



COMMONWEALTH of VIRGINIA

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January 16, 2026

To: The Honorable Glenn A. Youngkin, Governor of Virginia
The Honorable Winsome Earle Sears, Lieutenant Governor
The Honorable Louis L. Lucas, President pro tempore, Virginia Senate
The Honorable Don Scott, Speaker, Virginia House of Delegates

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

RE: § 37.2-312.1 (B), Code of Virginia

Code of Virginia § 37.2-312.1 (B) directs 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.

In accordance with this item, please find enclosed the report for § 37.2-312.1 (B) for Activities Related to Suicide Prevention. Staff are available should you wish to discuss this request.

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, 2025

DBHDS Vision: A Life of Possibilities for All Virginians

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DBHDS Annual Report on Activities Related to Suicide Prevention

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Executive Summary

According to the 2023 Office of the Chief Medical Examiner Annual Report, 1,230 people died by suicide in Virginia. Each life lost to suicide represents not only a profound personal tragedy but also a loss for the entire Commonwealth. This report summarizes suicide prevention activities supported by the Department of Behavioral Health and Developmental Services (DBHDS) during state fiscal year 2025.

Guided by the *Suicide Prevention Across the Lifespan Plan for Virginia (2023)*, these initiatives represent coordinated statewide efforts to expand access to suicide prevention education, training, and resources, increase public awareness, promote early identification of risk, and provide communities with tools and interventions proven to reduce suicide risk.

Foundational to this work is the Regional Suicide Prevention Initiative (RSPI). RSPI continued to support Community Services Boards (CSBs) in delivering suicide prevention activities across every region of the Commonwealth. Regional Suicide Prevention Initiative (RSPI) activities are guided by three core goals:

1. Build community awareness of suicide and crisis warning signs through training and educational presentations
2. Promote safe storage of lethal means and reduce access to those most at risk of suicide
3. Support community and region-specific projects aligned with evidence-based prevention strategies

Each CSB submitted detailed plans outlining local needs, capacity-building, program implementation, sustainability, and outcome evaluation, enabling regional innovation while maintaining statewide coordination.

Training and education remain central to RSPI. In FY 2025, CSBs trained 24,633 Virginians through evidence-based programs, including Applied Suicide Intervention Skills Training (ASIST), safeTALK, Question, Persuade, Refer (QPR), Signs of Suicide (SOS), Talk Saves Lives, Lock and Talk presentations and Adult, Youth, and teen Mental Health First Aid (MHFA). Virginia currently has 190 active safeTALK trainers, 140 Applied Suicide Intervention Skills Training (ASIST) trainers, and 504 MHFA trainers, including 54 newly trained MHFA instructors this year. These programs equip individuals to recognize warning signs, intervene safely, connect at-risk persons to resources, and foster suicide-safer communities.

Lock and Talk Virginia, the Commonwealth's leading lethal means safety initiative, reached new milestones in FY 2025. All 40 CSBs and Behavioral Health Authorities (BHAs) implemented the campaign, distributing 27,824 medication locking devices and 20,866 gun locks, conducting 144 presentations with 4,877 attendees, and engaging nearly 652,000 people through social media. A new youth-focused campaign, *Talk About It*, promoted mental wellness, help-seeking, stigma reduction, and lethal means safety among adolescents. CSBs integrated Lock and Talk messaging into school, community, and veteran-focused events, emphasizing safe storage practices and conversations about mental health.

Regional highlights demonstrate the breadth of activities across Virginia. CSBs engaged diverse populations through outreach, community events, media campaigns, youth programs, and culturally responsive initiatives. Examples include:

- Region 1 conducted multilingual outreach, distributed safety devices, and produced public service announcements reaching over 260,000 views.
- Region 2 emphasized outreach to under-resourced communities and veteran populations through campaigns, training, and youth-led projects.
- Region 3 East focused on youth, veterans, and underserved communities, reaching over 635,000 people via media campaigns and distributing thousands of safety devices.
- Region 3 West expanded the Are You Okay? (RUOK) program in which trained callers follow up with individuals with suicidal ideation recently released from hospitals. Additional outreach programs also integrated overdose prevention programming, veteran support and extensive evidence-based training.
- Region 4 coordinated Suicide Prevention Month campaigns, developed e-learning modules, and updated BeWellVA.com as a statewide resource hub.
- Region 5 implemented workforce and youth-focused campaigns, multi-level community engagement, and coalition-building, reaching tens of thousands across all counties.

The Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families (SMVF) strengthened support for military-connected communities, advancing initiatives in care, connection, and communication. Key activities included Military Culture Competency training, regional summits, resource distribution, and exploration of codifying a Suicide Mortality Review (SMR) process. Partner organizations implemented targeted outreach, including Youth Mental Health First Aid for educators, telehealth partnerships, and evidence-based local crisis system assessments.

The Suicide Prevention Interagency Advisory Group (SPIAG) continued to expand statewide collaboration across public health, education, higher education, and community organizations. SPIAG members shared evidence-based practices, technical assistance, and resources pertaining to Zero Suicide protocols, systems of support in schools, postvention strategies, and culturally competent programs. SPIAG also guided local communities to align their efforts with statewide objectives including enhanced early risk identification, awareness of warning signs of suicide, and access to behavioral health supports.

