



Suicide Prevention

# CONNECTICUT SUICIDE ADVISORY BOARD

- Acts as the single state-level advisory board to address suicide prevention, intervention and response across the lifespan (PA 22-58; CGS Chapter 319, 17a-52)
- Established in January 2012
- Merged 1989 legislatively mandated CT Youth Advisory Board with the Interagency Suicide Prevention Network
- Tri-chaired by:
  - Department of Children and Families (DCF),
  - Department of Mental Health and Addiction Services (DMHAS),
  - A representative of a local organization with expertise in mental health or a suicide prevention foundation



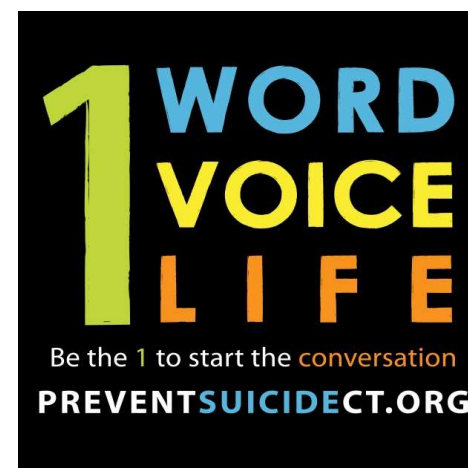
## CT SUICIDE ADVISORY BOARD (CT SAB)

- Mission: The CT SAB 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.



## CT SUICIDE PREVENTION KEY EVENTS IN HISTORY

- September 2012: CT SAB released the *"1 Word, 1 Voice, 1 Life... Be the 1 to Start the Conversation"* initiative and launched the Prevent Suicide CT website
- May 2015: CT SAB released the CT Suicide Prevention Plan 2020
- September 2018: DMHAS and DCF established 5 Regional Suicide Advisory Boards linked to CT SAB
- September 2020: CT released the CT Suicide Prevention Plan 2025



# CT SUICIDE ADVISORY BOARD

## CT Suicide Prevention State Plan 2030

- CT SAB develops the CT Suicide Prevention Plan every 5 years that guides prevention, intervention and response goals, objectives and activities.
- Process involved the appointed board members, committees, and the larger coalition.
- The state plan's goals and objectives align with the National Strategy for Suicide Prevention



