governor’s Challenge initiative is now in forty-nine states, four U.S. territories and Puerto Rico.

The Virginia Governor’s Challenge team is co-led by the Secretary of Veterans and Defense Affairs, Craig Crenshaw, and the Secretary of Health and Human Resources, Janet Kelly. The team membership includes federal agencies, including the VA and the Department of Defense (DOD); 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, the Virginia State Police, the Virginia Department of Education, and other critical partners including the Virginia Hospital, Healthcare Association, the National Alliance on Mental Illness, and Richmond Behavioral Health Authority.

According to the 2023 National Veteran Suicide Prevention Annual Report issued by the VA, 6,392 veterans died by suicide in 2021. The unadjusted suicide rate for veterans was 33.9 per 100,000. Suicide was the 13<sup>th</sup> leading cause of death in the Veteran population overall and the second leading cause of death of Veterans under 45 years of age. Community services providers are key partners in suicide prevention among SMVF because they have access to veterans who are not in VA care.

Key National Priorities for the Governor’s Challenge to Prevent Suicide:

- 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 partnerships
- **Communicate:**
  - Educate the SMVF population on resources.
  - Educate behavioral health providers on military culture and suicide prevention best practices.

To address these priorities, the team implemented Virginia’s Identify SMVF, Screen for Suicide Risk, and Refer for Services (or VISR) Pilot in 2019. The goal was to develop military culture, suicide prevention, and safety planning infrastructure in community agencies (including hospitals, local departments of social services, community service boards, and the Up Center Cohen Veterans Network Clinic). Currently, 82 unique organizations participate in VISR.

The VISR DBHDS Research Team indicated that of the 227,620 individuals served by DBHDS entities during FY 2022, 7,855 were identified as SMVF, of which 3,417 were screened for suicide risk, of which 386 were identified as at-risk of suicide. 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. Virginia Veteran Family Support (VVFS) continues to lead the effort to train state and community agencies in Military cultural competency and transition awareness training. DBHDS, CSBs, VVFS, and federal Veterans Affairs (VA) have continued to distribute 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 the Virginia State Police, local police departments, first responders, and other service providers across Virginia.

Since the original implementation, agencies expanded pilot activities, and the team launched VISR 2.0 launch in November 2022. VISR 2.0 comprehensively addresses the need for both providers encountering SMVF and family members of service members and veterans to be suicide-aware and ready to respond should a crisis occur. The VISR Team developed a certification program to encourage providers and family members to take trainings in military cultural competency, mental health literacy, suicide intervention and lethal means counseling. In addition to military cultural competency trainings offered by DVS and PsychArmor, these trainings include MHFA, safeTALK, ASIST, VA S.A.V.E. (Signs, Ask, Validate, Encourage and Expedite), Counseling Access to Lethal Means (CALM) and the Columbia Suicide Severity Rating Scale. Participants who complete certain combinations of trainings are awarded a certificate. As of September 15, 2023, 19 people from eight different agencies have completed the program. This number should grow substantially as certification continues to be promoted.

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

- Hampton Newport-News CSB has successfully initiated a Suicide Prevention Task Force in May 2023 for the cities of Hampton and Newport News. The task force’s goal is to use collaborative efforts to raise awareness of community risk factors for suicide, increase protective factors, and reduce the associated stigma of mental health issues. They focus on reducing access to lethal means for a person at risk of suicide and have identified youth, adults between the ages of 24-45, homeless individuals, and SMVF as priority populations. Membership consists of city officials, crisis clinicians, law enforcement, librarians, university staff, hospital staff and has strong participation from the Disabled American Veterans.
- The Middle Peninsula-Northern Neck CSB hosts an annual Suicide Prevention Walk on Veteran’s Day (November 11, 2022) in Gloucester County. The theme is Walk for a New Day. In addition to raising awareness of SMVF mental health and suicide prevention, the CSB will provide a broad range of suicide prevention resources.
- Horizon Behavioral Health partnered with Harley Davidson of Lynchburg, The Combat Veteran’s Association, and The Suicide Prevention Awareness Coalition of Central Virginia to host the 2nd annual Ride of Our Lives event on Saturday, September 16, 2023. Seventy-five riders participated. The ride kicked off with a talk highlighting Suicide Prevention Month, a message of hope, a talk about veteran suicide, and a prayer for a safe ride. The ride ended with a rally at the Horizon Wellness Center on Langhorne Road and will include a car show, music, free food, fun activities, and resources.
- Richmond Behavioral Health Authority is partnering with the Military Retiree Club. They are known for socially engaging SMVF. The group is interested in becoming a resource for veterans needing mental health and suicide prevention information in addition to providing social activities. This partnership began in January 2023 and is continuous.

- The VA Mental Illness Research and Education Collaborative Center (MIRECC) and Western Interstate Commission for Higher Education (WICHE) Together With Veterans (TWV) initiative was presented to the Virginia Department of Veteran Services Virginia Veteran and Family Support (DVS VVFS) West Region during the 2019 Governor's Challenge to prevent suicide among Service Members, Veterans, and Families. The local initiative named Southwest Virginia Together with Veterans (SWVATWV), began implementation in 2019. The program consists of five development stages in which completed in February 2023. The implementation phases included three community assessments and integrated Community Intercept Mapping (CIM) with key stakeholders into TWV community assessments. Program participants have attended the National Implementation Academy in Colorado, completed three community assessments, a SWOT Analysis, two PARTNERLAB Community reports, and recently attended the 2023 National Summit in September along with 30 other communities from across the nation. At this Summit, DVS VVFS/TWV was able to provide a brief presentation on SWVATWV activities to include DVS VISR, military cultural competency and best practices for rural areas including federal, state, and local partnerships. TWV has also been integral in providing several suicide prevention and military cultural competency trainings. The initiative also continuously provides several peer and therapeutic recreation events to include art therapy, fishing, rock climbing, kayaking, and blacksmithing.
- Crisis Intercept Mapping continues to be used as a statewide tool. CIM outlines the flow of the SMVF experiencing thoughts of suicide through behavioral health services. The mapping focuses on four specific moments when help could be provided. The four moments occur during the first contact, acute care, care transitions, and ongoing treatment and recovery support. An additional CIM session took place in Arlington, VA. Phase 1 of CISM took place at the Arlington Human Services Building in August 2022. Phase 2 took place in March 2023 with an additional follow up that occurred in June 2023. Community partners including Arlington and Alexandria CSB, Northern Regional Projects Office, Friendship Place/SSVF, VA, and DVS met to discuss further ways to collaborate and to create and review objectives that would address current gaps.