Together, the RSPI executed a unified, multi-level approach to suicide prevention in Virginia. The initiative's implementation of evidence-based training, public awareness campaigns, lethal means safety, youth engagement, veteran-focused programs, interagency collaboration, and culturally responsive outreach strengthened capacity, reduced stigma, and improved the safety and well-being of all Virginians.

Background

Suicide is a national public health Virginia Code § 37.2-312.1 directs DBHDS to lead coordination with state and local agencies and community stakeholders 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.

Beginning in FY 2014, the state budget appropriates \$1,100,000 in ongoing funding to DBHDS to support suicide prevention, reduce stigma, and promote help-seeking behaviors across Virginia. Of that total, \$600,000 is dedicated to expanding Suicide Prevention and Mental Health First Aid (MHFA) and \$500,000 is utilized to develop and implement a comprehensive statewide suicide prevention program.

The Suicide Prevention Interagency Advisory Group (SPIAG) co-led by the Virginia Department of Health (VDH) and DBHDS published the Suicide Prevention Across the Lifespan Plan for Virginia in 2023¹. The state plan is rooted in the modern public health approach of collecting and analyzing data to define the problem, identifying evidence-based actions, and coordinating across communities, public and private health systems, and government agencies to establish shared goals and align resources. The plan informs the work of the Regional Suicide Prevention Initiative (RSPI) and aligns with the National Strategy for Suicide Prevention and related federal guidance.

Regional Suicide Prevention Initiative (RSPI) Overview

DBHDS funds each CSB region to carry out suicide prevention activities through the Regional Suicide Prevention Initiative (RSPI). There are 39 CSBs and 1 Behavioral Health Authority (BHA) in Virginia. For the purposes of this report, references to CSBs are inclusive of the BHA unless otherwise specified.

RSPI focuses on three core goals that align with the *Suicide Prevention Across the Lifespan Plan for Virginia* (2023). They are:

1. Build community awareness of suicide and mental health crisis warning signs and equip individuals with the skills to respond and link people to appropriate help.
2. Promote safe storage and reduced access to lethal means for all Virginians.
3. Support community and region-specific projects that align with the Suicide Prevention Resource Center's Comprehensive Approach to Suicide Prevention. Many projects take place during Mental Health Month (May) and Suicide Prevention Month (September), with additional year-round activities encouraged.

To obtain funding, each region submits a proposal and budget to the DBHDS Suicide Prevention Coordinator for approval. Proposals include strategies for needs assessments, capacity building, initiative development, and program implementation, as well as plans for sustainability and outcome evaluation.

The proposal process highlights the strength of RSPI's regional model, as it encourages collaboration between CSBs, reduces duplicative efforts, supports unified messaging and

¹ Suicide Prevention Across the Lifespan Plan for Virginia (2023)
<https://www.vdh.virginia.gov/content/uploads/sites/229/2024/12/2023SPStatePlan.pdf>

strategies that are tailored to the needs of each region’s community. Projects from each region are summarized in Appendix A.

RSPI: Suicide Prevention, Mental Health First Aid Trainings & Educational Presentations

DBHDS funds CSBs to deliver Mental Health First Aid and other suicide prevention training courses. Training is foundational to suicide prevention. Trainings implemented by RSPI teach participants how to recognize the warning signs of a behavioral health challenge/crisis and provides them with the skills to respond appropriately. Additionally, they promote self-care, healthy habits, and improved behavioral health. Community based training courses support the first two goals of the Regional Suicide Prevention Initiative. Descriptions of each training course are provided in Appendix B. This section highlights participants trained through DBHDS-funded programs.

Table 1. Virginians Trained in a Suicide Prevention Curriculum by a CSB in FY 2025

Name of Training	Number of People Trained
Applied Suicide Intervention Skills Training (ASIST)	403
safeTALK	1,008
Question, Persuade, Refer (QPR)	1,852
Signs of Suicide	7,903
Talk Saves Lives	290
Lock and Talk Lethal Means Training/Presentations	4,877
Mental Health First Aid – Adult (AMHFA)	4,126
Mental Health First Aid – Youth (YMHFA)	1,979
Teen Mental Health First Aid (TMHFA)	2,195
TOTAL	24,633

Virginia currently has 190 active safeTALK trainers, 140 Applied Suicide Intervention Skills Training (ASIST) trainers, and 504 Mental Health First Aid trainers. DBHDS hosted five Mental Health First Aid Train-the-Trainer sessions, producing 53 newly trained Mental Health First Aid trainers during FY 2025. Of these, 34 were trained to be Adult Mental Health First Aid trainers and 19 were trained to be Youth Mental Health First Aid trainers.

RSPI: Lock and Talk -Virginia’s Lethal Means Safety Initiative

Lock and Talk Virginia was developed in May 2016 as a DBHDS initiative and is led by the Prevention Teams of CSBs.

Lock and Talk promotes safe care of lethal means and fosters community dialogue on mental wellness. Rooted in the National Strategy for Suicide Prevention the initiative emphasizes three core actions which are captured in its slogan: “Lock meds. Lock guns. Talk safety.” Programing

encourages participants to consistently engage in these actions as limiting access to lethal means is a critical suicide prevention strategy. Discussions around lethal means safety also segues into conversations about suicide and the surrounding stigma. Conducting open conversations on these topics is critical to saving lives.

Lock and Talk is utilized by all CSBs and contributes resources to the three hundred-forty members of the Suicide Prevention Interagency Advisory Group (SPIAG), trained partners at the Virginia Department of Health and the Virginia Department of Veterans Services. Trained partners distribute lethal means safety devices and suicide prevention resources in their communities. Lock and Talk digital materials are provided through portal access at www.lockandtalk.org. Please see Appendix C for additional information on the history of Lock and Talk.

