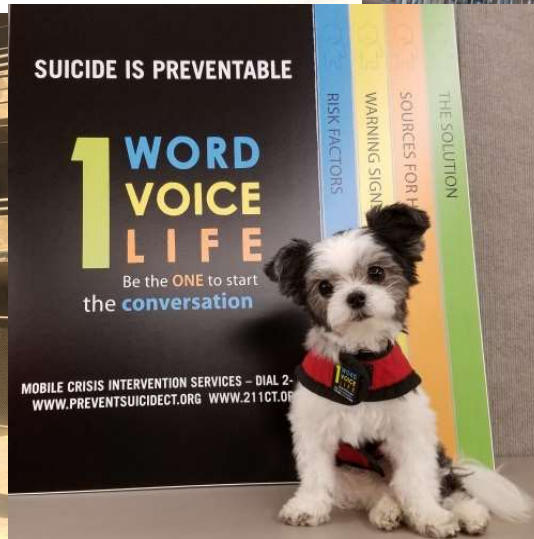


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Celebrating CT Suicide Prevention and Planning for 2030

National Suicide Prevention Month Meeting
September 12, 2024



Meeting Agenda

- I. Introduction to the CT Suicide Advisory Board and National Suicide Prevention Month**
CTSAB Tri-Chairs: Dr. Stephanie Bozak, CT Department of Children and Families (DCF), Andrea Duarte, CT Department of Mental Health and Addiction Services (DMHAS) and Ann Dagle, Brian Dagle Foundation
- II. Welcome**
Dr. Francis Gregory, Administrator, DCF and Nancy Navarretta, Commissioner, DMHAS
- III. Brief Overview of the National Strategy for Suicide Prevention 2024**
Stephanie Bozak, DCF, Andrea Duarte, DMHAS and Erica Previti, DPH
- IV. CT PLAN 2025 Review and Preparing for PLAN 2030**
Dr. Alexis May, Wesleyan University
- V. Coalition Discussion for PLAN 2030**
Dr. Alexis May, Wesleyan University
- VI. In Closing, A Message of Hope**
Ann Dagle, Brian Dagle Foundation, CTSAB Tri-Chair



CT Suicide Advisory Board

The state-level suicide advisory board in legislation to address suicide prevention and response across the lifespan ([PA 22-58](#), Sec. 64).

Mission: The CTSAB is a network of diverse advocates, educators and leaders concerned with addressing the problem of suicide with a focus on prevention, intervention, response.

Vision: The CTSAB seeks to eliminate suicide by instilling hope across the lifespan and through the use of culturally competent advocacy, policy, education, collaboration and networking.



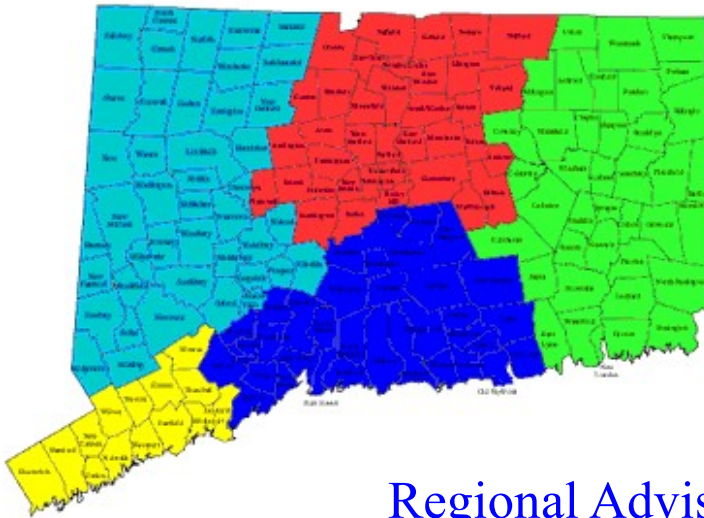
CTSAB Sub-Committees

1. Armed Forces-Governor's Challenge
2. Attempt Survivor/Lived Experience
3. Data to Action
4. Education & Advocacy
5. Intervention/Postvention Response
6. Reducing Access to Lethal Means
7. Zero Suicide Learning Community for Health & Behavioral Healthcare Providers



Regional Suicide Advisory Boards

- Support CTSAB mission and vision in respective regions.
- Engage key stakeholders to identify unique regional needs, and implement suicide prevention and response efforts.



