

# Orientation to the CTSAB

# Overview

- CT Suicide Prevention Infrastructure History
- CTSAB and Committees
- Regional Suicide Advisory Boards
- Suicide Prevention Grant Initiatives



# CT Suicide Prevention Infrastructure History

## Prior to the CTSAB:

**1989** – Legislative mandate creates the Youth Suicide Advisory Board (YSAB) under CT Department of Children & Families (DCF).

**2000** – Interagency Suicide Prevention Network (ISPN) developed by CT Department of Public Health (DPH).

**2005** – CT Comprehensive Suicide Prevention Plan was published.

**June 2006** – State received 1<sup>st</sup> SAMHSA Garrett Lee Smith (GLS) Youth Suicide Prevention Grant, directed by DMHAS with YSAB as advisory.

**September 2011** - State received 2<sup>nd</sup> SAMHSA GLS Suicide Prevention Grant, directed by DMHAS, and advised by YSAB.



# History

## Since CTSAB:

**January 2012** – YSAB and ISPN merged to create the **CT Suicide Advisory Board (CTSAB)**. CTSAB became GLS grant advisory.

**September 2012** – CTSAB released the 1 WORD, 1 VOICE, 1 LIFE...Be the 1 to start the conversation” Initiative and Prevent Suicide CT website.

**2014 – Present** - State received CDC CT Violent Death Reporting System Grant.

**May 2015** - CTSAB released the CT Suicide Prevention Plan 2020.

**September 2015** - State received 3<sup>rd</sup> SAMHSA GLS Youth Suicide Prevention Grant, directed by DMHAS, and co-directed by DCF and DPH. CTSAB advised.

**2018** – DMHAS and DCF established 5 Regional Suicide Advisory Boards linked to CTSAB.

**August 2020** - State received 1<sup>st</sup> CDC Comprehensive Suicide Prevention Grant, directed by DPH, and co-directed by DMHAS and DCF. CTSAB advises.



# History

## Since CTSAB continued:

**September 2020** – Mashantucket Pequot Tribal Nation received SAMHSA funding for Good Medicine Project grant.

**September 2020** - CTSAB released the CT Suicide Prevention Plan.

**February 2021** - State received Vibrant 988 Planning Grant, directed by DMHAS. 988 Implementation Coalition advised.

**April 2022** - State received SAMHSA 988 Capacity Building Grant, directed by DMHAS. CTSAB advises.

**May 2022** – CTSAB legislation was updated to address the lifespan.

**July 2022** – 988 Implementation Coalition integrated with the CTSAB.

**September 2023** - State received SAMHSA 988 Capacity Improvement Grant, directed by DMHAS, and co-directed by DCF. CTSAB advises.

**September 2023** - State received 4<sup>th</sup> SAMHSA GLS Youth Suicide Prevention Grant, directed by DMHAS, and co-directed by DCF and DPH. CTSAB advises.



# CTSAB History

The Connecticut Suicide Advisory Board (CTSAB) was established January 2012 through the merger of the 1989 legislatively-mandated CT Youth Suicide Advisory Board under the CT Department of Children and Families (DCF), and the CT Department of Public Health's Interagency Suicide Prevention Network to create one state-level Suicide Advisory Board to address suicide across the lifespan. The CTSAB is tri-chaired by the CT Department of Mental Health and Addiction Services (DMHAS) and the DCF, and Brian Dagle Foundation, and is the single state-level advisory board in Connecticut that addresses suicide prevention, intervention and response across the lifespan per revised legislation ([PA 22-58](#); [CGS Chapter 319, 17a-52](#)).



# CT Suicide Advisory Board

The state-level suicide advisory board that addresses suicide prevention and response across the lifespan.

**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 Bylaws & Meetings

- The CTSAB Bylaws were first passed on January 9, 2025, and are posted on the state website here: [CTSAB Business | Connecticut Suicide Advisory Board](#)
- The CTSAB coalition meets monthly on the 2<sup>nd</sup> Thursday from 9-10:30 AM (EST)
- The CTSAB Board meeting takes place immediately following the coalition meeting from 10:30-11 AM (EST)
- Meeting agendas and minutes with embedded presentations are posted to this webpage as well.

