OPERATIONAL PROCEDURES AND BYLAWS <u>Connecticut Suicide Advisory Board</u> <u>Origination Date: January 9, 2025</u>

The following are the operational procedures and bylaws of the Connecticut Suicide Advisory Board (CTSAB). CTSAB is the single, state-level suicide advisory board that addresses suicide prevention, intervention and response across the lifespan and meets the statutory requirements of the <u>Public Act 22-58; CGS Chapter 319, 17a-52</u>, which directs the Connecticut Department of Children and Families to:

1) Increase public awareness of the existence of suicide and means of prevention;

- 2) Make recommendations for statewide training in suicide prevention;
- 3) Develop a strategic suicide prevention plan;
- 4) Recommend interagency policies and procedures for coordination of services;
- 5) Implement suicide prevention procedures in schools and communities;
- 6) Establish a coordinated system for data collection and utilization; and

7) Make recommendations concerning the integration of suicide prevention and intervention strategies into prevention and intervention programs; and

8) Periodically offer, within available appropriations, suicide prevention training for health care providers, school employees and other persons who provide services to children, young adults, and families.

ARTICLE I - NAME

The name of this unincorporated association shall be the Connecticut Suicide Advisory Board to be referenced here after as the CTSAB.

ARTICLE II - VISION

The CTSAB seeks to eliminate suicide by instilling hope across the lifespan for all populations.

ARTICLE III - 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, and response, while also promoting health and wellness.

ARTICLE IV – CTSAB COALITION

The CTSAB Coalition, governed by the CTSAB, is the single statewide coalition that addresses suicide prevention, intervention and response across the lifespan.

ARTICLE V – MEMBERSHIP

The CTSAB is a diverse, collaborative network of multiple agencies and hundreds of people representing state and local agencies, profit and non-profits, community and faith-based organizations, hospitals, military, schools, higher education, towns, cities, advocates, students, survivors, individuals with lived experience, and private citizens.

Chairs, Board Membership, Coalitional Membership

A. Chair positions

1. The board shall have three chairs: one shall be from the Department of Children and Families, and one shall be from the Department of Mental Health and Addiction Services, and one shall be a community

representative of suicide loss or attempt survivors or a representative of a Connecticut-based, suicide prevention foundation.

- a. The two commissioner appointments shall be appointed and serve at the pleasure of their respective commissioners and may be replaced by their commissioner at any time.
- b. The third chair shall be elected by the members of the board for a two-year term, with no more than two terms consecutively.
- c. Appointees from state agencies may be adjusted and filled as needed; a community representative that steps down or is removed by board members shall be replaced by the board.
- 2. At least one of the chairs shall preside at each of the CTSAB's meetings.
- 3. The Tri-Chairs, along with administrative support from DCF, DMHAS and/or a state contracted provider, shall be responsible for:
 - a) setting the schedule of regular meetings,
 - b) preparing each meeting's agenda,
 - c) chairing the CTSAB meeting,
 - d) overseeing the CTSAB Committees,
 - e) assisting in the establishment of the goals and priorities of the CTSAB,
 - f) ensuring that all CTSAB responsibilities are met in a timely fashion,
 - g) serving as the liaison to agencies that are on the CTSAB,
 - h) taking meeting minutes,
 - i) posting and disseminating agendas and minutes,
 - j) scheduling and facilitating the topics for presentations,
 - k) ensuring the state Suicide Prevention Plan is developed each five-year period, and
 - 1) assuming other responsibilities on an as needed basis to fulfill the mission of the CTSAB.
- 4. Chair-persons will actively participate in all CTSAB responsibilities.

B. Board Membership

- 1. The board shall consist of no less than eighteen members and a maximum of thirty-five.
- 2. Board members will actively participate in holding the CTSAB to its legislative mandate.

3. After the first established board appointed by the Commissioner of DCF all future members and potential members will be processed and voted on by the existing board membership and shall be put forth for recommendation to be officially appointed by the Commissioner of DCF.

4. To be considered for potential CTSAB membership and an appointment by the DCF Commissioner, it is required that individuals attend no fewer than three monthly meetings prior to consideration.