## CT GOALS FOR 2030:

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



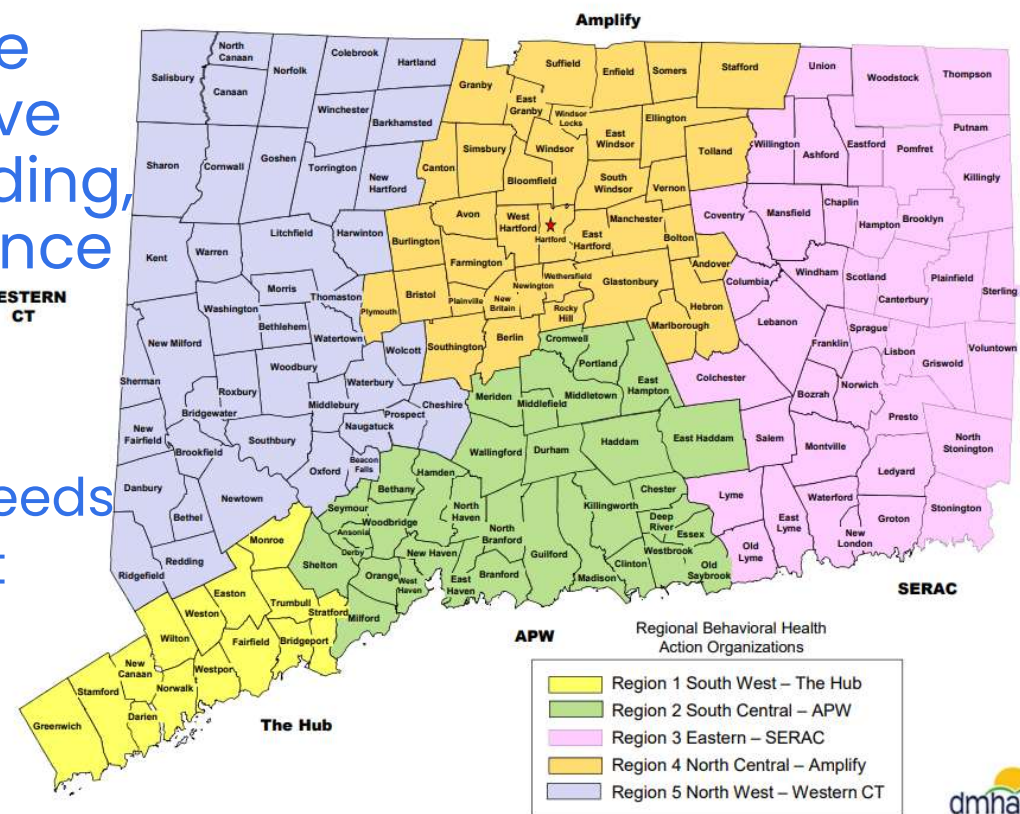
## CT SAB COMMITTEES

- The CT SAB has seven standing Committees that support the Goals of the CT Suicide Prevention Plan
  - Armed Forces/Governor's Challenge
  - Attempt Survivor / Lived Experience
  - Data to Action
  - Education and Advocacy
  - Intervention / Postvention Response
  - Reducing Access to Lethal Means
  - Zero Suicide Learning Community



# REGIONAL SUICIDE ADVISORY BOARDS

- The RSABs are funded by DCF and DMHAS to support the mission and vision in respective regions through coalition building, training and technical assistance
- Engage key stakeholders to:
  - Identify and address regional needs
  - Support implementation of best practices in suicide prevention, intervention, response efforts



## PREVENTION & RESPONSE RESOURCES

- CT SAB, it's coalition and Regional Suicide Advisory Boards provide:
  - Consultation on prevention, intervention and response
  - Provide Postvention Response following an untimely death
  - Training and education
  - Data and surveillance
  - Statewide and local networking
  - Resource exchange
  - Print and promotional materials
  - Peer Support



# SUICIDE PREVENTION GRANT INITIATIVES

- CT SAB advises on several grant initiatives including:
  - **Garrett Lee Smith State Youth Suicide Prevention Grant: Partnerships for Hope & Healing** through DMHAS and funded by SAMHSA
  - **Comprehensive Suicide Prevention Grant** through the Department of Public Health (DPH) and funded by the Center for Disease Control and Prevention
  - **988 Capacity Improvement Grant** through DMHAS and funded by the Substance Abuse and Mental Health Services Administration (SAMHSA)



# GARRETT LEE SMITH STATE YOUTH SUICIDE PREVENTION GRANT PARTNERSHIPS FOR HOPE & HEALING

## Priorities:

- 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.



# COMPREHENSIVE SUICIDE PREVENTION IN CT

## Priorities:

- 1) implement and evaluate a comprehensive public health approach to suicide prevention;
- 2) 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 in a jurisdictions (e.g. state, city); and
- 3) reduce suicide morbidity and mortality in the jurisdictions by 10%.



# 988 CAPACITY IMPROVEMENT GRANT

## **Priorities:**

- 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.





**988**  
SUICIDE  
& CRISIS  
LIFELINE

## **Connecticut's Crisis Care System**

- ***Someone to Talk To***
  - 24/7 Statewide Crisis Call Center
- ***Someone to Respond***
  - Youth Mobile Crisis Teams
  - Adult Mobile Crisis Teams
- ***Somewhere Safe to Go***
  - Emergency Departments
  - Urgent Crisis Centers
  - Crisis Respite & Crisis Stabilization