Table 2. Lock and Talk Resources provided by CSBs in FY 2025

Number of Medication Locking Devices Distributed (with instructions and resources)	27,824
Number of Gun Locks Distributed (with instructions and resources)	20,866
Number of Firearm Retail/Range Partners visited and provided with Lock and Talk resources	71
Lock and Talk Presentation Attendance	4,877
Number of Lock and Talk Presentations	144
Social Media impressions (Facebook, YouTube, Instagram)	651,811

Additionally, in this reporting year DBHDS and Region 1 CSB staff developed and launched a youth-focused mental health campaign called Talk About It. The campaign uses a holistic approach combining emotional validation (“Talk”) with lethal means safety (“Lock”). This blended approach promotes suicide prevention strategies and emotional wellbeing by teaching youth to:

- **Recognize signs of distress** such as irritability, withdrawal, or changes in sleep, appetite, mood, or school performance.
- **Minimize access to means of self-harm**, like medications and firearms—emphasizing the importance of secure storage, as part of the broader Lock and Talk “Lock” directive.
- **Promote stigma reduction around mental illness**, encouraging open and empathetic conversations.
- **Elevate youth voices**, affirming that young people are the experts of their own experiences.
- **Practice self-care and resilience strategies**, reinforcing the idea that mental health is a critical part of overall well-being.
- **Cultivate strong, safe relationships** and encourage help-seeking behaviors.

Samples of the newly developed campaign and all other Lock and Talk campaigns can be found at <https://www.lockandtalk.org/>

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

The Governor’s Challenge to Prevent Suicide Among Service Members, Veterans, and their Families (SMVF) is a statewide Virginia initiative aimed at reducing suicide in the military-connected community. Launched in January 2019, Virginia was among the first seven states to commit, aligning with the U.S. Department of Veterans Affairs (VA) and Substance Abuse and Mental Health Service Administration (SAMHSA) to implement the 2018–2028 National Strategy for the Prevention of Veteran Suicide.

The initiative follows the “3Cs” framework:

- Care (accessible, culturally competent behavioral health services)
- Connect (linking SMVF to services and support)
- Communicate (educating SMVF and providers on resources and best practices)

The Governor’s Challenge team includes representatives from the DVS, Virginia National Guard, DBHDS, VDH, Social Services, Medical Assistance Services, State Police, Department of Education, Virginia Hospital & Healthcare Association, NAMI, and Richmond Behavioral Health Authority.

Key programs include Military Culture Competency (MCC) training, Crisis Intervention Training (CIT), regional Military Culture and Suicide Prevention Summits, and distribution of 988 resource cards and DVS contacts. These efforts create coordinated support systems for SMVF and enhance statewide suicide prevention strategies.

During the reporting year, the Governor’s Challenge team focused on strengthening mental health supports for the Suicide Prevention and Opioid Addiction Services (SOS) program, as well as identifying funding for counseling and housing for veteran populations. Additionally, the team explored pathways to codify the Suicide Mortality Review (SMR) process, which The Joint Leadership Council (JLC) is now reviewing.

The Suicide Mortality Review Committee, supported by one of the first federal SMR Cooperative Agreements, performed its first review of military-connected suicide deaths. Additional reviews will take place next fiscal year.

The Governor’s Challenge team also worked to improve resources for National Guard members and connect Guard units with CSBs for crisis support. Additional efforts included revisiting the Vital Records process for veterans, addressing staffing and cost issues, and clarifying cause versus manner of death. The team also used statewide Lock and Talk campaigns to promote firearm and medication safety. Military-connected youth-focused initiatives include collecting demographic data on military dependents, delivering Youth Mental Health First Aid for educators, and expanding school-based prevention programs.

Suicide Prevention Interagency Advisory Group (SPIAG)

The SPIAG is a statewide effort uniting public health, education, higher education, and community organizations to coordinate suicide prevention, intervention, and postvention across Virginia. The group provides a platform for sharing evidence-based practices, research, technical assistance, and state updates, while guiding local communities in implementing prevention activities aligned with statewide goals. The DBHDS Suicide Prevention Coordinator and VDH Violence and Suicide Prevention Coordinator co-chair SPIAG. Key initiatives presented and supported by SPIAG include:

- The DCJS Virginia Center for School and Campus Safety provided guidance on integrating suicide prevention into school and campus settings using multi-tiered systems of support (MTSS). Postvention protocols are being developed with state agencies to support communities following a death by suicide.
- The Virginia Zero Suicide Hub presented on their services, including technical assistance, newsletters, and learning collaborations to help behavioral health organizations implement comprehensive suicide prevention, including risk identification, staff training, and follow-up care.
- The Campus Suicide Prevention Center of Virginia highlighted trainings performed, training needs assessments, outreach programs, early risk identification, support network enhancement, and postvention practices on college campuses.
- VDH provided updates on the state suicide prevention plan and statewide needs assessments, identifying priority areas for prevention, intervention, and ways to enhance community engagement.

Conclusion

Suicide is a deeply complex issue that has far reaching impacts across all communities in Virginia. 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 continue to expand 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 support and expand suicide prevention, intervention and postvention efforts.