5. To be considered for potential CTSAB membership and an appointment by the DCF Commissioner an application for membership must be completed and submitted to the Tri-Chairs (See appendix).

6. Vacancies will be filled as openings occur and as quickly as applications are submitted, reviewed, voted on and put forth for an appointment by the DCF Commissioner. Applicants will be considered based on the person's history with the CTSAB, service on committees, personal and/or professional experience, and when appointed by state agencies, their position held within the agency.

7. Members of the board shall serve for a two-year term, with the opportunity to be reappointed and serve for additional term(s).

8. Any members who miss more than four consecutive unexcused meetings or fifty percent of all meetings will be considered for removal. An excused absence is a note to a chair that the member is unable to participate in a meeting because of another conflict.

9. The membership of the CTSAB shall fairly and adequately represent people who are loss or attempt survivors or people with lived experiences. The CTSAB shall strive for no less than 25% lived experience.

10. The CTSAB shall strive to be as diverse as possible including, but not limited to diversity of race, ethnicity, faith, culture, CT geography, and high-risk populations for suicide.

11. No member will be officially appointed without the approval of the Commissioner of DCF.

12. Members shall serve without compensation.

13. Membership for the CTSAB may be selected from state and community agencies, persons with lived experience, non-profits, or any CT resident who agrees to the Vision and Mission of the CTSAB.

14. The Board *shall* include:

- a. One Representative of the Department of Children and Families appointed by the Commissioner of Children and Families,
- b. One Representative of the Department of Mental Health and Addiction Services appointed by the Commissioner of Mental Health and Addiction Services
- c. One representative of the Department of Public Health appointed by the Commissioner of Public Health,
- d. One representative of the state Department of Education appointed by the Commissioner of Education,
- e. One representative of the Board of Regents for Higher Education appointed by the president of the Connecticut State Colleges and Universities

The Board may include, but is not limited to:

- a. One psychiatrist licensed to practice medicine in CT,
- b. One psychologist licensed in CT,
- c. One representative of a local or regional board of education,
- d. One high school teacher,
- e. One high school student,
- f. One college or university faculty member,
- g. One college or university student,
- h. One parent of a K-12,
- i. One parent of a university student,
- j. One representative from the disability community,
- k. One medical doctor,
- 1. One member from law enforcement,
- m. One member from a Federally recognized Tribal Organization

C. Coalition Membership:

1. Coalition membership is open to any person who registers on the CTSAB website at: <u>www.preventsuicidect.org</u>. The CTSAB encourages all CTSAB Coalition members and the general public to participate and add their valuable experience and voice to CTSAB discussions and become CTSAB coalition members.

D. Coalition and Guest Participation in monthly CTSAB meetings:

1. The monthly CTSAB meetings are open to all coalition members and guests who are interested in attending.

ARTICLE VI – MEETINGS

1. CTSAB Meetings

Connecticut Suicide Advisory Board and coalition meetings occur monthly on the second Thursday from 9:00 AM to 10:30 AM with the Board meeting from 10:30 AM to 11:00 AM.

2. CTSAB Coalition Meeting Format

Simplified Rules of Order for Meetings:

- Welcome and Introductions
- Invited Guest Presentation and Question and Answers
- Coalition member announcements/Upcoming Events
- Report Outs from (rotation guided by Tri-Chairs):
 - o Federal Grant Initiatives
 - Regional Suicide Advisory Boards
 - Committees
 - Foundations
- Awareness Campaign/Website/Outreach
- Adjournment

3. CTSAB Board Meeting Format

- Welcome and Introductions
 - Attendance (to confirm quorum)
- Approval of Minutes
- Housekeeping/Old Business (e.g., Bylaws Discussion, Meeting Issues, Membership)
- New Business Coming Soon or On the Horizon (e.g., Grant, State Plan)
- RSVP Reminder
- Adjourn

4. CTSAB Board Quorum

For voting purposes, a quorum will be a simple majority. Fifty-one percent (51%) of the board members must be present to conduct business.