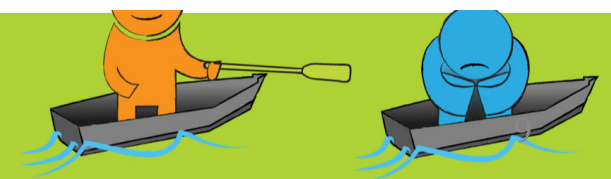
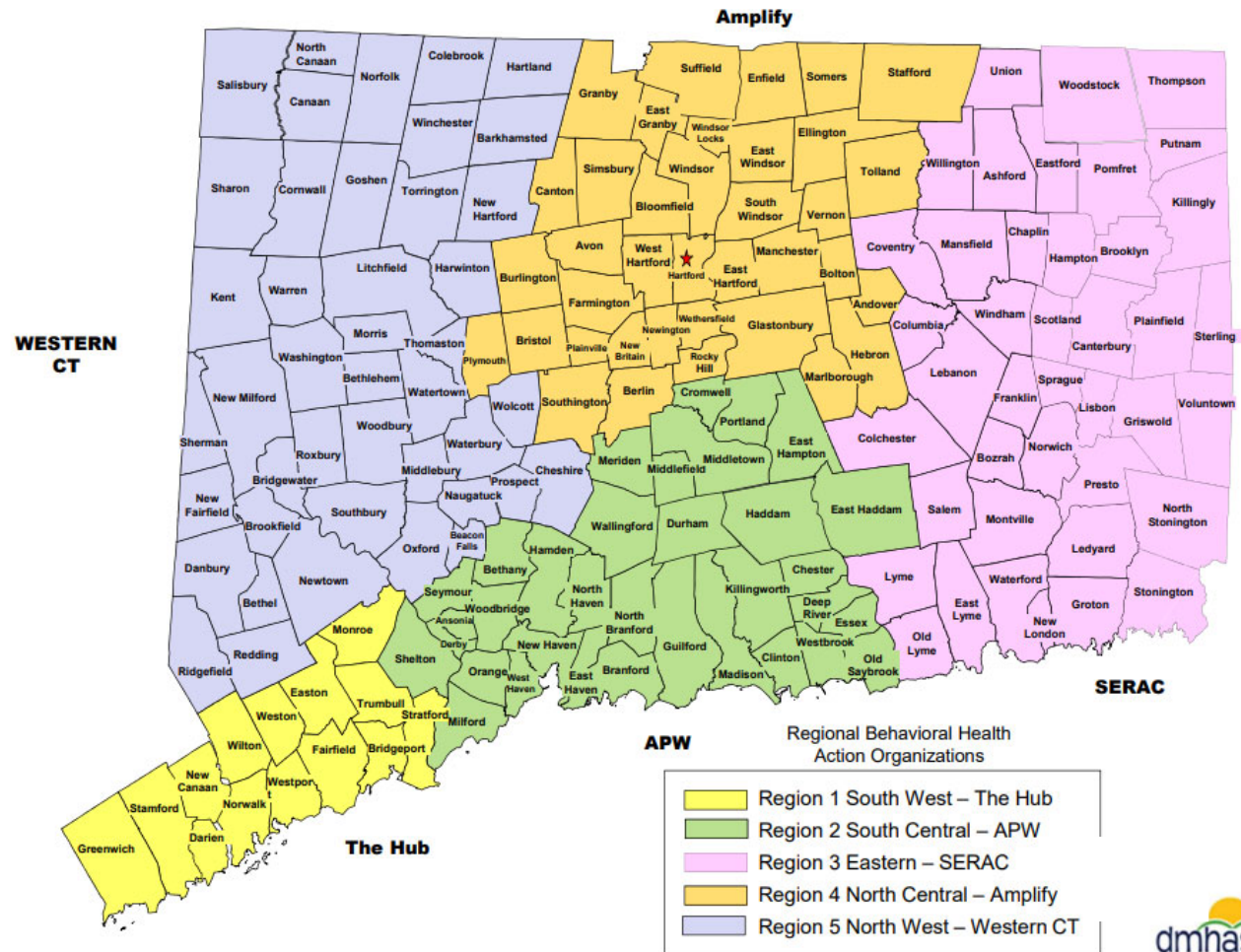




# Regional Suicide Advisory Boards

- The RSABs are funded by DCF and DMHAS to support CTSAB mission and vision in respective regions through coalition building, training and technical assistance.
- Engage key stakeholders to identify and address unique regional needs, and support implementation of best practice suicide prevention, intervention and response efforts.

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



# CT Suicide Prevention Plan

- The CTSAB develops the CT Suicide Prevention Plan every five years that guides prevention, intervention and response goals, objectives and activities. This process involves the Board, Committees and Coalition.
- The state plan's goals and objectives are a subset of the National Strategy for Suicide Prevention selected through a CTSAB prioritization process.
- State plans and the National Strategy may be found on the state website here: [Suicide Prevention CT Strategic Plan | CTSAB](#)



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Be the 1 to start the conversation

## STATE OF CONNECTICUT SUICIDE PREVENTION PLAN 2020-2025



[www.preventsuicidect.org](http://www.preventsuicidect.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.