Points of Contact:

- Southern- The Hub
- Western- Western CT Coalition
- Southcentral- Alliance for Prevention & Wellness
- Northcentral- Amplify, Inc.
- Eastern- SERAC

[Regional Advisory Boards | Connecticut Suicide Advisory Board \(preventsuicidect.org\)](https://preventsuicidect.org)



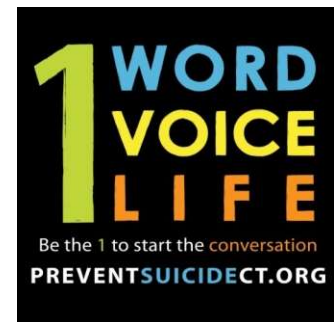
Comprehensive Approach to Mental Health Promotion & Suicide Prevention



Prevention & Response Resources

- **CT Suicide Advisory Board/State Coalition & Regional Coalitions**
 - Consultation on prevention, intervention and postvention planning and response
 - Training and education
 - Data and surveillance
 - Statewide and local networking
 - Resource exchange
 - Peer support
 - Free print, lock boxes, educational and promotional materials
 - Website with extensive resource pages
 - CTSAB membership & resources:
www.preventsuicidect.org and
www.Gizmo4MentalHealth.org
- **Join the CTSAB:** <https://www.preventsuicidect.org/network-of-care/>





Contacts

CT Suicide Advisory Board Tri-Chairs

Stephanie Bozak, PsyD

CT Department of Children and Families

stephanie.bozak@ct.gov

Ann Dagle, President

Brian Dagle Foundation

ann@brianshealinghearts.org

Andrea Iger Duarte, MSW, MPH, LCSW

Department of Mental Health & Addiction Services

Andrea.Duarte@ct.gov



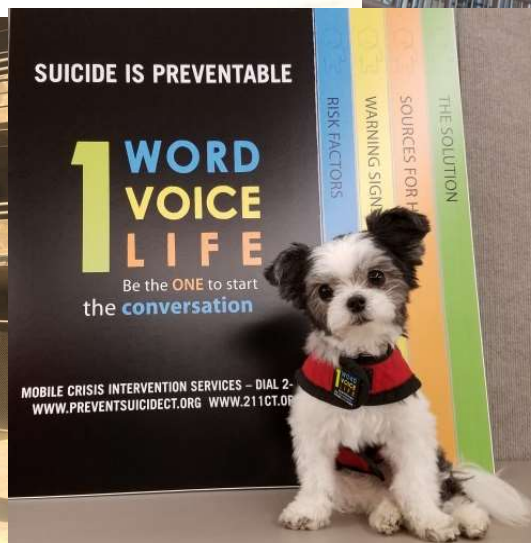
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National Strategy *for*
Suicide Prevention

Introducing the New National Strategy for Suicide Prevention and Federal Action Plan

Brandon J. Johnson, MPH, MCHES



2024



Background

Charge to
Develop 2024
*National
Strategy for
Suicide
Prevention and
Federal Action
Plan*

- Biden-Harris Administration requested a 2024 National Strategy for Suicide Prevention (*National Strategy*) and Federal Action Plan (*Action Plan*).
- HHS, acting through the *Behavioral Health Coordinating Council's (BHCC) Suicide Prevention and Crisis Care subcommittee (SPCC)*, was asked to lead the charge with interdepartmental engagement to build a cross-government strategy
- Timeframe: Spring 2024

2024 National Strategy *for* Suicide Prevention

The 2024 *National Strategy for Suicide Prevention* is a bold new 10-year, comprehensive, whole-of-society approach to suicide prevention that provides concrete recommendations for addressing gaps in the suicide prevention field.