Appendices

Appendix A - RSPI – Highlights from Special Projects in Each CSB Region

Highlights of the unique suicide prevention activities planned and implemented by each CSB region are included below. Appendix D lists CSBs located in each region.

DBHDS Region 1

During the reporting period, the Region 1 Committee and Suicide Prevention Initiative Coordinator advanced the Lock and Talk Virginia initiative in alignment with the FY 2025 Action Plan. Efforts focused on training, outreach, media engagement, resource distribution, and strategic planning with regional CSBs.

1. Community Training and Events – The Regional Coordinator facilitated a range of regional trainings and events, including CIT trainings, Lock and Talk onboarding, MHFA sessions, SPIAG presentations, and participation in awareness events such as SPARC of Hope and Out of the Darkness Walks. These activities strengthened community capacity, increased awareness of suicide warning signs, and improved intervention skills.

2. Media and Communication Outreach

The Coordinator managed Lock & Talk’s social media and website, updating educational content and leading the September campaign, *Light the Way*, which used hopeful imagery, paid ads, and PSAs to encourage conversations on mental health. Paid video PSAs were streamed on EffecTV in targeted ZIP codes, generating more than 260,000 views and expanding regional visibility.

3. Translated Materials and Resources – To enhance accessibility, nine translations of six print materials were developed in languages including Spanish, Arabic, Farsi, Dari, Pashto, Kurdish Sorani and Kurmanji, Amharic, and Vietnamese. Safety items were distributed to CSBs for community outreach, such as lock boxes, lockable pouches, and promotional materials.

4. Strategic Planning and Evaluation – The Coordinator advanced evaluation efforts, including developing a stakeholder survey to assess the use and impact of Lock and Talk materials and safety devices. Pilot testing is underway in multiple CSBs.

5. Program Expansion and Partnerships – The Coordinator and DBHDS consultant continued collaboration with Lock and Talk New York and explored partnerships with the Maryland Department of Health to broaden lethal means safety initiatives in other states.

CSB Highlights

Alleghany Highlands CSB participated in nine community events and three school events, sharing mental health, substance use, and suicide prevention information at activities such as Celebrating Recovery, Hometown Halloween, and Drug Take Back Day.

Encompass Community Supports focused outreach on rural communities, youth, immigrants, and non-English speakers, hosted the Stamping Out Suicide event, facilitated the Survivors for Life group, advanced the Zero Suicide Initiative, delivered trainings, supported survivor-led coalitions, and partnered with Team Jordan to air suicide prevention PSAs through EffectTV.

Region 10 CSB provided suicide prevention resources at school and community events, including SEAS the Day and National Night Out. Student Assistance staff delivered classroom presentations to integrate prevention education into school settings.

Horizon Behavioral Health expanded outreach through partnerships and community events, including support for pregnant and postpartum mothers, engagement with Hispanic families, and participation in back-to-school activities. Horizon also hosted the Ride of Our Lives Motorcycle Rally, delivered CIT presentations, co-hosted a virtual learning forum, provided Hidden in Plain Sight trainings, participated in the Out of the Darkness Walk, and supported Drug Take Back Day.

Rappahannock Area CSB (RACs) conducted suicide prevention sessions in CIT training and reached thousands at events such as National Night Out, Chart Your Future, and teen violence prevention activities. RACs expanded its Suicide Prevention Coalition, offered workshops with DCJS, conducted youth and school outreach, and provided veteran- and faith-based training. One MHFA trainee used their training to prevent a firearm suicide attempt.

Valley CSB integrated Lock and Talk messaging at community events including Back-to-School Bash, Re-entry Resource Fair, and Overdose Awareness Day. Staff distributed firearm locks and educational materials, participated in the Out of the Darkness Walk, and provided resources at Staunton Pride and the Screenagers event.

Northwestern CSB hosted its annual suicide prevention ride and resource fair, attended 15 community events, distributed gun locks to older adults, and planned safeTALK trainings for high school students. Staff used SAMHSA media tools during Suicide Prevention Month.

Harrisonburg–Rockingham CSB developed school resiliency kits and calm rooms, engaged community members at events such as Tools for Schools and Shenandoah Valley Pride, and ran Suicide Prevention Month social media campaigns. Staff delivered MHFA, ACE Interface, and customized trainings to a variety of community groups, including refugee families and healthcare workers.

Rockbridge Area CSB promoted Mental Health Awareness Month through social media and community engagement, provided ASIST training, delivered mental health activities at Maury River Middle School, and assembled uplifting bags with resources for local schools.

DBHDS Region 2

The Suicide Prevention Alliance of Northern Virginia (SPAN) is a regional coalition of the Alexandria, Arlington, Fairfax-Falls Church, Loudoun, and Prince William CSBs and

community partners. SPAN raises awareness, shares resources, and builds supportive communities that can recognize mental health concerns early and connect individuals to help. Funding from the Regional Suicide Prevention Initiative (RSPI) sustains outreach, training, and resource distribution.

SPAN provides training, safety devices (gun locks, medication boxes), and mini-grants for youth-led projects. Its outreach focuses on under-resourced communities, LGBTQIA+ groups, and veterans. SPAN delivers virtual and in-person programs—including sessions on stress, uncertainty, and youth anxiety—and leads the ASK. TALK. CONNECT. campaign, which teaches community members how to recognize warning signs, engage in supportive conversations, and connect people to resources such as 988 and the Crisis Text Line. SPAN also participates in community events, including co-sponsoring the ConnerStrong Foundation 5K, which engaged around 200 participants.