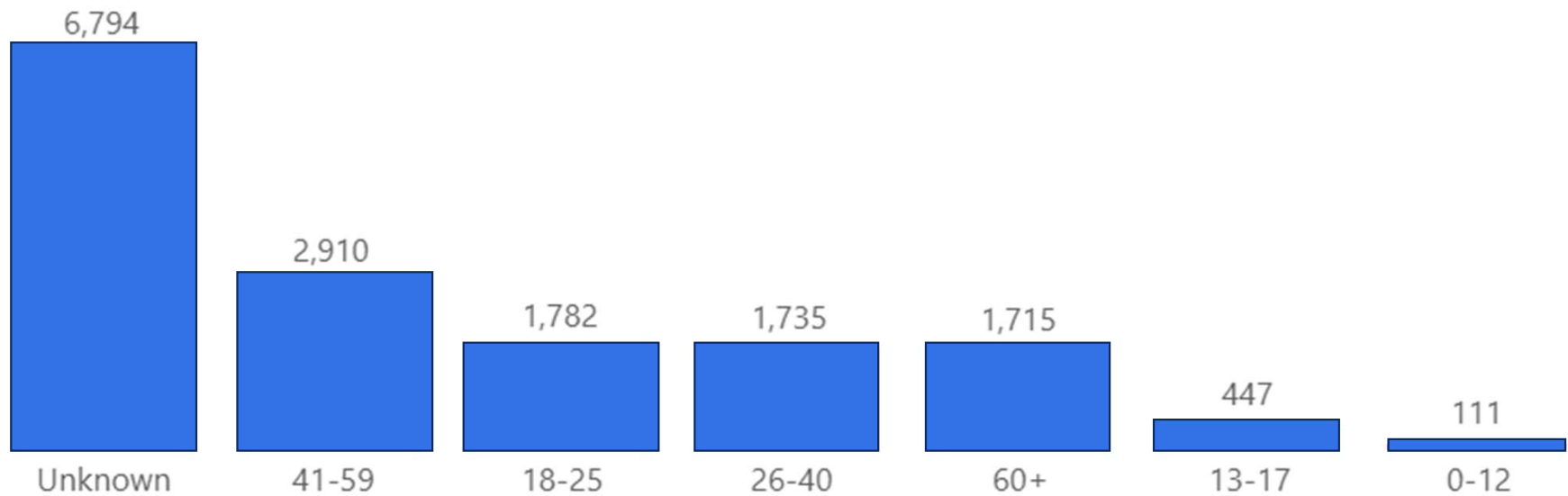
# Calendar Year 2025

2025		988 Contacts			
	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec	Total
Phone	12665	13731	15110	13082	54588
Text	513	491	611	1675	3290
Chat	392	464	596	1040	2492
<b>Total</b>	<b>13570</b>	<b>14686</b>	<b>16317</b>	<b>15797</b>	<b>60370</b>

Source: Aptive CSPDC Quarterly Reports

**11/1/25 – United Way of CT expanded their coverage of text and chat services from 1<sup>st</sup> shift to 24/7/365.**

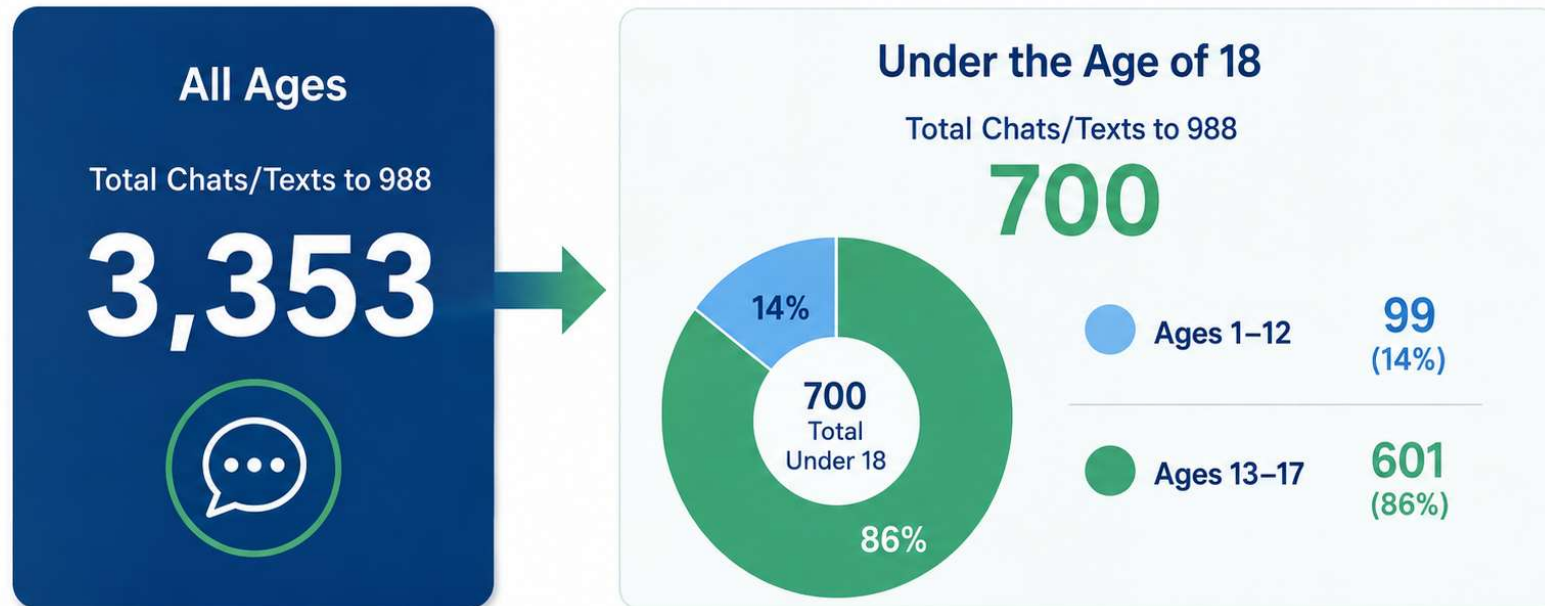
## Year-to-Date (Jan 2026 through May 3, 2026) Calls to 988



Note: Demographics are sometimes unknown because asking this type of information is not always possible during a crisis call.