- a) Alternates for any member may be requested by a member for listening purposes only. No proxy shall be granted to an alternate.
- b) Should there be multiple candidates for membership representing a particular role on the board, a vote will take place.

ARTICLE VII – COMITTEES

<u>1. Committees of CTSAB</u>

The CTSAB shall maintain committees to complete the activities and the work of the Board, and may create and dissolve Standing and temporary Ad Hoc committees as it sees fit. Each Committee shall have at least two Chairpersons with a minimum of one of the Chairpersons being an appointed member of the CTSAB. The Tri-Chairs, in consultation with appointed members of the CTSAB, shall appoint Chairpersons of Standing and Ad Hoc committees. Each Chairperson shall serve for a two-year term, with the opportunity to be reappointed and serve for additional term(s). Committee membership is open to all who are interested in joining.

The Standing Committees shall include:

- 1. *Armed Forces/Governor's Challenge* Focuses on three priority areas to prevent suicide among service members, Veterans and their families. These are: identification of the population; making connections to resources; and reducing access to lethal means.
- 2. *Attempt Survivor/Lived Experience* Provides best practice education and guidance to the CTSAB, organizations and communities based on the personal experience of people who have survived a suicide attempt and/or and live with chronic thoughts of suicide.
- 3. *Data To Action* Aims to 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.
- 4. *Education & Advocacy* Informs to: 1) integrate and coordinate suicide prevention activities across multiple sectors and settings, and 2) to develop, implement and monitor effective programs that promote wellness and prevent suicide and related behaviors.
- 5. *Intervention/Postvention Response* Supports timely, coordinated, best practice suicide postvention response among state and regional partners following losses of youth and young adults to ensure community and school resources for survivors of suicide.
- 6. *Reducing Access to Lethal Means* Works towards the promotion and implementation of best practice strategies to reduce access to lethal means of suicide.
- 7. Zero Suicide Learning Community Promotes suicide prevention as a core component of health care services by providing educational opportunities, organizational networking, and peer support through the adoption of best practices associated with the Zero Suicide for Health and Behavioral Healthcare Quality Improvement Approach.

2. The Regional Suicide Advisory Boards (RSABs)

As part of the CTSAB and Coalition infrastructure, there are five regional coalitions representing Southwestern, South Central, North Central, Eastern, and Western Connecticut and shall be the regional representation of the CTSAB coalition. Each coalition is unique and autonomous but is part of the overall infrastructure and vision of the statewide CTSAB.

The regional coalitions provide local and regional infrastructure for suicide prevention, intervention and postvention activities and collaborate and provide routine updates to the CTSAB to assist and support the coordination of activities across the state.

The regional coalitions should as able and needed align with the committee structure of the CTSAB and will support the goals of the current Connecticut Suicide Prevention State Plan.

Each regional coalition should prioritize their own activities and strategies to support the statewide goals. The strategies should be based on and responsive to local and regional needs. This should include the development of a regional coalition or collaborative, with regularly scheduled meetings, a leadership team, and prioritized activities.

Each of the five regional coalitions shall send at least one representative to the CTSAB monthly meetings and be prepared to provide updates and report out to the CTSAB.

ARTICLE VIII – GOVERNANCE STRUCTURE ADVISORY MODEL

Governance is defined as the process of providing strategic leadership to the CTSAB. It entails the functions of setting direction, making policy and strategy decisions, overseeing, and monitoring organizational performance, and ensuring overall accountability.

CTSAB will utilize an advisory model, gaining expertise from subject matter experts from all constituent populations. The CTSAB Coalition will be made up of members of state agencies, organizations, and community members who are able to provide professional/personal proficiencies and a vast network of connections to serve residents of CT. CTSAB benefits from these skills and connections, using expertise to help support programs that can prevent suicide.

ARTICLE IX – AMENDMENT OF OPERATIONAL PROCEDURES AND BYLAWS

Operational procedures and by-laws may be adopted, amended, or repealed only by the appointed members of the board. Recommendations for amendments in operational procedures or by-laws may be initiated by current members of the CTSAB Coalition. A majority vote of current appointed members with a minimum quorum of seventy-five percent (75%) of members present is required, and at least thirty (30) days' notice shall have been given prior to any vote.