The new 2024 *National Strategy*:

- Incorporates advancements in the field and addresses emerging issues
- Is designed to guide, motivate, and promote a more coordinated and comprehensive approach to suicide prevention
- Focuses on addressing the many risk and protective factors associated with suicide, with the recognition that there is no single solution to this complex challenge



A group of people are gathered in a room, possibly for a meeting or discussion. One person is seated in a wheelchair on the left side of the frame. The image is overlaid with a semi-transparent purple and blue gradient. The text "Developing the *National Strategy*" is centered over the image.

Developing the *National Strategy*

NSSP Contributors

The 2024 *National Strategy for Suicide Prevention* was developed by a federal Interagency Work Group (IWG) comprised of:

20+

Agencies

10

Federal Departments

WITH SUPPORT FROM:

Suicide
Prevention
Resource
Center (SPRC)

National Action
Alliance for
Suicide Prevention
(Action Alliance)

AND A PROJECT MANAGEMENT TEAM CO-LED BY:

Substance
Abuse and
Mental Health
Services
Administration
(SAMHSA)

Centers for
Disease
Control and
Prevention
(CDC)

National
Institute of
Mental Health
(NIMH)

U.S. Department of
Health and Human
Services Office of the
Assistant Secretary
for Planning and
Evaluation
(ASPE/HHS)

NSSP Contributors

Also reflected in this 10-year
National Strategy is the input of:

2,000+

People from across the
United States who
participated in a national
needs assessment and a
series of listening sessions



Including people with suicide-
centered lived experience,
tribal members, youth, suicide
prevention experts, and
partners in the private sector.

Interagency Work Group & Other Federal Contributors

Department of Agriculture

- Economic Research Service
- Forest Service
- National Agricultural Statistics Service
- National Institute of Food and Agriculture
- Office of Partnerships and Public Engagement
- Rural Development

Department of Defense

Department of Education

Department of Health & Human Services

- Administration for Children & Families
- Administration for Community Living
- Agency for Healthcare Research and Quality
- Centers for Disease Control and Prevention
- Centers for Medicaid & Medicare Services
- Food and Drug Administration
- Health Resources and Services Administration
- Indian Health Service
- National Institutes of Health
- Office of the Assistant Secretary for Planning and Evaluation

- Office of the Assistance Secretary of Health
- Substance Abuse and Mental Health Services Administration

Department of Homeland Security

- Customs and Border Protection
- U.S. Coast Guard
- U.S. Immigration and Customs Enforcement
- Office of Health Security

Department of Housing and Urban Development

Department of Justice

Department of Labor

- Occupational Safety and Health Administration
- Veterans' Employment and Training Service

Department of Transportation

- Federal Railroad Administration
- National Highway Traffic Safety Administration

Department of Veterans Affairs

National Strategy Development

- Gathered input from invested groups across the country
- Reviewed data trends
- Reviewed 2012 National Strategy and 2017 Assessment Report
 - Assessed gaps, areas needing updating
- **Review of 15 key reports and recommendations,* for example:**
 - Surgeon General's Call to Action to Implement the National Strategy (2021)
 - Advisory on Social Media and Youth Mental Health
 - VA National Strategy for Suicide Prevention
 - Advancing Comprehensive School Mental Health Systems
 - National Guidelines for Behavioral Health Crisis Care
 - Preventing Suicide: A Technical Package of Policy, Programs, and Practices

Examples of Changes from 2012 to 2024 *National Strategy*

- **Created new strategic direction on equity in suicide prevention:**
 - Greater focus on supporting people with lived experience, populations disproportionately affected by suicide and marginalized populations, social determinants of health
- **Strengthened focus on:** upstream prevention/comprehensive approach
- **Reflected advances in surveillance:** use of real-time data and data science
- **Added new goals:** lethal means safety, 988, workplace suicide prevention, suicide prevention infrastructure in states, tribes, local communities, territories
- **Added new objectives related to:** social media/digital technology, substance use, adverse childhood experiences, youth
- **Strengthened objectives related to:** continuity of care, care transitions, provider training
- **Elevated evaluation:** throughout strategy, added objective to evaluate the *National Strategy*

A photograph of a man with a beard and mustache, wearing a blue shirt, supporting a woman's head from behind. The woman is looking at a laptop screen. The image is overlaid with a blue and purple gradient. The title text is centered over the image.