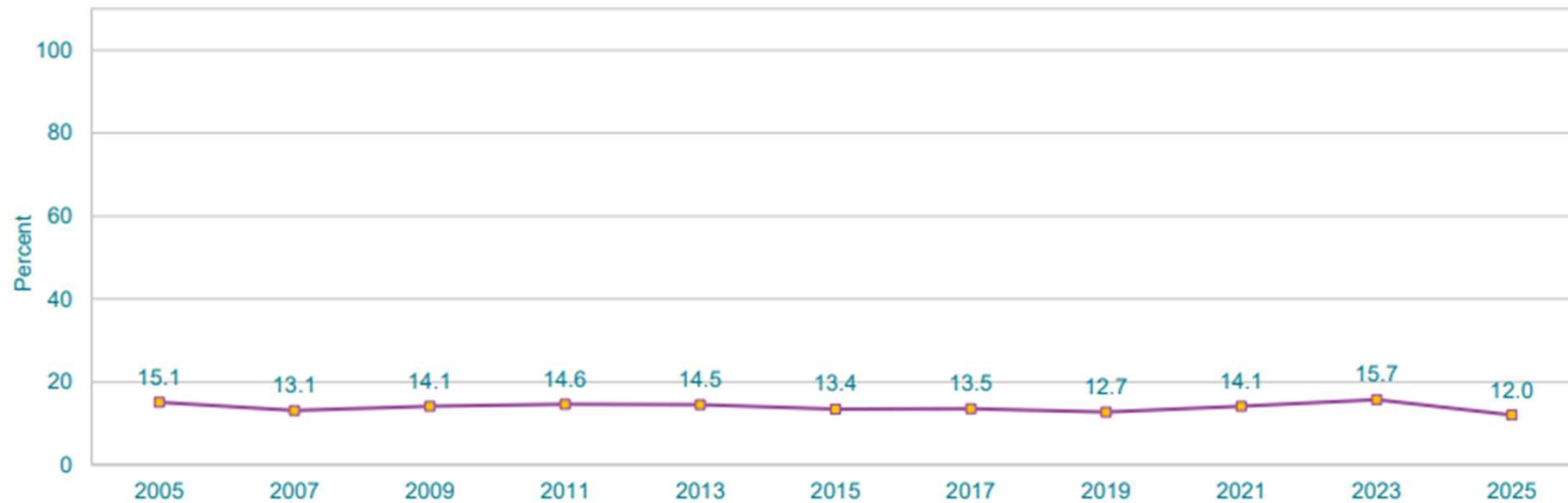
# Chats/Text to 988: Overview & Age Distribution

January 1, 2026 – April 30, 2026



From January 1, 2026 to April 30, 2026, there were **3,353** total chats/texts to 988 from all ages, including **700** from individuals under the age of 18.

## Percentage of High School Students Who Seriously Considered Attempting Suicide,\* 2005-2025†



\*During the 12 months before the survey

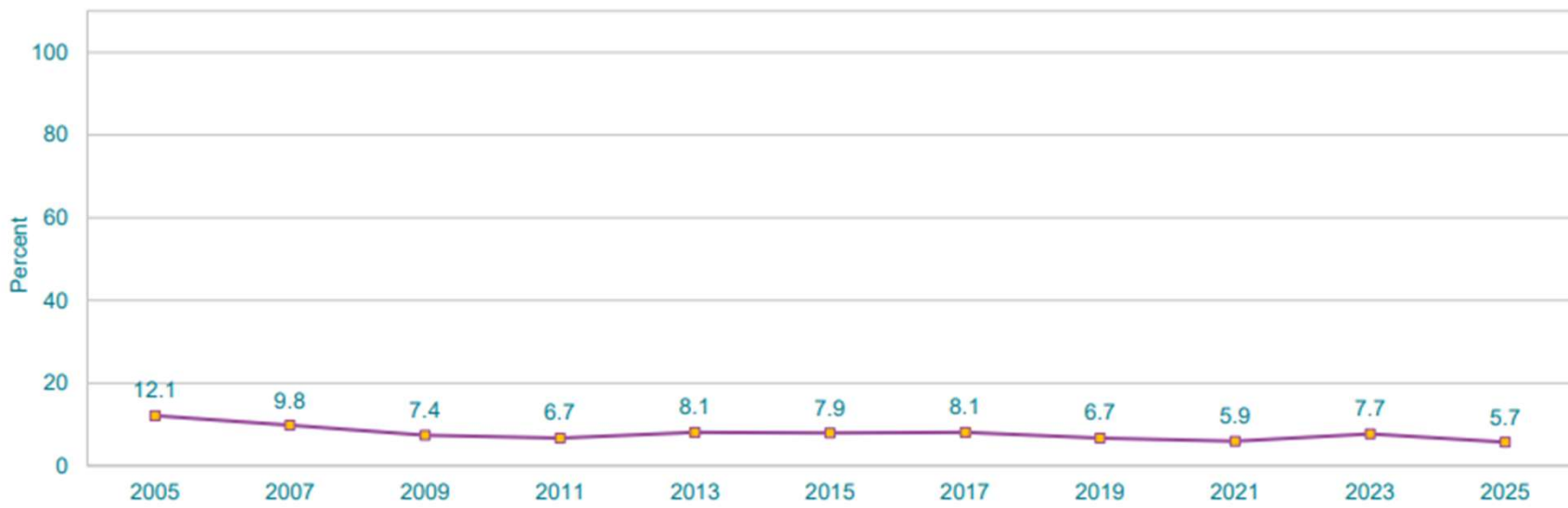
†No change 2005-2025 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ( $p < 0.05$ ). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).]