Loudoun County MHSADS promoted mental health awareness through school and community engagement. Staff participated in the Loudoun County Public Schools Mental Health Wellness Conference, shared information on services and 988, and highlighted MHFA, QPR, and ACEs on WMAL radio. Spring “Youth Cultural Connections” events reached more than 90 high-risk students through wellness activities and speakers. Summer programming included a camp with mural painting and Teen QPR. A Mental Health Awareness Month event featuring Dr. Jonathan Dalton provided evidence-based strategies to help youth manage anxiety. Overall efforts centered on education, youth engagement, and accessible community resources.

Alexandria CSB engaged the community through events such as the Be the ONE Walk to End Veteran Suicide, providing materials to more than 200 participants, and National Mental Health Day at Jefferson Houston K–8 School, offering resources to over 100 students.

Fairfax–Falls Church CSB met with Adult Detention Center staff and inmates to share information on mental health education and suicide prevention. Staff also connected with immigrant-serving organizations to promote MHFA and QPR trainings.

Prince William County CSB delivered extensive outreach through tabling events, safety device distribution, and programming for under-resourced communities, LGBTQIA+ groups, postpartum parents, and BIPOC populations. Activities included The Belonging Project, ACEs trainings, a Youth Mental Health Conference, senior center presentations, refugee wellness programming, and faith-based outreach. Participation in Pride events, 5Ks, and National Prevention Week expanded awareness and strengthened community partnerships.

Arlington CSB conducted 36 suicide prevention and mental health events reaching 1,298 participants. Two PSAs generated over 1 million impressions, emphasizing youth peer support and family communication. The agency distributed 1,382 lethal means safety devices, with 35% of events targeting higher-risk communities, including BIPOC, Spanish-speaking, and LGBTQIA+ groups.

DBHDS Region 3 East

Region 3 East CSBs collaborate monthly to coordinate suicide prevention services, share best practices, and strengthen regional support. During Suicide Awareness Month, the region ran two major campaigns. One focused on LGBTQIA+ communities and another for the general public, reaching over 635,000 impressions. A broader media campaign with 5Points Creative promoted AskingSaves.org and the 988 Lifeline through TV, radio, digital, and streaming, generating more than one million impressions. Local NBC, CBS, and Fox stations aired ads for free, expanding reach and building new partnerships.

CSB staff continue to share mental health content through the AskingSaves.org Facebook page and community training. Region 3 East emphasized distributing safety devices and educational materials, providing thousands of lockboxes, brochures, and gun locks. Lock and Talk presentations at the South Boston and Blacksburg Mental Health Summits reinforced safe storage practices.

Southside Behavioral Health engaged Spanish-speaking residents through a Spanish Language Resource Fair and distributed suicide prevention materials at events such as Back-to-School Bash, health expos, Youth Mental Health Day, and National Night Out. Staff participated in the Lake Gaston 911 Policy Symposium, shared yard signs, and reached over 150 community members. Southside also hosted the region's first SMVF Mental Health Summit with 93 attendees and provided resources at veteran-focused events and maternal health summits.

Blue Ridge Behavioral Health (BRBH) participated in six community events, including youth, veteran, and foster care initiatives. Youth Mental Health Awareness Month programming reached more than 6,000 students, families, and staff in nine secondary schools. BRBH also supported women veterans, workplace wellness initiatives, prevention training, and regional communication efforts through the Suicide Prevention Council of Roanoke Valley, which reached about 5,500 people.

New River Valley CSB hosted national speaker Kevin Hines for local high schools and the public, reaching more than 3,500 youth and 100 community members. Additional presentations were provided to Virginia Tech athletes and faculty. NRVCS continued MHFA and ACEs trainings and responded to community needs, including outreach following the Volvo layoffs. Visibility efforts included digital billboards, public signage, and ongoing 988 promotion.

Danville-Pittsylvania CSB responded to a local suicide loss with school-based outreach and events at Averett University. Staff participated in fundraisers, wellness expos, college events, police camps, veteran's programs, activities at senior facilities, and radio interviews, distributing 988 information and resilience resources.

DBHDS Region 3 West

The Region 3 West Wellness Council made major progress implementing suicide prevention and mental health initiatives. Their work reflects alignment with the regional behavioral health plan,

emphasizing collaboration, outreach, education, and accessible resources.

Partnerships strengthened between CSBs and recovery centers through the Are You Okay (RUOK) Care & Transition Program. The program offers proactive follow-up for individuals at risk for suicide who have been discharged from medical care. Collaboration among CSB liaisons, geriatric services, and college outreach broadened referrals and increased community engagement. These efforts improved continuity of care across public and private agencies. The RUOK program continues to show measurable benefits. MRCS completed over 300 support visits, with participants reporting improved moods and increased connection through caring contacts and home visits, especially among older adults and individuals experiencing isolation. Outreach to high-risk groups remained strong.

Region 3 West expanded public education through wide distribution of the Suicide Continuum of Care logo and outreach in schools, food banks, health fairs, and community events, reaching nearly 400,000 people. Events such as the Out of Darkness Walk, Tri Pride, wellness fairs, and school activities supported stigma reduction and community connection. Social media presence grew significantly, especially on Facebook and Instagram. The regional website, HelpStopSuicide.com, continues to serve as a central, user-friendly source of 24/7 prevention resources.