Overview of the 2024 *National Strategy for Suicide Prevention*

NSSP Strategic Direction



Strategic Direction 1: Goals

Strategic Direction 1: Community-based suicide prevention	
1	Establish effective, broad-based, collaborative, and sustainable suicide prevention partnerships
2	Support upstream comprehensive community-based suicide prevention
3	Reduce access to lethal means among people at risk of suicide
4	Conduct postvention and support people with suicide-centered lived experience
5	Integrate suicide prevention into the culture of the workplace and into other community settings
6	Build and sustain suicide prevention infrastructure at the state, tribal, local, and territorial levels
7	Implement research-informed suicide prevention communication activities in diverse populations using best practices from communication science

Strategic Directions 2 & 3: Goals

Strategic Direction 2: Treatment and crisis services	
8	Implement effective suicide prevention services as a core component of health care.
9	Improve the quality and accessibility of crisis care services across all communities.

Strategic Direction 3: Surveillance, quality improvement, and research	
10	Improve the quality, timeliness, scope, usefulness, and accessibility of data needed for suicide-related surveillance, research, evaluation, and quality improvement
11	Promote and support research on suicide prevention

Strategic Direction 4: Goals

Strategic Direction 4: Health equity in suicide prevention	
12	Embed health equity into all comprehensive suicide prevention activities
13	Implement comprehensive suicide prevention strategies for populations disproportionately affected by suicide, with a focus on marginalized communities, persons with suicide-centered lived experiences, and youth
14	Create an equitable and diverse suicide prevention workforce that is equipped and supported to address the needs of communities they serve
15	Improve and expand effective suicide prevention programs for populations disproportionately impacted by suicide across the lifespan through improved data and support of research and evaluation.

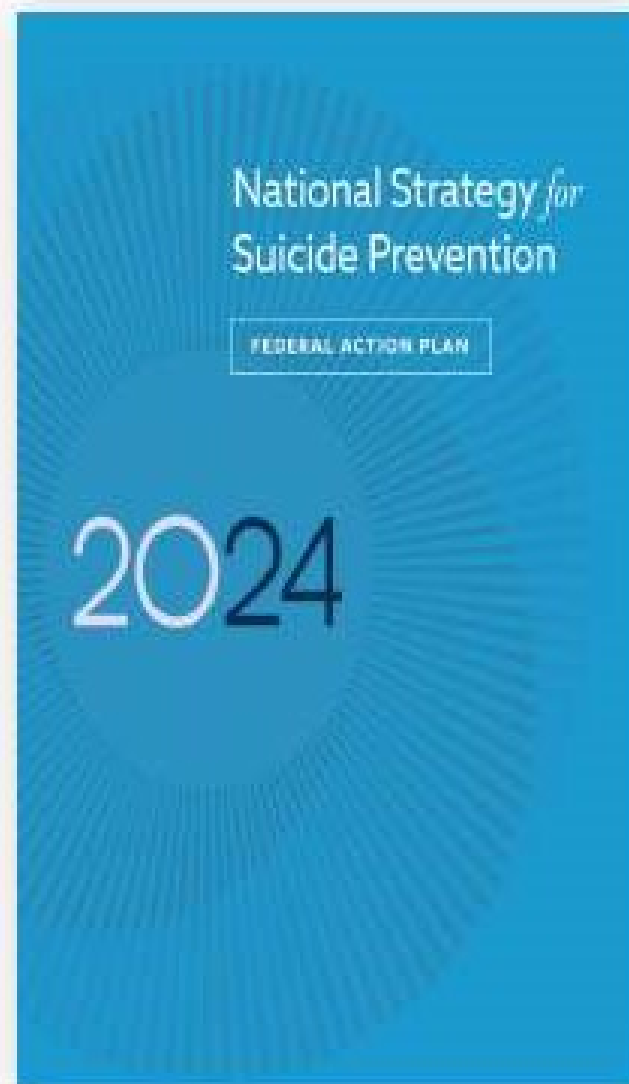
National Strategy *for* Suicide Prevention

