



**STATE OF CONNECTICUT  
DEPARTMENT OF CHILDREN AND FAMILIES**

**Public Hearing Testimony  
Public Health Committee  
March 29, 2021**



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**To:** Sen. Mary Daugherty Abrams, Chair  
Rep. Jonathan Steinberg, Chair  
Sen. Tony Hwang, Ranking Member  
Sen. Heather Somers, Ranking Member  
Rep. William Petit, Ranking Member  
Distinguished Members of the Public Health Committee

**From:** Vannessa Dorantes, Commissioner  
Department of Children and Families

**Re:** Raised Bill 1085, An Act Concerning Suicide Prevention

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The Department of Children and Families (DCF) would like to offer the following comments in opposition to Raised Bill 1085, An Act Concerning Suicide Prevention.

DCF, along with several state and community partners, has been on the forefront of youth suicide prevention and training for the last several years. An integral part of that practice is our participation in and support of the CT Suicide Advisory Board (CTSAB). Tim Marshall, the Department's Director of Community Mental Health, co-chairs this volunteer body, along with Andrea Iger Duarte of the Department of Mental Health and Addiction Services (DMHAS) and Tom Steen from the CT Chapter of the American Foundation of Suicide Prevention and a loss survivor. The CTSAB is comprised of state officials, community-based providers and advocates, and suicide attempt and loss survivors. The CTSAB examines and promotes evidence-based prevention curricula and recently released its 5-year plan for suicide prevention, which can be read by clicking on the following link: [CT Suicide Prevention Plan 2020-2025](#).

The pandemic has caused untold stress on our citizens, but children are especially hit hard. Data show that there has been a 24% increase in children reporting to the emergency departments with suicidal ideation. The CTSAB has put strategies in place to educate families on the signs of

possible self-harm and to communicate how families can access help. It supports evidence-based prevention trainings, community services, and suicide prevention materials, such as our “1 Word, 1 Voice, 1 Life” campaign which can be found at [www.preventsuicidect.org](http://www.preventsuicidect.org). DCF and DMHAS work collaboratively to provide funding through the Community Mental Health Block Grant to pay for these supports. All other activity depends entirely on volunteer work performed by the CTSAB members. Raised Bill 1085 will disband the CTSAB and replace these dedicated members. DCF supports collaboration and welcomes our sister state agencies to partner with us in developing additional ways to assist children and adults experiencing crisis during this unprecedented time, but not at the expense of the existing CTSAB.

This bill transitions the youth suicide advisory board to a lifespan suicide advisory board. Under its current practice, the CTSAB provides support to all ages in CT. However, this bill removes the CTSAB from under DCF and eliminates nearly all references to children in their work. Additionally, as currently drafted, the bill calls for only 3 members to represent children (including the DCF Commissioner), removes nearly all mention of youth from the statute and adds a reference to the aging population of the state. The language suggests a shift in focus from youth to adults, rather than a distinct focus on each of these age cohorts.

DCF is concerned that shifting the focus from youth to lifespan will result in youth-oriented activities becoming underfunded and receiving less attention. Kids are struggling and the pandemic has compounded their already existing needs. Children have a difficult time expressing complex feelings like suicidal ideation, particularly very young children, and these programs must address their specific and unique needs according to their developmental stage and level. If the Committee moves forward with this legislation, we suggest that the language be amended to ensure that youth suicide risk remains one of the distinct areas of focus for the CTSAB.

Lastly, the state's children's behavioral health system must be considered when deliberating suicide prevention policy. DCF is the state's lead agency on children's behavioral and mental health services. The Department has built a broad service array to provide care to children struggling with these issues and to help their parents navigate a complex and fragmented system

of care. We have also worked to reduce the stigma associated with mental health treatment and believe that children and their families should feel as comfortable seeking this assistance as they do when needing medical care. Accordingly, if families are attempting to access help for a child suffering from depression or suicidal ideation, it is critical that our mental health system is equipped to handle those concerns. The service connections offered to children and families through the Department's mental health providers are vital to stabilizing children. We encourage committee members to refer to the CT Children's Behavioral Health Plan, which includes several ideas on how to make these services more accessible for families. Compiled by the CT Children's Behavioral Health Plan Implementation Advisory Board, the plan and related progress reports can be found here: [CT Children's Behavioral Health Plan](#).

DCF truly appreciates the ongoing suicide prevention efforts of the CTSAB. We do not support transforming the existing structure that has proved successful despite limited resources. We are available to work with the proponents of this bill to determine the appropriate level of legislative action to ensure any person who is considering self-harm can access the help he or she needs.