While challenges to reduce suicide among SMVF remain, there is also hopeful news:

- In 2019, 399 fewer veterans died from suicide than in 2018. This decrease of 7 percent was four times that of non-veteran populations that year.
- In 2019, there was an almost 13 percent decrease in the one-year rate of suicide for women veterans, which is the largest decrease in 17 years.
- In 2020, 343 fewer veterans died from suicide than in 2019 reflecting the lowest number of veteran suicides since 2006.
- From 2018-2020 there was a 9.7 percent decrease in veteran suicide among all race groups.

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

The Suicide Prevention Interagency Advisory Group (SPIAG) consists of over 260 members from various non-profit, local government entities, state government agencies, and also includes private providers, and individuals who are doing the work of suicide prevention, intervention, and postvention in their communities.

SPIAG currently includes staff from DBHDS, Virginia Department of Health (VDH), Office of the Chief Medical Examiner, 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, suicide prevention coordinators at local Community Service Boards, the ConnerStrong Foundation, the National Alliance on Mental Illness (NAMI Virginia), and Agrisafe Network, among others.

SPIAG is building a comprehensive framework that centers the promotion of meaningful and empowered lives worth living. Guiding values of the group include the belief that everyone can play a role in addressing suicidal experience, suicide is a complex public health problem that must be addressed by using data driven interventions, and the belief that to help those experiencing suicidal thoughts we must all have basic knowledge of how to support someone in crisis and a strong behavioral health system with sustained funding. SPIAG members take an active role in their communities to reduce stigma surrounding suicide deaths, suicide thoughts, and families who have lost members to suicide.

SPIAG focuses on 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.

SPIAG meets bimonthly utilizing the [\*Suicide Prevention across the Lifespan: A 2023 Plan for the Commonwealth of Virginia\*](#) as their framework. During meetings members share resources, data, and training. Meetings also offer opportunities for connection and networking.

Additionally, due to the networking opportunities created during SPIAG, the ConnerStrong Foundation was able to connect with the Virginia Department of Education to help make available Sources of Strength, a suicide prevention curriculum for elementary, middle and high school students in more schools. ConnerStrong is willing to fund the program in Virginia's schools and the representatives from the VDOE were able to connect the foundation with schools interested in training staff and adopting this curriculum.

## **The Campus Suicide Prevention Center of Virginia**

The Campus Suicide Prevention Center of Virginia is located on the James Madison University campus in Harrisonburg. The goal of the center is to reduce risk for suicide on Virginia's college and university campuses using a public health model that brings together people from a variety of campus roles and uses a combination of strategies. This is a flexible model designed to meet the unique needs and resources of each campus. The center specifically supports the individuals and teams on each campus as they work to build the infrastructure necessary to promote wellness and safety for all students, identify and support students in distress, and effectively respond to individuals who are at risk for suicide.

The center provides on-site and regional training in clinical assessment and intervention. They use an evidence-based suicide-specific clinical intervention called the Collaborative Assessment and Management of Suicide Risk (CAMS) training. It is designed for counseling center professionals and community clinicians. The center also provides gatekeeper trainings to anyone on campus. During this reporting period trainings were provided to undergraduate and graduate students and staff throughout the university. Community members in similar roles as well as family advocates, early childhood educators, school counselors, school psychologists, and more, also participated in trainings. These trainings include ASIST, safeTALK, and MHFA.

The center also supports the collection and use of data on student mental health using the Healthy Minds Network and they also collect data on campus needs and specific resources. Additionally, the Center supports campuses with their Project ECHO (Extension of Community Health Outcomes) program. Project ECHO for Campus Suicide Prevention is a free, online forum for learning and discussing how to reduce suicide risk and promote wellness among college students. Using a group tele-mentoring format, Project ECHO provides opportunities for participants to interact with peers from other institutions to exchange information on strategic planning and implementation, share challenges and lessons learned, promote collaborative problem solving, and support individual and systemic growth.

Funding for the center is provided by the Division of Injury and Violence Prevention at the Virginia Department of Health, DBHDS, and the U.S. Substance Abuse and Mental Health Services Administration. All services are available at no cost to all Virginia two-year and four-year public and private campuses.

Highlights of work that occurred during this reporting period include:

- 13 ECHO sessions held. These were attended by 304 people from across the state representing nearly all campuses in Virginia. Attendees represent a wide variety of campus roles. Staff presented on the Campus Suicide Prevention ECHO – the first in the world – at the global MetaECHO 2023 Conference in Albuquerque and have been consulted by other states with interest in developing similar programs.
- Center staff were invited by West Virginia and Texas to present on the comprehensive suicide prevention work (using a public health approach) the Center promotes on campuses. Virginia is a leader in campus suicide prevention in the nation and other states are becoming more aware of the work being done here.



- The team added a community college specialist to focus specifically on the mental health and well-being needs of students in the Virginia Community College System. The context of VCCS is uniquely different from four-year campuses and adding staff who are able to specifically address those unique needs was necessary. Two additional staff were hired to work on a high school transitions project, with a focus on preparing graduating seniors to think about and prepare for managing their mental health in their next phase of life, whether that be at college or in the workforce.
- A safeTALK Training for Trainers was held in May when 21 people from 17 campuses were trained to conduct safeTALK on their own campuses for students, faculty, and staff.
- In September, the center held a suicide postvention training for five campuses, who brought teams to learn about and develop and refine postvention protocols for their campuses. Additionally, six staff were trained to be trainers in this specific training curriculum.
- The center conducted 25 ASIST workshops for 497 participants, 41 safeTALK trainings for 972 participants, one Mental Health First Aid course for 23 participants, and had 177 individuals register for CAMS-Care trainings.