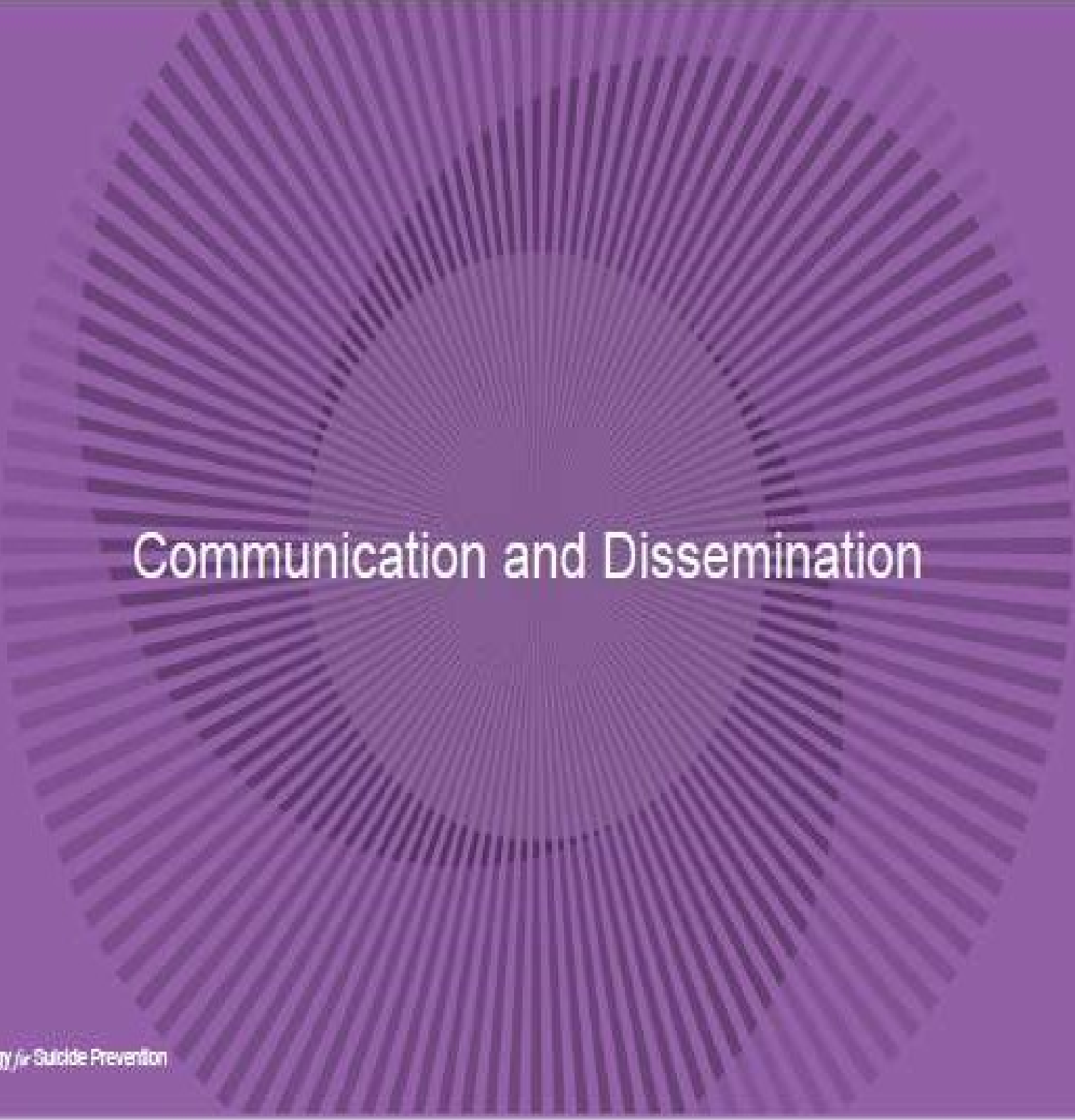
FEDERAL ACTION PLAN

2024

2024 National Strategy *for* Suicide Prevention *Federal Action Plan*

The *National Strategy* is accompanied by the first-ever *Federal Action Plan (Action Plan)*, which **identifies more than 200 actions** across the Federal government to be taken over the next three years in support of those goals.





Communication and Dissemination

Comprehensive Communication Plan

➤ **The Communication Plan seeks to:**

- Create awareness of the 2024 *National Strategy and Federal Action Plan*, including actionable dissemination steps for the suicide prevention community.
- Emphasize empathy, the commitment to health equity, and the comprehensive approach set forth in the 2024 *National Strategy*.
- Activate new and continued participation and commitments from partners across diverse agencies and organizations.

➤ **Materials developed**

- Press release, social media toolkit, conference presentations, and other materials for public and private sector



White House Launch Event

Invitees included:

- Ashley Judd and Aloe Blac
- People with suicide-centered lived experience, including suicide loss survivors
- Public and private sector partners in public health and mental health at state, tribal, community, and territorial levels

Event included:

- Remarks by federal leaders introducing the *National Strategy and Action Plan*
- Conversation with Surgeon General and celebrities



Next Steps

Next Steps: Monitoring and Evaluation

- After release of the *National Strategy*, will develop monitoring and evaluation plan for release at later date
- Building out of agency timelines and metrics of accountability