Formal recommendations regarding CT suicide prevention, intervention and response, and the CT Suicide Prevention State Plan will be reserved for the CTSAB Board members.

APPENDICES

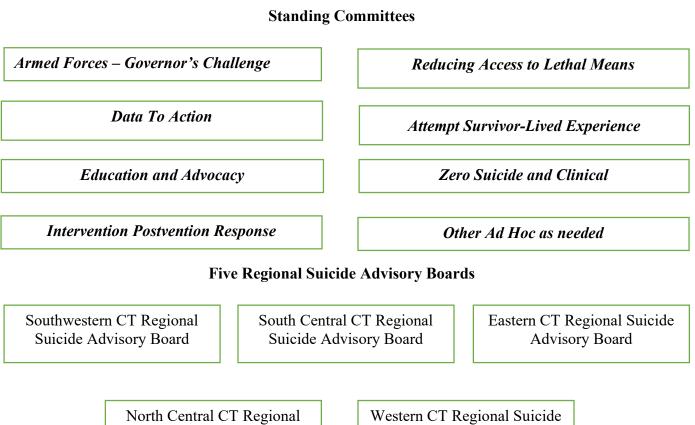
- A. Connecticut Suicide Advisory Board and Coalition Visual Overview
- B. Connecticut Suicide Advisory Board Legislation
- C. Connecticut Suicide Advisory Board Application
- D. Template Connecticut Suicide Advisory Board Monthly Meeting Agenda
- E. Template Connecticut Suicide Advisory Board Coalition Monthly Meeting Agenda
- F. Template Connecticut Suicide Advisory Board Committee Meeting Agenda

Statewide Connecticut Suicide Advisory Board-CTSAB

The single statewide, legislatively-mandated advisory for suicide prevention, intervention and response across the lifespan.

Connecticut Suicide Advisory Board Coalition

The CTSAB Coalition is open to anyone who supports the vision and mission of the CTSAB.



Suicide Advisory Board

Western CT Regional Suicide Advisory Board

Appendix B

Legislation of the Connecticut Suicide Advisory Board

Sec. 17a-52. Connecticut Suicide Advisory Board. Composition. Duties. (a) There is established a Connecticut Suicide Advisory Board, within the Department of Children and Families, which shall be a coordinating source for suicide prevention across a person's lifespan, including, but not limited to, youth suicide prevention. The board may include (1) representatives from suicide prevention foundations, youth-serving organizations, law enforcement agencies, religious or fraternal organizations, civic or volunteer groups, state and local government agencies, tribal governments or organizations, health care providers or local organizations with expertise in the mental health of children or adults or mental health issues with a focus on suicide prevention, (2) one psychiatrist licensed to practice medicine in this state, (3) one psychologist licensed in this state, (4) one representative of a local or regional board of education, (5) one high school teacher, (6) one high school student, (7) one college or university faculty member, (8) one college or university student, (9) one parent, and (10) a person who has experienced suicide ideation or loss, all appointed by the Commissioner of Children and Families. The board shall include one representative of the Department of Public Health appointed by the Commissioner of Public Health, one representative of the state Department of Education appointed by the Commissioner of Education and one representative of the Board of Regents for Higher Education appointed by the president of the Connecticut State Colleges and Universities. The Commissioners of Children and Families and Mental Health and Addiction Services, or the commissioners' designees, shall serve as cochairpersons of the board and may appoint a representative of a local organization with expertise in mental health or a suicide prevention foundation to serve as a third cochairperson of the board. The board may adopt bylaws to govern it and its meetings.

(b) The board shall: (1) Increase public awareness of the existence of suicide and means of suicide prevention across a person's lifespan; (2) make recommendations to the Commissioners of Children and Families and Mental Health and Addiction Services for the development of state-wide training in the prevention of suicide; (3) develop a state-wide strategic suicide prevention plan; (4) recommend interagency policies and procedures for the coordination of services in the area of suicide prevention, intervention and response; (5) make recommendations for the establishment and implementation of suicide prevention, intervention and response procedures in schools and communities; (6) establish a coordinated system for the utilization of data for the prevention of suicide; (7) make recommendations concerning the integration of suicide prevention and intervention strategies into youth-focused prevention and intervention programs; and (8) periodically offer, within available appropriations, suicide prevention training and education for health care and behavioral health care providers, school employees, faculty members of institutions of higher education and other persons who provide services to children, adults and families.