## **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 broad objectives to reduce and prevent suicide across the Commonwealth.

The objectives include:

1. Lead a diverse and inclusive group to build comprehensive suicide prevention systems throughout Virginia.
2. Prioritize upstream factors that impact suicide prevention.
3. Ensure all Virginians know they have a role to play in suicide prevention, ensuring access to free of low-cost training.
4. Enhance the continuum of care for suicide prevention.
5. Improve the quality, timeliness, exchange, and use of suicide and self-harm data.

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 a public-facing document and has been shared widely. It is available for download through the Virginia Department of Health's State Plans webpage: [www.vdh.virginia.gov/injury-and-violence-prevention/state-planning/.2023SPStatePlanFINAL.pdf](http://www.vdh.virginia.gov/injury-and-violence-prevention/state-planning/.2023SPStatePlanFINAL.pdf) (vaivpeducation.org).

## **Conclusion**

Suicide is a deeply complex and tragic issue. The impact of suicide on communities underscore the need for proactive measures.

With the leadership of organizations and workgroups like SPIAG, The Campus Suicide Prevention Center of Virginia, Lock and Talk, The Governor's Challenge to Prevent Suicide Among SMVF, and local CSBs, the conversations around behavioral health wellness, mental health and suicide prevention are expanding in scope and depth. Through their efforts, Virginians throughout the Commonwealth are becoming a part of the suicide prevention movement by learning key skills to prevent suicide and respond to a neighbor or loved one in crisis. This capacity building has enabled communities to come together to raise awareness about mental health, provide resources, and create opportunities for more open conversations about suicide. By continuing to invest in the mental health training and education of Virginians, and by raising awareness and emphasizing the importance of early intervention, we can collectively work towards a future where suicide is not only preventable, but rare.

DBHDS will continue to nurture the connections necessary to ensure the work of suicide prevention, intervention and postvention continues. DBHDS will continue working towards building stronger, more resilient communities that foster hope and support for all its members.

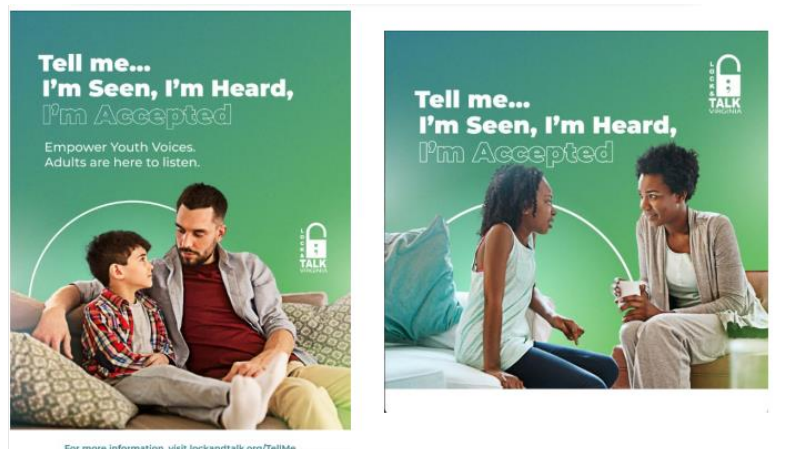
# Appendices

## Appendix A: Lock and Talk Regional Activities

### DBHDS Region 1

Region 1 continued to work diligently and closely throughout this reporting period to maintain the work of Lock and Talk in the region and to meet the needs of DBHDS and partnering CSBs.

May activities included a successful Mental Health Awareness Campaign. The theme was “Tell Me...I’m seen, I’m heard, I’m accepted” with a highlight on youth mental health and improving relationships between adults and youth. It garnered more reach and impression than previous years. During the month, social media had a reach of 209,730 with 1,375,574 impressions and over 2,800 link clicks to the website. Region 1 used different media platforms outside of radio and ran a video ad on YouTube. This video had over 101,000 impressions with 57,628 views across the Commonwealth. Lock and Talk received 500 website visits during this month, with 85 percent of the traffic coming from Facebook. Over the month, the Regional Committee received several compliments on the materials produced and overall theme. CSB partners continued to share the materials created by running movie theater ads, bus ads, and distributing yard signs in their communities.



Additionally, the Regional Coordinator has provided training supports to several CSBs in Region 1 during this reporting period and assisted in facilitating trainings including, CIT Dispatcher Training, 40 Hour CIT Training, ASIST, Youth Mental Health First Aid, Virginia Community Response Network training, Lock and Talk Quarterly updates, CIT Train-the-Trainer, safeTALK and School Resource Officer suicide intervention skills training.

During this reporting period, the Coordinator was interviewed by NBC29 regarding a project supported by SPARC, the suicide prevention coalition in Charlottesville. This project was in collaboration with a local high school student for his Eagle Scout Project. The project featured suicide prevention signage with benches along a walking trail that SPARC financially supported. The article can be found here: [CHS student's project aims to prevent suicides \(nbc29.com\)](https://www.nbc29.com/story/news/health/2023/05/15/chs-student-project-aims-prevent-suicides/704848400270001)

The Coordinator also wrote an article for the Daily Progress sharing important tools and resources for Suicide Prevention Month. The article, titled Vital Signs: A Path to Safety – Key Steps to Help Prevent Suicide can be found here: [Vital Signs | A path to safety: Key steps to help prevent suicides \(dailyprogress.com\)](https://www.dailyprogress.com/vital-signs-a-path-to-safety-key-steps-to-help-prevent-suicides)