CSBs delivered evidence-based trainings including MHFA, safeTALK, QPR, teenMHFA, and ASIST, strengthening community capacity to recognize warning signs and intervene safely. Lethal means safety remained a key priority. Thousands of lockboxes, gun locks, and medication safety devices were distributed by all CSBs through events, partnerships with firearm retailers, and veteran outreach, promoting safe storage practices.

Family and caregiver outreach included resource fairs, military family events, and back-to-school programs, sharing information about 988 and HelpStopSuicide.com. Collaboration with law enforcement, schools, and adult education programs ensured suicide prevention was embedded in workforce and crisis response training.

DBHDS Region 4

Region 4 coordinates suicide prevention across Central Virginia through monthly CSB and partner meetings. In September, the region collaborated on Suicide Prevention Month campaigns, social media initiatives, and a Recovery Day event across Henrico, Hanover, Chesterfield, and Richmond. CSBs delivered evidence-based trainings including MHFA, safeTALK, QPR, trauma education, and resiliency programming.

BeWellVA.com, which serves as Region 4's central hub for suicide prevention and wellness, was updated and expanded to include additional information on family violence programs, veteran supports, youth and family services, crisis centers and national hotlines in the Get Help section. A new e-learning module, "Unlocking the Power of AI and Content Creation," trains partners to produce timely prevention outreach materials, including 988 Lifeline and lethal means messaging.

Hanover CSB provided wide-ranging outreach in schools, colleges, faith communities, and the public. Initiatives included the Green Bandana Project at Randolph-Macon College which raises mental health awareness, encourages help-seeking behavior and reduces stigma among young adults. Staff also provided mental health training to college resident assistants, safeTALK sessions, ESL student support, caregiver expos, Stress First Aid trainings, healthy relationships lessons for adults with disabilities, and mental health and dementia workshops for older adults. Media coverage during Suicide Prevention Month amplified public awareness, and staff referrals and applied learning demonstrated tangible impact.

Crossroads CSB advanced suicide prevention through outreach, including tabling at Hampden-Sydney College, the Heart of Virginia Mental Health Fair (distributing gun locks), and regional ASIST trainings in partnership with Southside CSB.

Henrico Area MHS provided trainings and partnered with National CineMedia to run prevention ads in theaters.

Goochland-Powhatan CSB engaged youth through “Activate Your Wellness” materials in schools and peer recovery groups, distributed Lock and Talk devices, and partnered on media campaigns reaching over 40,000 adults. Countywide partnerships, including library-based REVIVE training and presentations to the Board of Supervisors, strengthened prevention capacity.

Richmond Behavioral Health Authority conducted 13 community tabling events, shared 988 and Alive RVA resources, ran a Women’s March Madness suicide prevention campaign, and partnered with Parks and Recreation to provide wellness calendars to families, reaching approximately 600 parents.

Greater Reach CSB promoted awareness at military and community events, through bus ads, social media campaigns, school outreach, and National Mental Health Awareness Month tabling. Initiatives included distributing 988 resources, promoting Activate Your Wellness, and hosting a Hope & Healing Drum Circle for mindfulness and stress reduction.

Chesterfield CSB and the Suicide Awareness and Prevention Coalition delivered Mental Health Is Ageless sessions for older adults, distributed 988 materials, and ran a Veterans Crisis Line social media campaign. The Coalition received a National Association of Counties Award for its 2024 campaign and hosted the annual Building Resilience event, emphasizing peer recovery and community engagement.

DBHDS Region 5

Region 5 (R5) CSBs have strengthened suicide prevention through collaboration, leadership stabilization, and multi-faceted community initiatives. RSPI funds supported a Chair/Coordinator and Fiscal Manager, stabilizing council operations, updating bylaws, and enabling consistent leadership. A Planning Subcommittee guided partnerships, council engagement, and new initiatives.

R5 launched a workforce-focused media campaign targeting agricultural, aquacultural, transit, construction, and shipbuilding workers, using social media, digital ads, homepage takeovers, and TV segments. Partnerships with the U.S. Farm Bureau, OSHA, Virginia Watermen's Association, and Shipbuilders Union expanded outreach, promoted 988, and supported planned MHFA trainings. Throughout the year, R5 achieved RSPI goals with monthly council meetings, capacity-building, CSB-specific initiatives, MHFA, safeTALK, REVIVE trainings, and Lock and Talk and problem gambling awareness programs. The annual Shatter the Silence Youth Suicide Prevention Awareness event engaged over 100 participants. A 2.5-month veteran-focused media campaign used radio, TV, and digital platforms, including NFL homepage takeovers, to reach families with prevention messaging.

Middle Peninsula-Northern Neck (MPNN) CSB emphasized partnerships, education, and resource distribution, including lockboxes, safe disposal pouches, 988 signs, and youth activity books. MPNN implemented the Signs of Suicide (SOS) program for 9th and 12th graders and established library displays across five counties, reaching over 18,000 visitors. Resources were shared with schools, law enforcement, and social services. Signature events, like the Walk for a New Day, engaged all ten counties with local vendors and keynote speakers, reinforcing community strategies for mental wellness.

Western Tidewater CSB (WTCSB) focused on outreach, education, and coalition-building, engaging in 12 community events and 13 partner meetings with diverse populations, including veterans, youth, and faith communities. Town Halls and coalition meetings addressed problem gambling, non-suicidal self-harm, human trafficking, and stigma reduction. Youth initiatives included Halloween roller-skating events and school/library workshops, while tabling events like the "Out of the Darkness" walk promoted stress management and behavioral health resources.