This graph contains weighted results.

Connecticut - YRBS, 2005-2025 - QN27



## Percentage of High School Students Who Actually Attempted Suicide,\* 2005-2025†



\*One or more times during the 12 months before the survey

†Decreased 2005-2025, decreased 2005-2009, decreased 2009-2025 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ( $p < 0.05$ ). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).]

This graph contains weighted results.

Connecticut - YRBS, 2005-2025 - QN29





## Trainings

### General Public / Community:

- 🕒 **QPR (Question, Persuade, Refer)** – Learn practical steps to recognize and refer someone at risk.
- 🕒 **Mental Health First Aid** – 12-hour course teaching how to identify and respond to mental health issues.
- 🕒 **Counseling on Access to Lethal Means (CALM)** – Reduce access to lethal means for people at risk.
- 🕒 **Safety Planning Intervention (Online)** – Create personal or family safety plans for crisis situations.
- 🕒 **Suicide Prevention Resource Center (SPRC) Training** – Free online modules for community awareness and prevention.

### Clinicians & Professionals:

- 🕒 **Applied Suicide Intervention Skills Training (ASIST)** – Intensive 12-hour intervention skills workshop.
- 🕒 **Assessing & Managing Suicide Risk: Core Competencies** – Advanced training for clinicians to evaluate and manage risk.
- 🕒 **Columbia Suicide Severity Rating Scale (C-SSRS) Training** – Evidence-based screening tool for assessing suicide risk.
- 🕒 **Preventing Suicide in Emergency Departments** – Training for ED staff and clinicians on intervention & referral.
- 🕒 **TIP 50: Addressing Suicidal Behavior in Substance Abuse Treatment** – Guidance and training for clinicians in substance use contexts.

### Campus / Youth Programs:

- 🕒 **Ask Listen Refer (ALR)** – Campus-focused suicide prevention training for staff and students.
- 🕒 **Safety Planning for Youth Suicide Prevention** – Evidence-based strategies and safety plans for youth.

### Local CT / Additional Resources:

- 🕒 **VA Connecticut Training List** – Free training opportunities for professionals and veterans.
- 🕒 **Regional Suicide Advisory Boards** – Local in-person or online training coordination.
- 🕒 **Contact Connecticut Suicide Advisory Board** – Registration or info about local sessions.





Materials



Signage

Mental Health Shareables



Graphics & Brochures

Materials & Order Form





## SUICIDE PREVENTION RESOURCES

National Suicide Prevention Lifeline  
988lifeline.org  
988



24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in the United States, for veteran specific services Dial 988 then Press 1

crisistextline.org  
Text CT to 741741



Crisis Text Line provides free, confidential 24/7 mental health support via text messaging.

preventsuicidect.org



Connecticut Suicide Advisory Board (CTSAB) website including free materials, resources, articles and links to other credible websites and information

nssf.org/safety



National Shooting Sports Foundation -Suicide Prevention Program for Retailers and Ranges including videos and a toolkit

211ct.org



Free, confidential information and referral service that connects people to essential health and human services 24/7

afsp.org



American Foundation for Suicide Prevention

ctclearinghouse.org



A statewide library and resource center for information on suicide, mental health disorders, substance misuse, prevention and health promotion, wellness and other related topics

keepitsecure.net



US Department of Veteran Affairs videos and information on suicide prevention and safe storage

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