Region 1 also provides update to the Lock and Talk Media Library for all Lock and Talk partners. The Committee met to review the types of materials that have been created thus far and find new ways to reach our community. With the rollout of 988 materials, the Committee noted that those materials were missing important information, such as suicide warning signs, that was present on the previous Lifeline cards and handouts. The Coordinator worked closely with their designer to create tools for individuals that they could actively use to prevent suicides. One of these tools was to take the components “lock” and “talk” and create acronyms with essential steps to prevent suicides. The T.A.L.K. acronym was created with this idea in mind and subsequent wallet card that all CSB partners can provide to individuals. T.A.L.K. stands for:

- **T** = Take It Seriously: Thoughts of suicide shouldn’t be dismissed or ignored. Recognize warning signs and seek help promptly.
- **A** = Ask Directly: Ask “Are you thinking about suicide?”
- **L** = Listen Non-judgmentally: Create a safe space where individuals can share their feelings and experiences openly, knowing that they will be heard and supported.
- **K** = Keep Talking: Say, “I understand you’re struggling. Let’s keep talking and connect with ongoing supports.”

The T.A.L.K. acronym conveys the message that taking thoughts of suicide seriously, asking directly, listening non-judgmentally, and keeping communication open are crucial steps in preventing suicide and supporting those who may be struggling. It highlights the importance of communication and ongoing support during difficult times.

Region 1 also worked with their designers to develop content for the September Suicide Prevention Awareness campaign. This year, the Committee wanted to provide communities with helpful tools that they could use to prevent suicide and increase awareness of lethal means safety. The theme this year “L.O.C.K.: A Path to Safety” includes a newly created acronym to help individuals follow essential steps in creating safety for loved ones. The acronym L.O.C.K stands for:

- **L** = Look for warning signs: Recognize the warning signs of someone who may be at risk, such as changes in behavior, withdrawal from activities, giving away possessions, or expressing feelings of hopelessness.
- **O** = Offer support: Offer space to talk, listen to how they are feeling and show genuine empathy. Let them know they are not alone and that there are people who care about their well-being.
- **C** = Communicate concerns: Express concerns about a friend or loved one’s well-being. Ask directly about thoughts of suicide and encourage them to seek professional help.

- **K** = Keep safe from lethal means: Remove access to lethal means by safely storing or removing items such as firearms, medications, or dangerous objects to create a safe environment.

This campaign includes wallet cards for easy distribution to our communities, posters, social media graphics/ads, and an animated PSA video that will be shared on YouTube and available for partners to use on additional platforms. So far the campaign has reached 200,000 individuals as of September 15, 2023.

The Community Services Boards represented in Region 1 reported the following trainings were provided October 1, 2022 – September 30, 2023 (total number of participants listed); Mental Health First Aid (MHFA) – 1,998 participants, ASIST - 232 participants, safeTALK - 244 participants, other suicide prevention related trainings – 1,471 participants. Question Persuade, Refer (QPR) - 1,146. Other trainings include Lock and Talk presentations given at conferences, Zero Suicide training, Teen Mental Health First Aid, Mental and Behavioral Health training for community members newly arriving from the Democratic Republic of the Congo, CIT trainings, Suicide Prevention Basics training for Skyline Roofing Company.

## DBHDS Region 2

The Suicide Prevention Alliance of Northern Virginia (SPAN) members completed work with Reingold in developing a media campaign that promotes the steps, **Ask. Talk. Connect.** Reingold provided social media content, a partner toolkit, flyers, posters, and a new logo. SPAN members met regularly to discuss roll out of the new campaign and met with each CSB’s Public Affairs and Communications Liaison to work on communication plans for the region to promote SPAN and the new materials. SPAN launched the content of the materials at a virtual event on September 18 for Suicide Prevention Month. The aim of **Ask. Talk. Connect.** is to be versatile and resonate with different audiences. It encourages Virginians to ask how they can help someone struggling with a mental health challenge or crisis or ask if they are thinking of suicide, talk with that person and take trainings that teach skill building in these areas and connect to community supports and resources. Communication leads from each jurisdiction were provided with updated flyers/posters, a social media plan, logos, and talking points.



SPAN continued to support each jurisdiction’s suicide prevention initiatives through youth-focused or community-focused initiatives, which are described under the respective county initiative.

SPAN's CSB partners promoted Lock and Talk and distributed free firearm locks and locking medication boxes. SPAN promoted awareness of regional suicide prevention education provided by CSB partners including Mental Health First Aid, Youth Mental Health First Aid, QPR, Adverse Childhood Experiences (ACEs), and other trainings.

SPAN also participated in and sponsored the American Foundation for Suicide Prevention PAWS for Prevention event, which provided additional opportunity to disseminate information and promote initiatives provided across each jurisdiction.

SPAN continues to support a free online screen tool for the public. This screening tool includes 13 different screening options and individuals who take the screening receive local mental health support information at the conclusion of the screening. During the reporting period there were 356 screenings conducted in the region. The breakdown of screenings included: 179 for depression, 36 for alcohol misuse, 20 for generalized anxiety, 20 for posttraumatic stress, 11 for adolescent depression, 20 for bipolar concerns, 15 substance use, 22 for psychosis, 7 brief gambling screening, 17 wellbeing, and 9 for opioid misuse. SPAN will continue to promote the free screening tool during September's Suicide Prevention Awareness Month.

The Community Services Boards represented in Region 2 reported the following trainings were provided October 1, 2022 – September 30, 2023; Mental Health First Aid (MHFA) – 1,429 participants, and Question, Persuade, Refer, (QPR) – 203 participants. Other trainings reached 553 participants. These trainings consisted of ACEs-focused training modules for CIT classes and community presentations at various events throughout the year.