- Development of core metrics to monitor progress and success
- Evaluation of both agency actions and the National Strategy itself
- Action Alliance and Federal partners to lead

National Strategy *for* Suicide Prevention



Thank You

CONTACT

Brandon J. Johnson, MHS, MCHES
Chief, Suicide Prevention Branch, SAMHSA
Brandon.Johnson1@samhsa.hhs.gov

Dr. Deb Stone
Senior Advisor on Suicide Prevention, CDC
dstone3@cdc.gov

2024

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PLAN 2025 REVIEW AND PREPARING FOR PLAN 2030

Alexis M. May, PhD
Assistant Professor, Psychology
Wesleyan University
amay01@wesleyan.edu

PLAN FOR TODAY

Where we came from (Development of Plan 2025)

What we're starting with (Review of Plan 2025)

What's new

Crosswalk between Plan 2025 and Plan 2030 Goals

What's to come (Development of Plan 2030)

Task for attendees today

DEVELOPMENT OF PLAN 2025

Original Plan 2020

Zero Suicide, Lethal Means, and Data & Surveillance Committees
revisions of Goals 3-5

CTSAB meeting on Goals 1 & 2

Survey of the suicide prevention community (n=221)

19 focus group sessions and key informant interviews (n=100+)

Data requests fulfilled by DPH and OCME

Literature reviews to inform the Demographic Groups sections

Development of new resources (e.g., Training Options)

Additions and revisions from the CTSAB Tri-Chair

REVIEW OF PLAN 2025



Be the 1 to start the conversation

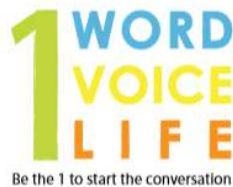
STATE OF CONNECTICUT SUICIDE PREVENTION PLAN **2020-2025**



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STATE OF CONNECTICUT SUICIDE PREVENTION PLAN 2020-2025



www.preventsuicide.org

GOAL 1: Integrate and coordinate suicide prevention activities across multiple sectors and settings.

GOAL 2: Develop, implement and monitor effective programs that promote wellness and prevent suicide and related behaviors.

GOAL 3: Promote suicide prevention as a core component of health care services. (Adopt *Zero Suicides* as an aspirational goal).

GOAL 4: Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.

GOAL 5: Increase the timeliness and usefulness of state surveillance systems relevant to suicide prevention and improve the ability to collect, analyze and use this information for action.

Goal 4: Reduce access to lethal means of suicide among individuals with identified suicide risk.

➔ Objective 4.1: Encourage healthcare providers who interact with individuals at risk for suicide to routinely assess for access to lethal means.

Current Status: National data suggest that healthcare providers who interact with individuals at risk for suicide do not routinely assess for access to lethal means. Currently in Connecticut, there is limited data available to effectively determine the frequency to which healthcare providers assess access to lethal means among patients at risk. However, lethal means counseling education and trainings among healthcare providers have occurred and these types of trainings have increased over the last several years.

General Recommendations: There is a great need to inform health and behavioral healthcare providers, as well as the public, about the importance of lethal means safety in preventing suicides and to emphasize that it applies to all potential means of suicide, not just firearms. Given that reducing access to lethal means is a highly effective suicide prevention strategy, this is an important area of education for health and behavioral healthcare providers who work with individuals at high risk. These providers include ED staff, primary care providers, pediatricians, and mental health providers. Education for providers must focus on provider attitudes, beliefs, and behaviors, as well as recommended strategies for communicating about sensitive topics, such as firearm access, with patients. Providers should also receive training in discussing all types of lethal means safety and security with patients and their families.

Examples of Possible Strategies:

Everyone

- a. Acknowledge the discomfort and challenges often inherent in conversations about firearms.
- b. Compile and evaluate the current lethal means counseling trainings ongoing in the state.
- c. Develop guidelines and educational plans for the training of health and behavioral health providers on lethal means counseling.
- d. Publicize opportunities (e.g., drop boxes and “take-back” programs) to safely dispose of prescription drugs and poisons.
- e. Continue to promote medication take-back locations at pharmacies, health centers, methadone clinics. Explore creative and effective site locations.
- f. Implement a strategy that focuses on lethal means access in high risk locations: bridges, train stations/tracks, public parking garages, public parks.
- g. Encourage Counseling Access to Lethal Means (CALM)²⁰ training and Safety Planning²¹ training.

Educators

- a. Educate families on lethal means access and what they can do to reduce the risk for youth at home from a safety perspective (e.g., poison prevention, lock boxes, discarding unused medications, safe storage of firearms).

Healthcare Providers

- a. Increase use of best practice education and training of health and behavioral health providers to encourage open conversations on lethal means safety plans, history of use, and safety, including locking, limiting, and removing access.
- b. Educate health and behavioral health providers on the spectrum of firearm risk reduction, including safe storage methods and the use of Extreme Risk Protection Orders (ERPO).

Development Institute’s [CHDI] Educating Practices specific to suicide/lethal means).

- d. Develop provider “cue cards” to ask the necessary questions about lethal means.
- e. In addition to firearm safety, think broadly about lethal means and lethal means safety (e.g., medications, illicit drugs, heights, railway crossings).

State Agency Staff

- a. Expand a pilot program that distributes locked prescription boxes and lethal means counseling and include an evaluation component.

Nonprofit Agency Staff

- a. Research existing lethal means public service announcements for utilization in Connecticut.

WHAT'S NEW

Progress!

New data, new science

Mission/Vision Statement review

2024 National Strategy for Suicide Prevention

CROSSWALK COUNTDOWN

PLAN 2025	Crosswalk w 2024 NSSP	PLAN 2030	Associated CTSAB subcommittee(s)
Goal 5: Increase the timeliness and usefulness of state and national surveillance systems relevant to suicide intervention and improve the ability to collect, analyze, and use this information for action	Very similar to: Goal 10. Improve the quality, timeliness, scope, usefulness, and accessibility of data needed for suicide-related surveillance, research, evaluation, and quality improvement. (SD3)	Goal 5: Improve the quality, timeliness, scope, usefulness, and accessibility of data needed for suicide-related surveillance, research, evaluation, and quality improvement. (NSPP24 Goal 10; SD3)	Data to Action

CROSSWALK COUNTDOWN

PLAN 2025	Crosswalk w 2024 NSSP	PLAN 2030	Associated CTSAB subcommittee(s)
Goal 4: Reduce access to lethal means of suicide among individuals with identified suicide risk.	Very similar to: Goal 3. Reduce access to lethal means among people at risk of suicide. (SD1)	Goal 4 Reduce access to lethal means among people at risk of suicide. (NSPP24 Goal 3; SD1)	Lethal Means

CROSSWALK COUNTDOWN

PLAN 2025	Crosswalk w 2024 NSSP	PLAN 2030	Associated CTSAB subcommittee(s)
Goal 3: Promote suicide prevention as a core component of healthcare services	Very similar to: Goal 8. Implement effective suicide prevention services as a core component of health care. (SD2)	Goal 3 Implement effective suicide prevention services as a core component of health care. (NSPP24 Goal 8; SD2)	Zero Suicide Intervention-Postvention (?)

CROSSWALK COUNTDOWN

PLAN 2025	Crosswalk w 2024 NSSP	PLAN 2030	Associated CTSAB subcommittee(s)
Goal 2: Develop, implement, and monitor effective programs that promote wellness and prevent suicide and related behaviors	Most similar to: none of the current NSSP24 goals. Focus on EBP's has been subsumed under Zero suicide, lethal means safety, and using data for programming and evaluation	Remove Goal 2 and redistribute any relevant objectives under Goals 3, 4, and 5.	NA

CROSSWALK COUNTDOWN

PLAN 2025	Crosswalk w 2024 NSSP	PLAN 2030	Associated CTSAB subcommittee(s)
Goal 1: Integrate and coordinate suicide prevention activities across multiple sectors and settings.	<p>In NSPP, Goal was updated to</p> <p>Goal 1. Establish effective, broad-based, collaborative, and sustainable suicide prevention partnerships. (SD1)</p> <p>However, this seems more like CTSAB mission material than an operationalized, focused goal.</p> <p>In its place, another goal can be elevated.</p>	Goal 1 Build and sustain suicide prevention infrastructure at the state, tribal, local, and territorial levels. (NSPP24 Goal 6; SD1)	Education & Advocacy (among others)

PLAN 2030

Goal 1	Build and sustain suicide prevention infrastructure at the state, tribal, local, and territorial levels.
Goal 2	To be discussed today..
Goal 3	Implement effective suicide prevention services as a core component of health care.
Goal 4	Reduce access to lethal means among people at risk of suicide
Goal 5	Improve the quality, timeliness, scope, usefulness, and accessibility of data needed for suicide-related surveillance, research, evaluation, and quality improvement



REQUESTS TO SUBCOMMITTEES,
RSABS, MEMBERSHIP COMING LATER
THIS MONTH

September: Opening Meeting

Sept-Dec: Review, revision, and progress reporting of Goals by Subcommittees

Sept-Dec: Data gathering from RSABs, membership

Jan-Apr: Synthesize input, analyze data, revise/write document components

Apr- May: Revisions

June-July: Agency head review

July: Formatting & Printing

September 2025: Present Plan 2030

QUESTIONS FOR TODAY'S SMALL GROUP DISCUSSION



How to best elevate Health Equity?

Options 1: Add a new Goal:

Implement comprehensive suicide prevention strategies for populations disproportionately affected by suicide, with a focus on historically marginalized communities, persons with suicide-centered lived experience, and youth.

-----OR-----

Option 2: Infuse health equity thru Goals 1-4 via Objectives

In Connecticut, where do you observe health inequity in suicide prevention? What demographic groups, elements of identity, locations, points in the system, etc.? Who are we missing or underserving?

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