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## **OLR Bill Analysis**

### **sSB 368**

#### ***AN ACT CONCERNING SUICIDE PREVENTION.***

#### **SUMMARY**

This bill codifies existing practice by expanding the scope of the Department of Children and Family's (DCF) Youth Suicide Advisory Board to address suicide prevention across a person's lifespan. It correspondingly renames the board as the Connecticut Suicide Advisory Board, reflecting existing practice.

It makes conforming changes to the board's responsibilities to reflect its broader scope, such as requiring the board to develop a statewide strategic suicide prevention plan, not just one focused on youth. The bill specifically adds behavioral health care providers and higher education faculty members to the list of people to whom the board must periodically offer training, within available appropriations. It requires the board's recommendations to address suicide intervention and response, not just prevention, procedures for schools, communities, and interagency service coordination.

The bill also makes several changes to the board's membership and procedures. Instead of requiring 20 members as under current law, it adds to the types of organizations that can be represented on the board and makes certain current appointments optional. Among other things, it (1) adds an additional co-chair to the board and allows for the co-chairs to appoint a third co-chair and (2) allows the board to adopt bylaws.

Lastly, the bill specifically allows physicians' continuing medical education in behavioral health to include training on suicide prevention. By law, physicians generally must complete at least one contact hour of behavioral health continuing education ever six years, and a total of 50 contact hours of continuing education every two years, starting with

their second license renewal.

EFFECTIVE DATE: July 1, 2022

**CONNECTICUT SUICIDE ADVISORY BOARD**

Under current law, the board consists of the following members:

1. eight appointed by the DCF commissioner, including a state-licensed psychiatrist and psychologist, local or regional school board representative, high school teacher and student, college or university faculty member and student, and parent;
2. additional DCF commissioner appointees with expertise in children’s mental health or mental health issues with a focus on suicide prevention;
3. one representative each from the Department of Public Health (DPH), Department of Education (SDE) and Board of Regents for Higher Education (BOR), appointed by the applicable department commissioner or Connecticut State Colleges and Universities (CSCU) president; and
4. the DCF commissioner, who serves in a non-voting, ex-officio capacity.

The bill makes several changes to the board’s membership, as reflected in Table 1 below.

**Table 1: Connecticut Suicide Advisory Board Membership Under the Bill**

<i>Permissible Appointments (Appointed by the DCF commissioner)</i>	<i>Required Members</i>
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	One representative each from DPH, SDE, and BOR, appointed by the applicable commissioner or CSCU president  DCF commissioner or designee (who now serves as a voting member)  DMHAS commissioner or designee

<b><i>Permissible Appointments (Appointed by the DCF commissioner)</i></b>	<b><i>Required Members</i></b>
mental health of children or adults or mental health issues with a focus on suicide prevention  A state-licensed psychiatrist, state-licensed psychologist, local or regional school board representative, high school teacher, high school student, college or university faculty member, college or university student, parent, or person who has experienced suicide ideation or loss	

***Board Chairpersons***

Under current law, the board elects a chairperson, as well as a vice-chairperson to act in the chairperson’s absence.

The bill instead reflects current practice by requiring the DCF and DMHAS commissioners, or their designees, to serve as co-chairpersons of the board. It also allows them to appoint a third co-chairperson, who must be a representative of a (1) local organization with mental health expertise or (2) suicide prevention foundation.

***Changes to Board Procedures***

The bill allows the board to adopt bylaws to govern itself and its meetings. It also eliminates provisions in current law providing that board members (1) serve two-year terms without compensation and (2) are deemed to have resigned from the board if they miss three meetings in a row or half of all meetings in a calendar year.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute  
 Yea 31 Nay 0 (03/16/2022)