Appendix C Connecticut Suicide Advisory Board Appointed Member Application

Instructions: Please complete every section. Some of the below information collected on this application is aggregated and used for legislative reporting purposes. No names or						
personal information is shared through reporting.						
LAST Name		FIRST Name				
Click here to enter text. Home Address	Town/City	Click here to enter tex	XI.	State	ZIP code	
Click here to enter text.	Click here to ent	er tevt		CT	Click here to enter	
chek here to enter text.		er text.			text.	
		.0	lf and dates	 		
Attempt/Loss survivor or lived experience or Provider of Suicide Prevention/postvention	If provider, what agency Click here to enter te			what is you		
Survivor or lived experience Provider	Click liefe to eliter te	text. Click here to enter text.			CAL.	
•						
Email Address Click here to enter text.		Phone Number	4			
			Click here to enter text.			
Race	Ethnicity		Gen			
Choose an item.	Choose an item.		Sele	ect.		
Do you currently attend a Regional Suicide Advisory Board? If so, check all that apply.						
Region 1 □ Southwestern CT The Hub						
Region 2 South Central CT BH						
Region 3 Eastern CT-SERAC						
Region 4 North Central CT Amplify						
Region 5 Western CT-Western Coalition						
QUESTIONS 1. Areas of interest related to suicide prevention and or postvention? Click here to enter text.						
2. What activities are you involved with related to suicide prevention and or postvention? Click here to enter text.						
3. Reasons for interest in the Connecticut Suicide Advisory Board or CTSAB? Click here to enter text.						
4. How do you think you could contribute to the C Click here to enter text.	CTSAB as a voting memb	per?				
5. Are you a loss survivor? Yes □ No □						
6. Are you an attempt survivor of a person with li Yes □ No □	·					
Have been at 3 or more CTSAB meetings in the	I have reviewed the CTSAB orientation prior to submitting this					
submitting this application: Yes \Box No \Box		application: Yes 🗆 No 🗆				
Signature (not required for electronic submission	Date Submitted to CTSAB Tri-Chairs (required):					

Thank you for your CTSAB application. Your attendance at three CTSAB meetings and review of the CTSAB orientation are required prior to applying for membership. Please email this completed form to: andrea.duarte@ct.gov; stephanie.bozak@ct.gov; and@brianshealinghearts.org



Appendix D Template CTSAB Board Agenda

- I. Welcome & Introductions a. Attendance (for Quorum)
- II. Review/ Voting of Minutes
- III. CTSAB Old Business
- IV. CTSAB New Business
- V. Attendance Reminder
- VI. Adjourn

Appendix E



Template Connecticut Suicide Advisory Board Coalition Meeting Agenda

Date, Time 9:00-11:00 AM

- I. Welcome & Introductions
- II. Presentation
 - Title of Presentation and person presenting
- III. CT SAB Business
 - Statewide News/Updates from Tri-Chairs
 - Statewide Announcements of Upcoming Events/Trainings From:
 - Regional Suicide Advisory Boards (RSABS)
 - Committees
 - > Foundations
 - Suicide Related Grant Initiative Updates (rotates)
 - Review of Activities/Report out since last report (rotates)
 - Committees
 - > RSABS
- IV. Updates from Awareness Campaign/Website/Outreach Efforts
- V. Closing of Coalition Meeting

Upcoming Meeting Information (Dates/Presentations)

Foundations

- American Foundation for Suicide Prevention
- Brian T. Dagle Foundation
- Jordan Porco Foundation

- My Friend Abby
- Other Foundations

Contact Tri-chairs if you'd like to present or have presentation suggestions. See page 2 for a list of the *Regional Suicide Advisory Boards*