Eastern Shore CSB (ESCSB) expanded veteran-focused initiatives, creating a resource library, free transportation to medical services, and planning the "Stand Up and Be Counted" event. ESCSB hosted MHFA, Lock and Talk, ACES, and ASIST trainings, distributed materials at DEA Drug Take Back events, and ran a Youth & Young Adult Problem Gaming media campaign. Community events included LGBTQIA+ outreach, while vending machines distributed naloxone and prevention resources.

Chesapeake Integrated Behavioral Health (CIBH) focused on community engagement, hosting resource tables at town halls, schools, and fairs, distributing prevention materials, maintaining a permanent drug collection box, providing MHFA and safeTALK training, and promoting 988 through signage and media campaigns. Collaborations with regional coalitions enhanced awareness and resource access.

Norfolk CSB (NCSB) partnered with Project ORF for Minority Mental Health Awareness events, engaged youth through tabling at colleges and the GLOW Party, distributed "Wellness Bags" via libraries, and hosted Mental Health & Wellness Fairs and public resource events.

Colonial CSB (CCSB) delivered outreach at community events, distributed lock pouches and drug disposal kits, implemented youth-focused events like Shatter the Silence and Historic Triangle Summit, and attended ASK workshops to identify suicide risk in children.

Hampton-Newport News CSB (H-NNCSB) partnered with Hampton University and schools to provide mental health education, STAND peer groups for Black girls, Rise Above curriculum,

veteran outreach, and community events. Media campaigns amplified prevention messaging to diverse populations.

Portsmouth Behavioral Healthcare implemented youth-focused programs (Too Good for Drugs), tabling events, and distributed lock pouches, drug disposal kits, and gun locks. Training initiatives included ASIST, ACES, MHFA, and YMHFA, and community events promoted mental health, suicide prevention, and coping strategies.

Virginia Beach CSB emphasized suicide prevention, gun safety, and wellness through community events, interactive booths, veteran outreach, and distribution of 988 materials. Partnerships with local organizations and schools reinforced education and access to crisis resources.

Appendix B – Description of Trainings

Applied Suicide Intervention Skills Training (ASIST)

ASIST is a two-day workshop for family, friends, and community members, as well as professionals, to recognize and respond to someone at risk for suicide. Participants learn suicide first-aid, use an intervention model to identify risk, understand reasons for living and dying, develop a safety plan, follow up, and engage with suicide-safer community networks.

Participants learn to:

1. Understand how personal and societal attitudes affect suicide views.
2. Provide individualized suicide first-aid.
3. Identify and implement key elements of a safety plan.
4. Improve and integrate community suicide prevention resources.
5. Recognize aspects of life promotion and self-care.

ASIST is promoted by SAMHSA as evidence-based.

safeTALK (Suicide Alertness for Everyone)

safeTALK is a half-day training that teaches participants to notice suicide risk, engage with individuals showing signs, and connect them with resources such as crisis lines or trained professionals. Participants learn to:

- Notice and respond to suicide invitations
- Overcome tendencies to ignore or dismiss risk
- Apply the TALK steps: Tell, Ask, Listen, KeepSafe
- Connect individuals to local resources

safeTALK is evidence-based, promoted by SAMHSA, and suitable for participants ages 15 and older.

Mental Health First Aid

Mental Health First Aid (MHFA) introduces participants to mental illness risk factors, warning signs, and support strategies. It provides initial help until professional care is received. Participants use the ALGEE action plan: Assess risk, Listen nonjudgmentally, Give reassurance, Encourage professional help, and Encourage self-help.

- Adult MHFA (AMHFA) focuses on adult mental health crises.
- Youth MHFA (YMHFA) addresses adolescent mental health and trains adults to support youth safely.
- Teen MHFA teaches youth and adults to recognize signs of distress, provide support, and connect to resources.

Question, Persuade, Refer (QPR)

QPR trains participants to recognize warning signs, ask caring questions, persuade at-risk individuals to seek help, and refer them to resources, emphasizing early intervention.

Signs of Suicide (SOS)

SOS is a school-based program teaching students to recognize warning signs in themselves and peers, promote early intervention, and seek trusted adults for support.

Talk Saves Lives

Developed by the American Foundation for Suicide Prevention, this training educates the public on suicide risk factors, warning signs, mental health impacts, and effective support strategies, aiming to reduce stigma and encourage proactive intervention.

Lock and Talk Virginia

Lock and Talk promotes suicide prevention by teaching safe firearm storage and open mental health conversations. Participants learn strategies to secure firearms and reduce access to lethal means while fostering a supportive, stigma-free culture and connecting at-risk individuals to resources.

Appendix C – History of Lock and Talk

Lock and Talk was developed in May 2016 as a DBHDS Region 1 suicide prevention initiative with Regional State Suicide Prevention Initiative funds. The initiative expanded to all 40 CSBs across the Commonwealth in 2018, and now 6 counties in New York.

Lock and Talk is a comprehensive approach to suicide prevention with a heavy emphasis on lethal means safety.

Lock and Talk provides community members the opportunity to become educated 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 of Lock and Talk community education include:

- Limiting access to lethal means for a person in crisis. 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 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 (medication lock boxes, locking 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.

For more information about Lock and Talk visit www.lockandtalk.org.