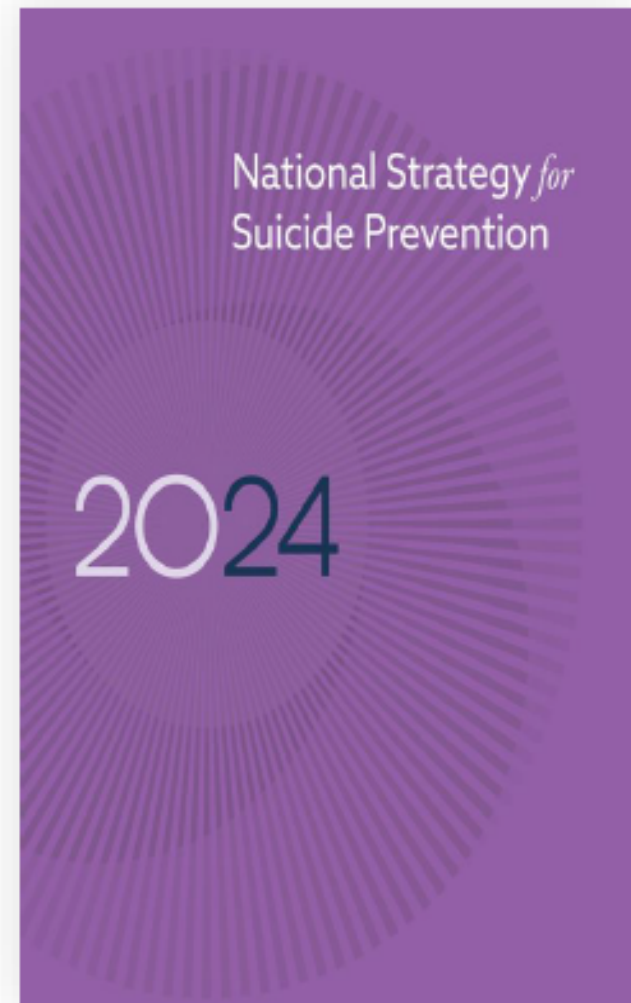


# 2024 National Strategy *for* Suicide Prevention

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

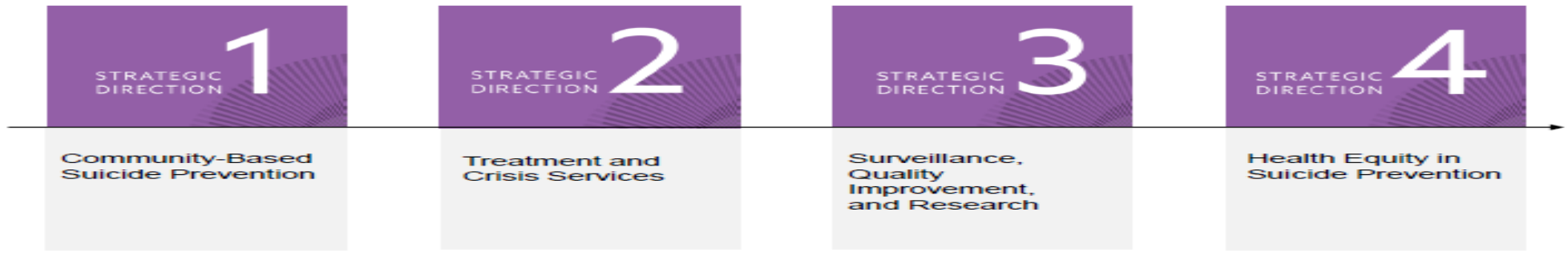


2024 National Strategy *for* Suicide Prevention

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## NSSP Strategic Direction



2024 National Strategy for Suicide Prevention

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### CT Goals for 2030 from the NSSP:

1. CT G1 (NSSP-D1-Goal 6): Build and sustain suicide prevention infrastructure at the state, tribal, local, and territorial levels.
2. CT G2 (NSSP-D4-Goal 13): 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.
3. CT G3 (NSSP-D2-Goal 8): Implement effective suicide prevention services as a core component of health care.
4. CT G4 (NSSP-D1-Goal 3): Reduce access to lethal means among people at risk of suicide.
5. CT G5 (NSSP-D3-Goal 10): Improve the quality, timeliness, scope, usefulness, and accessibility of data needed for suicide-related surveillance, research, evaluation, and quality improvement.



