



CONNECTICUT  
LEGAL  
RIGHTS  
PROJECT, INC.

TESTIMONY OF KATHLEEN FLAHERTY, ESQ.  
EXECUTIVE DIRECTOR, CT LEGAL RIGHTS PROJECT, INC.  
PUBLIC HEALTH COMMITTEE PUBLIC HEARING  
MARCH 29, 2021

**Suggestions regarding Section 4 of SB 1083**, AN ACT CONCERNING  
VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

**Concerns regarding SB 1085**, AN ACT CONCERNING SUICIDE  
PREVENTION.

**In support of Sections 70-72 of HB 6666**, AN ACT CONCERNING THE  
DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS  
REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

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Senator Abrams, Representative Steinberg, Senator Somers, Representative Petit  
and distinguished members of the Public Health Committee:

Good afternoon. My name is Kathy Flaherty and I am the Executive Director of  
Connecticut Legal Rights Project (CLRP), a statewide non-profit agency that  
provides legal services to low income adults with serious mental health conditions.  
CLRP was established in 1990 pursuant to a Consent Order that mandated that the  
state provide funding for CLRP to protect the civil rights of DMHAS clients who  
are hospitalized, as well as those clients who are living in the community.

**Section 4 of SB 1083** (starting at line 138) talks about notification of family  
members (with the patient's consent) when someone is admitted to a hospital for  
treatment. However, for many people, the people they consider their family are  
chosen family not the family of origin, so "any family member" in lines 142 and  
144 may insufficiently describe the people who should be notified. I respectfully

suggest that the committee consider amending the language of this section to include “any other person of the patient’s choosing” in order to make clear that it is the patient who chooses who gets notified. Perhaps you can even consider including language requiring hospitals to consult with any advance directive that the patient may have executed to see if it indicates the name and contact information of people the patient wishes to be notified in the case of the patient’s admission to a hospital.

I appreciate that this committee has recognized that suicide is an issue that should be approached across the lifespan, not only for youth, and are suggesting revisions to the statute controlling the existing state Suicide Advisory Board in the language of **SB 1085**. What this bill fails to do, however, is recognize the importance of including at the table people with first-hand lived experience of their own suicide attempts, and suicide loss survivors. I am not convinced that a board of commissioners (or their designees) and high level bureaucrats will come up with effective solutions to addressing suicide. You cannot have token representation of college students and parents. There is no representation of adults who aren’t college students, or older adults or the people who serve them, and insufficient representation of disabled people. The Board needs to be more inclusive, and should center the experiences of people who are most likely to feel the impact of whatever recommendations this board will be making. I hope that this committee will reach out to various communities impacted by suicide loss to see what they think this board needs to look like, and amend the language of this bill accordingly.

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Thank you for the language in **Sections 70 through 72 of HB 6666**, which would enable homeless youth and young adults to be able to obtain identity documents at no charge. Youth and young adults who are unstably housed often need a copy of their birth certificate in order to access various services and supports.

Thank you for considering this testimony.