Appendix D - CSB Regions List

- 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 \(stopsubstanceabuse.com\)](http://SuicidePrevention-AppalachianSubstanceAbuseCoalition(stopsubstanceabuse.com))
- DBHDS Region 4 includes the following CSBs: Chesterfield, Crossroads, Goochland-Powhatan, Hanover, Henrico Area, District 19/Greater Reach, 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/>

Appendix E – Governor’s Challenge to Prevent Suicide among Service Members, Veterans and their Families Background

In December 2018, Virginia was chosen as one of the first seven states nationwide (also including: Arizona, Colorado, Kansas, Montana, New Hampshire, and Texas) 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 all 50 states, and five U.S. territories.

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, DBHDS, the Virginia Department of Health (VDH), 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 and Healthcare Association, the National Alliance on Mental Illness, and Richmond Behavioral Health Authority.

According to the 2024 National Veteran Suicide Prevention Annual Report issued by the VA, 6,407 veteran suicide deaths occurred in 2022, an increase of three deaths from 2021. According to the report, suicide was the 12th leading cause of death for Veterans and the 2nd leading cause of death for Veterans under 45.

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

- 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.

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 of the VISR pilot was 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). Currently, 82 unique organizations participate in VISR.

The VISR DBHDS Research Team indicated that during FY 2025, 18,446 individuals were identified as SMVF and screened for suicide risk using the Columbia-Suicide Severity Rating Scale.

Suicide Risk Level (C-SSRS)	FY 2025 (All VVFS and Benefits)
No risk	17,487
Low risk	714
Moderate risk	155
High risk	90
Total	18,446

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 training and mental health wellness training. Virginia Veteran and Family Support program continues to lead the effort to train state and community agencies in Military Cultural Competency and Transition Awareness Training. DBHDS, CSBs, Virginia Veteran and Family Support, and Veterans Affairs (VA) have continued to distribute Virginia Department of Veteran Services and 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 the State Police, local police departments, first responders, and other service providers across the Commonwealth. Since the original implementation, agencies expanded the 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 training 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 Mental Health First Aid, safeTALK, Applied Suicide Intervention Skills Training, 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 training are awarded a certificate. As of July 1, 2024, 68 people from seven different agencies have completed the certification program. This number is suspected to grow substantially as the certification continues to be promoted and additional training modules are moved to an online format.

Appendix F - Acronym Guide

ACEs	Adverse Childhood Experiences
AIDS	Acquired Immunodeficiency Syndrome
AMHFA	Adult Mental Health First Aid
ASIST	Applied Suicide Intervention Skills Training
BHWPS	Behavioral Health Wellness Prevention Services
BIPOC	Black, Indigenous, and people of color
BRBH	Blue Ridge Behavioral Health
CALM	Counseling Access to Lethal Means
CBS	Columbia Broadcasting System
CCSB	Colonial Community Services Board
CIBH	Chesapeake Integrated Behavioral Health
CIT	Crisis Intervention Training
CMCSB	Cumberland Mountain Community Services Board
CSB	Community Services Board
DBHDS	Department of Behavioral Health and Developmental Services
DCBHS	Dickenson County Behavioral Health Services
DVS	Department of Veterans Services
ESCSB	Eastern Shore Community Services Board
ESL	English as a Second Language
FY	Fiscal Year
G.I.R.L.S.	Girls Influence by Righteous Living in all Situations
GPCSB	Goochland Powhatan Community Services Board
HCS	Highland Community Services
H-NNCSB	Hampton-Newport News Community Services Board

JLC	Joint Leadership Commission
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual and more
MCC	Military Cultural Competency
MHFA	Mental Health First Aid
MHSADS	Mental Health Substance Abuse and Developmental Services
MPNN	Middle Peninsula Northern Neck
MRCSB	Mount Rogers Community Services Board
MTSS	Multi-tiered systems of support
NAMI	National Alliance on Mental Illness
NBC	National Broadcasting Company
NCSB	Norfolk Community Services Board
NRVCS	New River Valley Community Services
PD1/FH	Planning District One/Frontier Health
Q&A	Question and Answer
QPR	Question, Persuade, Refer
R1	Region 1
R2	Region 2
R3E	Region 3 East
R3W	Region 3 West
R4	Region 4
R5	Region 5
RA	Resident Assistant
RACSB	Rappahannock Area Community Services Board
RBHA	Richmond Behavioral Health Authority
ROC	Rochester
RSPI	Regional Suicide Prevention Initiative
RUOK	Are You Okay?
safeTALK	Suicide Alertnest For Everyone
SAIP	Substance Abuse Intervention Program
SAMHSA	Substance Abuse Mental Health Services Administration
SMR	Suicide Mortality Review

SMVF	Service Members Veterans and their Families
SOS	Signs of Suicide
SOS	Suicide Prevention Opioid Addiction Services
SPAN	Suicide Prevention Alliance of Northern Virginia
SPIAG	Suicide Prevention Interagency Advisory Group
STAND	Soar, Thrive, Affirm, Nurture, Defy
SWVA	Southwest Virginia
THC	Tetrahydrocannabinol
VA	Veterans Administration
VA S.A.V.E.	Veterans Administration Signs, Ask, Validate, Encourage and Expedite
VDH	Virginia Department of Health
VISR	Virginia Identify Screen for Risk and Refer
VVFS	Virginia Veteran Family Support Program
WTCSB	Western Tidewater Community Services Board
YMCA	Young Men's Christian Association
YMHFA	Youth Mental Health First Aid