# CTSAB Committees

The CTSAB has seven Committees that support the Goals of the CT Suicide Prevention Plan and focus on at-risk populations. Please consider joining one by contacting the co-leads listed on this webpage: [Committees - Prevent Suicide CT](#)

- 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.



# CTSAB Committees

**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.



# Prevention & Response Resources

## ➤ CT Suicide Advisory Board/State Coalition & Regional Coalitions

- Consultation on prevention, intervention and response
- Training and education
- Data and surveillance
- Statewide and local networking
- Resource exchange
- Peer support
- Free print and promotional materials
- Website with extensive resource pages
- CTSAB membership & resources:  
[www.preventsuicidect.org](http://www.preventsuicidect.org) and  
[www.Gizmo4MentalHealth.org](http://www.Gizmo4MentalHealth.org)



## ➤ Join the CTSAB: <https://www.preventsuicidect.org/network-of-care/>





# Suicide Prevention Grant Initiatives CTSAB Advises

*8/2020-8/2025 - Comprehensive Suicide Prevention in CT*

The CT Department of Public Health (DPH) is funded by the Center for Disease Control and Prevention to lead this grant in collaboration with the DMHAS and DCF. The Project Director is Supervising Epidemiologist from the DPH Injury & Violence Surveillance Unit, and the CTSAB DMHAS and DCF tri-chairs are Co-Project Directors. UCONN Health is the Evaluator.

» Continued...



# Suicide Prevention Grant Initiatives CTSAB Advises

***8/2020-8/2025 - Comprehensive Suicide Prevention in CT Continued***

The purpose of this grant is to implement and evaluate a comprehensive public health approach to suicide prevention in order to reduce suicide morbidity and mortality, with attention to one or more vulnerable populations representing a significant proportion of the suicide burden (i.e. large numbers) and with suicide rates greater than the general population (e.g., veterans, tribal populations, rural communities, LGBTQ, homeless, other) in a jurisdiction(s) (e.g., state, city/county, tribe). Key outcomes include a 10% reduction in suicide morbidity and mortality in the jurisdiction(s).



# Suicide Prevention Grant Initiatives CTSAB Advises

***9/2023-9/2026 - 988 Capacity Improvement Grant***

The CT DMHAS is funded by SAMHSA to lead this grant. The Project Director is the CTSAB DMHAS tri-chair, and the CTSAB DCF tri-chair is the Co-Project Director. UCONN School of Social Work is the Evaluator. The purpose of this program is to improve the CT's response to 988 contacts (including calls, chats, and texts) originating in the state.

» Continued...



# Suicide Prevention Grant Initiatives CTSAB Advises

*9/2023-9/2026 - 988 Capacity Improvement Grant*

***Continued***

CT is expected to:

1. enhance recruitment, hiring, and training of the 988 workforce to meet at minimum 90% state or territory calls, chats, and texts demand;
2. implement additional technology and security measures to fully support 988 infrastructure and effective coordination across the crisis continuum;
3. improve 988 support and service for high-risk and underserved populations;
4. develop and implement comprehensive quality assurance plans, to include identification and review of critical incidents; and
5. develop and implement comprehensive 988 communication plans to align with SAMHSA's 988 partner toolkit.



# Suicide Prevention Grant Initiatives CTSAB Advises

***9/2023-9/2028 - Garrett Lee Smith State Youth Suicide Prevention Grant: Partnerships for Hope & Healing***

The CT DMHAS is funded by SAMHSA to lead this grant. The Project Director is the CTSAB DMHAS tri-chair and the Co-Project Directors are the CTSAB DCF tri-chair and the Supervising Epidemiologist from the DPH Injury & Violence Surveillance Unit. UCONN Health is the Evaluator. The purpose of this grant is to support states with implementing youth suicide prevention and early intervention strategies in schools, institutions of higher education, juvenile justice systems, substance use and mental health programs, foster care systems, and other child and youth-serving organizations.

» Continued...



# Suicide Prevention Grant Initiatives CTSAB Advises

*9/2023-9/2028 - Garrett Lee Smith State Youth Suicide Prevention  
Grant: Partnerships for Hope & Healing  
Continued*

CT is expected to:

1. increase the number of youth-serving organizations who are able to identify and work with youth at risk of suicide;
2. increase the capacity of clinical service providers to assess, manage, and treat youth at risk of suicide; and
3. improve the continuity of care and follow-up of youth identified to be at risk for suicide, including those who have been discharged from emergency department and inpatient psychiatric units.



# Contacts

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