## **DBHDS Region 3 East**

Health Planning Region III East meets monthly over Zoom, which has allowed behavioral health wellness teams in this part of the Commonwealth to work together more consistently. The group continues to promote and update AskingSaves.org. Each CSB continues to have a representative responsible for posting on social media one day each week and each CSB is responsible for content on certain days during September to ensure information is being shared intentionally. Lock and Talk materials were purchased by the group to target the Veteran population including printed hats, keychains, tumblers, and chapsticks. These items are distributed at various veteran and veteran-dense events and have received a lot of positive feedback. The group communicates about one another's events and promotes them together to increase reach and participation. In addition to promoting events, the CSBs provide MHFA, ASIST, safeTALK, CIT and ACEs trainings on a regular basis.

With the region's support, Southside Behavioral Health is working to build capacity for their TICN-Trauma Awareness and Resilience Partners. They hosted their second in person/hybrid community meeting on April 18 with a presentation by the teachers at Montgomery County Schools' Alternative Learning Program. Also, their second Building Trauma Responsive Communities Book Club ended in mid-April. In May, Dr. Crowder, the lead of the TICN, co-trained two virtual sessions of ACEs training with Southside and T.A.R.P. hosted another in-person community event at the Colonial Theater that featured the screening of "Resilience".

Also, Danville-Pittsylvania CSB assisted Danville Public Schools (DPS) in providing training and resources to implement a Trauma Sensitive environment in the school system and provided ASIST training to DPS faculty and staff. The agency also continues to work with Averett University to implement the Bandana Project on their campus. The Bandana Project is a suicide prevention and mental health awareness movement. Members tie a lime-green bandana to their backpacks to signify that they have possession of region-specific and national resources. They pledge to support the mental health of those in their life and to reject the stigma associated with mental illness.

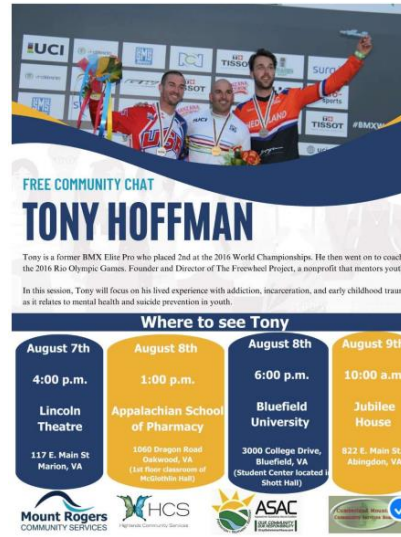
Piedmont Community Services provided mental health training for teenage and young adult counselors at local Phoebe Needles Camp in June prior to campers arriving for the summer. Also, upon request of the President of Ferrum College, PCS trainers provided a half-day mental health and suicide prevention presentation to all staff, coaches, professors, and employees. Approximately 220 adults were trained. Additionally, Piedmont CSB staff provided a mental health wellness lesson for sixth grade students at Benjamin Franklin Middle School in Franklin County for the first time. They also provided the Signs of Suicide program in Henry County at Laurel Park Middle School for all seventh graders, for all eighth and ninth graders at Patrick County High School, and for all ninth graders at Martinsville High School.

The Community Services Boards represented in Region 3E reported the following trainings were provided October 1, 2022 – September 30, 2023 (total number of participants listed); Mental Health First Aid (MHFA) – 1,192 participants, Applied Suicide Intervention Skills Training (ASIST) – 86 participants, and Crisis Intervention Training (CIT) – 194 participants, Talk Saves Lives – 50 participants, QPR - 145 participants, safeTALK – 435 participants.

### **DBHDS Region 3 West**

Region 3 West has had many successes this year. They have been hard at work promoting 988 for the past six months and have had over 408K impressions of the crisis number on billboards and over 150 in-person events touching both adults and youth in their communities. They have continued to implement their regional information dissemination campaign. Examples include magnets (large and small), coasters, door hangers, street signs, posters, tie bags, pen bracelets, key chains, stickers, pop socket Region III West Wellness Council Brochures, suicide prevention information/trainings and giveaways.





The “Are You Okay” campaign continues to operate via Mount Rogers Community Services Mental Health Outreach Specialists serving all Southwest Virginia. The “Are You Okay” program has been pushed out on social media, in faith-based communities, through CSB consumers to address individuals who may be continuing to isolate during the pandemic. “Are You Okay” presentations have been provided to the Laurels Treatment Program in Lebanon, the Farmer’s Bureau in Wythe County, the crisis team at MRCS, Emory & Henry College, Valley Nursing Home and Assisted Living Facility, and Carrington Place Nursing Home. The AYO caller connecting individuals in the MRCS service area to the Smyth County Crisis Care Center, Wythe County Crisis Care Center, and Twin County Crisis Care Center, which are 24-hour living room models. These centers offer a preventative measure to help reduce the number of individuals needing hospitalization. Once they transition back to outpatient services, they are to be placed back on the AYO call schedule. CMCSB continues to disseminate bags of resources including parent handbooks, medication lock boxes and information on the “Are You Okay” Program and virtual recovery groups.

The council collaborated on multiple opportunities for Mental Health Awareness Month. One of the largest events was the annual Trail Days event in Abingdon. All CSBs in Region 3 West were present and disseminated lock boxes, trigger locks, and RUOK / 988 materials.

Additionally, the regional ASAC Coalition has continued to grow with now over 400 members! The suicide initiatives are staple strategies shared throughout the region with common branding and implementation due to ASAC.

The Community Services Boards represented in Region 3West reported the following trainings were provided October 1, 2022 – September 30, 2023 (total number of participants listed); Mental Health First Aid (MHFA) – 278 participants, ASIST -46 participants, safeTALK, - 129 participants, and QPR – 418 participants.

## DBHDS Region 4



The Region 4 BeWell Collaborative continues to partner with Siddall in ensuring their website (bewellva.com) operates optimally and that speed variance is functional on both desktop and mobile devices. Siddall provides quarterly [Search Engine Optimization \(SEO\) reports](#) highlighting website analytics and traffic performance. Excitingly, website traffic was up by about 30 percent in the second quarter (Mar 2023-May 2023). The site saw about double the number of conversions. Website traffic increased by about 30 percent this quarter. There were 1,251 sessions from 1,058 users. Pageviews were also up this quarter with about 33 percent more pageviews than the previous quarter. 89.9 percent of website traffic was new visitors and 10.1 percent was returning visitors. Organic search traffic accounted for 418 website visits during the quarter or about 39 percent of the site’s overall traffic.

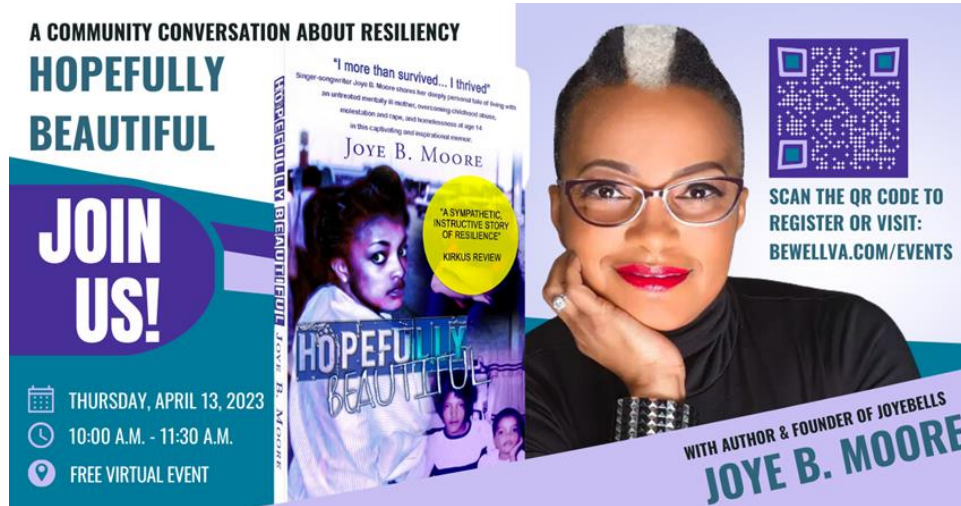
The top three most visited landing pages are: The home page, the Richmond CSB Page, and the Conversation about Resiliency event page. The largest source of traffic is from users directly typing in your URL and organic search. It is encouraging to continue to see high rates of direct URL and organic search traffic each quarter. “BeWell” remained a top keyword from this quarter to last quarter. “Mental health crisis Richmond VA,” and “Crisis stabilization services Richmond VA,” were the second most searched keywords. Last quarter the top keywords were: ”BeWellVa”, “Chesterfield mental health,” and “Henrico mental health.”

Keyword	Impressions
be well	886
mental health crisis richmond va	75
crisis stabilization services richmond va	287
richmond mental health services	162
henrico mental health	2149
district 19	1514
mayor's youth academy	492
crisis programs in richmond, va	231
henrico mental health same day access	76
aces handout pdf	71
mobile crisis richmond, va	50
chesterfield mental health	2618
crossroads csb	516
hanover csb	515
crisis stabilization richmond va	303

The next Siddall Communications quarterly report for Q3 (Jun-Aug 2023) will be available in late September 2023.

Also in Region 4, JLV Communications has been an integral partner in connecting CSBs to media opportunities with CBS6 and Virginia This Morning and collaborations through storytelling, primarily with Joye B. Moore, Founder & CEO of Joyebell’s. During this reporting period, JLV was instrumental in developing digital marketing materials for BeWellVA, to

promote a 90-minute virtual community conversation with Joye B. Moore about her lived trauma experiences and going from a life of surviving to thriving through her coping skills and protective factors. This community conversation had 61 attendees and allowed the regional collaborative to highlight the importance of ACEs and resiliency through local and personal connection and testimonial.



In addition, JLV Communications performed a website and Facebook audit of BeWellVA findings and made recommendations for improvements through development of a communications plan. These findings and the communications plan are to be used in conjunction with FY24 project initiatives.

The Community Services Boards represented in Region 4 reported the following trainings were provided October 1, 2022 – September 30, 2023 (total number of participants listed); Mental Health First Aid (MHFA) – 563 participants, More Than Sad - 16 participants, ASIST -21 participants, and Talk Saves Lives - 43 participants. Region 4 also reported providing additional trainings including Signs of Suicide in Chesterfield County Schools, Talk Saves Lives Seniors, Raise Your Voice about Suicide Prevention (a locally developed presentation), VA S.A.V.E., Embrace the Awkward (locally developed based on the Seize the Awkward Campaign) and 5 Bridges to Wellness.

## **DBHDS Region 5**

The members of the Prevention Council Suicide Prevention Initiative developed and implemented a region-wide Youth Suicide Prevention education and awareness event called "Shatter the Silence." It took place on October 6, 2022, at The Murray Center in the city of Norfolk. This annual event, hosted by Region 5, is funded by the nine CSBs/BHAs via the Regional Suicide Prevention Initiative funding. Additionally, various community partners support the event with human, financial, facility and material resources. Approximately 134 youth and adults participated. This region wide event successfully met the Prevention Councils short term goal of increasing the capacity through partnerships to facilitate suicide prevention strategies specifically focusing on youth and historically underserved minority groups.

Additionally, Region 5 collaborated with iHeart Radio to develop digital and radio ads that promoted communication with LGBTQ+ youth about depression and suicidal thoughts. This media campaign ran for 12 weeks between July 15th and September 15th. A total of \$29,500 was leveraged between eight of the Region 5 CSBs/BHAs to develop and sponsor these ads. A total of 2,712,742 impressions were made with 4,658 clicks to access resources. The messaging focused on the following:

1. You are not alone. You matter.
2. There are available supports/resources for you and your family.
3. LGBTQIA+ youth experience depression and anxiety at higher rates.
4. You don't have to come out alone or until you're ready. There are Allies in every community.
5. Parents of LGBTQIA+ youth can support each other and find resources in their community to assist them in having open conversations with their youth.

Finally, Region 5 supports a regional website hosted by WTCSB. The Region 5 Website launched in February 2023, <https://region-five.org/>. The primary content focus at launch was related to crisis services, training, and access to care. The site is primarily designed around STEP-VA Regional Initiatives, however, allows for all nine CSBs/BHAs and the Region 5 Prevention Council to promote awareness and distribute resources for Suicide Prevention, Education and Resources at a population level across the region and beyond.

Between the iHeart Digital Media project and the Region 5 website the Prevention Council for Region 5 was able to meet the short-term goal of exposing 300,000 individuals to information regarding the suicide prevalence and community resources, especially for youth and other populations experiencing higher rates of suicide and disparities in access to preventative behavioral healthcare.

The Community Services Boards represented in Region 5 reported the following trainings were provided October 1, 2022 – September 30, 2023 (total number of participants listed); Mental Health First Aid (MHFA) – 1,179 participants, ASIST - 84 participants, safeTALK - 186 participants, QPR - 432 participants, Health and Wellness Through Prevention – 93 participants. Other trainings – 940 participants. Other trainings include Adverse Childhood Experiences training, CIT training, and other audience-tailored mental health presentations.

## **Appendix B: Suicide Death Data: Year 2020**

The data reported in the following tables represents the number, percentage, and rate of suicide deaths in Virginia by DBHDS region for 2020. Suicide decedents are reported based on locality of residence. These tables include breakdowns for demographics, injury, and select decedent and incident characteristics.

The data below were drawn from the National Violent Death Reporting System (NVDRS), which documents violent deaths occurring within a state's borders. It compiles information from sources involved in violent death investigations, and links victims to circumstances of their deaths, such as drug and alcohol use, mental illness, intimate partner violence, and the other events leading up to and contributing to the violent death. The Virginia Violent Death Reporting System (VVDRS) is the operation and reporting system of the NVDRS within Virginia, and uses the methodology, definitions, coding schema, and software of the NVDRS.

The data provided here is for Virginia residents only.

The Office of the Chief Medical Examiner's Annual Report, 2021 provides the following data on suicide deaths:

- Number and Rate of Suicide Deaths by Year of Death, 1999-2021
- Number and Rate of Suicide Deaths by Age Group and Gender, 2021
- Percentage of Suicide Deaths by Race/Ethnicity, 2021
- Number and Rate of Suicide Deaths by Race/Ethnicity and Gender, 2021
- Number of Suicide Deaths by Cause and Method of Death, 2021
- Number of Suicide Deaths by Age Group and Ethanol Level, 2021
- Number of Suicide Deaths by Gender and Ethanol Level, 2021
- Number of Suicide Deaths by Manner of Death and Ethanol Level, 2021
- Number of Suicide Deaths by Month of Death, 2021
- Number of Suicide Deaths by Day of the Week, 2021
- Number and Rate of Suicide Deaths by Locality of Residence, 2021
- Number of Suicides Deaths by Locality of Injury and Year of Death, 2006-2021

The Office of the Chief Medical Examiner's Annual Report, 2021 can be downloaded at: <https://www.vdh.virginia.gov/content/uploads/sites/18/2023/07/Annual-Report-2021-1.pdf>

**Table 1: Selected Demographics of Suicide Decedents in Virginia by Region: 2020**

	Virginia		Region 1		Region 2		Region 3		Region 4		Region 5	
	N = 1,187		N = 262		N = 201		N = 241		N = 216		N = 241	
	Num.	%	Num.	%	Num.	%	Num.	%	Num.	%	Num.	%
<b>Sex</b>												
Male	933	78.6	211	80.5	159	79.1	190	78.8	169	78.2	184	76.3
Female	254	21.4	51	19.5	42	20.9	51	21.2	47	21.8	57	23.7
<b>Age Group<sup>1</sup></b>												
10-19	88	7.4	19	7.3	17	8.5	12	5	18	8.3	21	8.7
20-24	118	9.9	19	7.3	18	8.9	23	9.5	20	9.3	31	12.9
25-34	202	17.1	46	17.6	38	18.9	40	16.7	34	15.7	37	15.4
35-44	176	14.8	34	12.9	21	10.5	43	17.8	36	16.7	39	16.2
45-54	363	30.6	80	30.5	75	37.3	73	30.3	63	29.2	65	27.0
65+	240	20.2	64	24.4	32	15.9	50	20.7	45	20.8	48	19.9
<b>Race</b>												
Black	151	12.7	23	8.8	21	10.5	38	15.8	38	18.0	39	16.2
American Indian	1	0.1	0	0.0	0	0.0	1	0.4	0	0.0	0	0.0
White	963	81.1	230	87.8	146	72.6	164	68.1	164	75.9	192	79.7
Asian	43	3.6	2	0.7	28	13.9	7	2.9	7	3.2	1	0.4
Pacific Islander	4	0.3	1	0.4	2	1.0	1	0.4	1	0.5	0	0.0
Race Unspecified	21	1.9	6	2.3	1	0.5	30	12.4	6	2.8	9	3.7
2 or More Races	4	0.3	0	0.0	3	1.5	0	0.0	0	0.0	0	0.0
<b>Ethnicity</b>												
Hispanic <sup>2</sup>	51	4.3	11	4.2	19	9.5	1	0.4	10	4.6	9	3.7
<b>TOTAL</b>	<b>1,187</b>	<b>100.0</b>	<b>262</b>	<b>100.0</b>	<b>201</b>	<b>100.0</b>	<b>241</b>	<b>100.0</b>	<b>216</b>	<b>100.0</b>	<b>241</b>	<b>100.0</b>

<sup>1</sup>There were no suicides by persons younger than 10 years.

<sup>2</sup>Hispanic persons can be any race.

Data Source: Virginia Violent Death Reporting System, Office of the Chief Medical Examiner, Virginia Department of Health.

**Table 2: Selected Injury Characteristics of Suicide Decedents in Virginia by Region: 2020**

	Virginia		Region 1		Region 2		Region 3		Region 4		Region 5	
	N = 1,187		N = 262		N = 201		N = 241		N = 216		N = 241	
	Num.	%	Num.	%	Num.	%	Num.	%	Num.	%	Num.	%
<b>Mechanism of Injury<sup>1</sup></b>												
Blunt Instrument	28	2.4	3	1.1	12	6.0	3	1.2	6	2.7	3	1.2
Drowning	5	0.4	2	0.8	0	0.0	1	0.4	1	0.5	1	0.4
Exsanguination	3	0.3	1	0.4	0	0.0	0	0.0	1	0.5	1	0.4
Firearm	715	60.2	156	59.5	99	49.2	164	68.1	132	61.1	151	62.7
Hanging	258	21.7	64	24.4	51	25.3	45	18.7	43	19.9	47	19.5
Poisoning	132	11.1	26	10	24	12	21	8.7	25	11.6	32	13.3
Stab Wound	3	0.3	1	0.4	1	0.5	0	0.0	1	0.5	0	0.0
Suffocation	1	0.1	0	0	0	0.0	0	0.0	1	0.5	0	0.0
Unknown	42	3.5	9	3.4	14	7.0	7	2.9	6	2.7	6	2.5

<sup>1</sup>More than one mechanism of injury can be used in a fatal agent.

Data Source: Virginia Violent Death Reporting System, Office of the Chief Medical Examiner, Virginia Department of Health.

**Table 3: Selected Decedent and Incident Characteristics of Suicide Decedents in Virginia by Region: 2020**

	Virginia		Region 1		Region 2		Region 3		Region 4		Region 5	
	N = 1,187		N = 262		N = 201		N = 241		N = 216		N = 241	
	Num.	%	Num.	%	Num.	%	Num.	%	Num.	%	Num.	%
<b>Mental Health and Addiction</b>												
Mental Health and Diagnosis	609	51.3	140	53.4	95	47.3	122	50.6	115	53.2	124	51.5
<i>Depression</i>	357	30.1	82	31.3	61	30.3	72	29.9	67	31.0	67	27.8
<i>Anxiety</i>	92	7.8	19	7.2	15	7.5	22	9.1	20	9.3	15	6.2
<i>Bipolar</i>	41	3.4	14	5.3	4	2.0	7	2.9	5	2.3	10	4.1
<i>Received Treatment</i>	856	72.1	94	35.9	59	29.4	81	33.6	84	38.9	80	33.2
Alcohol Problem	23	2.0	5	1.9	3	1.5	4	1.7	5	2.3	6	2.5
Substance Problem	10	0.8	3	1.1	1	0.5	3	1.2	1	0.5	2	0.8
<b>Relationship Problems</b>												
Intimate Partner <sup>3</sup>	204	17.2	46	17.6	29	14.4	43	17.8	36	16.7	46	19.1
Other Relationship <sup>4</sup>	42	3.6	5	1.9	11	5.5	9	3.7	5	2.3	11	4.6
<b>Life Stressors</b>												
Crisis within Two Weeks	9	0.8	3	1.1	1	0.5	2	0.8	1	0.5	2	0.8
Physical Health Problem <sup>5</sup>	62	5.2	13	5	7	3.5	11	4.6	16	7.4	15	6.2
Job Problems	28	2.4	8	3.1	6	3.0	6	2.5	2	0.9	6	2.5
Criminal Legal Problems	57	4.8	11	4.2	4	2.0	12	5.0	10	4.6	18	7.5
<b>Suicide Characteristics</b>												
Suicidal Thoughts	481	40.5	105	40.1	81	40.3	88	36.5	90	41.7	102	42.3
Left a Suicide Note	355	29.9	71	27	67	33.3	81	33.6	72	33.3	58	24.1
Disclosed Intent <sup>6</sup>	310	26.1	69	26.3	57	28.4	57	23.7	67	31.0	51	21.2
Prior Attempts	195	16.4	41	15.6	29	14.4	42	17.4	39	18.1	38	15.8

<sup>1</sup>Percentages are based on the number of decedents with at least one known characteristic. More than one characteristic may apply per decedent, therefore, totals will exceed the number of decedents and percentages will exceed 100.0%.

<sup>2</sup>A diagnosed mental health condition at the time of death. A decedent may be diagnosed with multiple conditions (e.g. both depression and anxiety), and so the totals of specific diagnoses will exceed the number of decedents.

<sup>3</sup>Refers to conflict, including, but not limited to, violence between current or former intimate partners.

<sup>4</sup>Examples include friends and co-workers.

<sup>5</sup>The existence of a physical health problem by itself does not constitute a problem, it must have contributed to the suicide (e.g. the decedent couldn't handle the pain of his terminal cancer any longer).

<sup>6</sup>Refers to decedents who, prior to the suicide, informed someone of their intent to commit suicide with time to intervene.

Data Source: Virginia Violent Death Reporting System, Office of the Chief Medical Examiner, Virginia Department of Health.

<sup>1</sup>Percentages are based on the number of decedents with at least one known characteristic. More than one characteristic may apply per decedent; therefore, totals will exceed the number of decedents and percentages will exceed 100.0%

<sup>2</sup>A diagnosed mental health condition at the time of death. A decedent may be diagnosed with multiple conditions (e.g. both depression and anxiety), and so the totals of specific diagnosis will exceed the number of decedents.

<sup>3</sup>Refers to conflict, including, but not limited to, violence between current or former intimate partners.

<sup>4</sup>Examples include friends and co-workers.

<sup>5</sup>The existence of a physical health problem by itself does not constitute a problem, it must have contributed to the suicide (e.g. the decedent couldn't handle the pain of his terminal cancer any longer).

<sup>6</sup>Refers to decedents who, prior to the suicide, informed someone of their intent to die by suicide with time to intervene.

Data Source: Virginia Violent Death Reporting System, Office of the Chief Medical Examiner, Virginia Department of Health.

Data Source: Statewide Forensic Epidemiologist, Office of the Chief Medical Examiner, Virginia Department of Health