Southern:

*Catalyst CT / The Hub*2470 Fairfield Ave., 3rd fl. Bridgeport, 06605 Ph. (203-579-2727

Website www.thehubct.org

Towns: Bridgeport, Darien, Easton, Fairfield, Greenwich, Monroe, New Canaan, Norwalk, Stamford, Stratford, Trumbull, Weston, Westport, Wilton

Southcentral:

Alliance for Prevention & Wellness (APW)/ A Program of BH Care 127 Washington Ave. 3rd Fl. West North Haven, CT 06483 Ph. 203-736-8566 Fx. 203-736-2641

Website <u>www.apw-ct.org</u> www.facebook.com/apwct www.twitter.com/apwct

Towns: Ansonia, Bethany, Branford, Chester, Clinton, Cromwell, Deep River, Derby, Durham, East Haddam, East Hampton, East Haven, Essex, Guilford, Haddam, Hamden, Killingworth, Madison, Meriden, Middlefield, Middletown, Milford, New Haven, North Branford, North Haven, Old Saybrook, Orange, Portland, Seymour, Shelton, Wallingford, Westbrook, West Haven, Woodbridge.

Eastern:

Southeastern Regional Action Council (SERAC) 228 West Town St. Norwich, CT 06360 Ph. 860-848-2800

Website www.secracct.org

Towns: Ashford, Bozrah, Brooklyn, Canterbury, Chaplin, Colchester, Columbia, Coventry, East Lyme, Eastford, Franklin, Griswold, Groton, Hampton, Killingly, Lebanon, Ledyard, Lisbon, Lyme, Mansfield, Montville, New London, North Stonington, Norwich, Old Lyme, Plainfield, Pomfret, Preston, Putnam, Salem, Scotland, Sprague, Sterling, Stonington, Thompson, Union, Voluntown, Waterford, Willington, Windham, Woodstock.

Northcentral:

Amplify, Inc. 178 Oakwood Drive Glastonbury, CT 06033 Ph. (860) 267-5439 (860-Amp-lify)

Website <u>www.amplifyct.org</u>

Towns: Andover, Avon, Berlin, Bloomfield, Bolton, Bristol, Burlington, Canton, East Granby, East Hartford, East Windsor, Ellington, Enfield, Farmington, Glastonbury, Granby, Hartford, Hebron, Kensington, Manchester, Marlborough, New Britain, Newington, Plainville, Plymouth, Rocky Hill, Simsbury, Somers, South Windsor, Southington, Stafford, Suffield, Tolland, Vernon, West Hartford, Wethersfield, Windsor, Windsor Locks.

Western:

Western CT Coalition 27 Siemon Company Drive, Suite 304 West Watertown, CT 06795 Ph. 203-743-7741 Website <u>www.WCTCoalition.org</u>

Towns: Barkhamsted, Beacon Falls, Bethel, Bethlehem, Bridgewater, Brookfield, Canaan, Cheshire, Colebrook, Cornwall, Danbury, Goshen, Hartland, Harwinton, Kent, Litchfield, Middlebury, Morris, Naugatuck, New Fairfield, New Hartford, New Milford, Newtown, Norfolk, North Canaan, Oxford, Prospect, Redding, Ridgefield, Roxbury, Salisbury, Sharon, Sherman, Southbury, Thomaston, Torrington, Warren, Washington, Waterbury, Watertown, Winchester, Winsted, Wolcott, and Woodbury.



Appendix F

XX Committee

Co-Chairs: (Insert chair or co-chairs)

Committee Goal(s) Associated with State Plan: XX Objectives: 1. XX 2. XX 3. XX Anticipated Committee Duration Standing or XXX

Agenda:

- 1. Welcome & Introductions
- 2. Brief Overview of Targeted Goals and Objectives
- 3. Meeting Objectives
- 4. Anticipated Deliverables and Timeline
- 5. Presentation and Discussion
- 6. Wrap-Up, Final Thoughts, Future Directions, Adjournment

Next Meeting Date: (e.g.4th Wednesday of the month; 2-3PM)

Remaining Meetings for this year: