

Thank you for the opportunity to offer testimony on H.B. No. 5020 AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS REGARDING PUBLIC HEALTH. My name is Luel Swanson. I am the Owner and Administrator of Greystone Retirement Home, 20 minutes south of here in Portland.

I have 58 residents under one roof. We are an Independent Living facility where residents can sign in and out freely. We provide meals and snacks, housekeeping and laundry services, medications, all recreational activities are provided, and much more. Greystone is a legacy business that has housed the people of the state of Connecticut for over 65 years, since 1953. We are a beautiful facility with a great staff. I urge you to visit. I have been running Greystone for 20 years. Over this time period, my staff and I have contended with some of the most disturbing behavior I've ever experienced.

There is a younger psychiatric population that the State desperately needs to house, and the State often comes to us for help. While many of these residents comply with taking their meds and can be fine, more and more times residents are becoming violent, rebelling against facility rules and are becoming more dangerous to other residents and staff. The problem with this proposal is that the residents are not in their own home or apartment. They can't be, that's why they are with us in a facility. They need our services. And in my case they are surrounded by 57 other residents. This is the danger. Owners, Administrators, Management and staff have less and less rights ourselves to maintain safe environments for our residents. As Management we need recourse to act on public health hazards that are safety issues. Already, this is a difficult issue with the current 30-day notice. Making it a longer process with resident's able to appeal is negligent and unsafe. Do not force all homes to comply with this. This is a critical safety issue. It is a struggle enough to get by with the minimal funding, resources and support from the state already. To force us to sign on to this policy will pile on to our struggle. We're here because we want to serve our communities by caring for the needy. Last year I had a case of a resident who clearly stated his suicide plan. He was going to walk to the Portland Bridge and jump off. Due to the resident's past psychiatric history and behavior, and our proximity to the Portland Bridge, within walking distance, we of course took this very seriously. Do you know that I had to fight for 1 whole week, 5 days at the highest level of government, the State's Ombudsman and DPH, to get the resident to even be allowed to be discharged and taken to safe housing by his State Mental Health Care Agency, River Valley Services in Middletown. He was their client. They would not help us; the local Police will not help us either, more and more as of late. Let me tell you, I was up all night for 5 straight days. Finally, when they figured out that if they let him stay and he actually followed through with his plan, it would be their responsibility, a crisis bed "magically" opened up. I fought every day for 5 days with zero sleep at night knowing this resident could leave and act out his plan.

We do not have 1-on-1 staffing for people like this. I cannot serve these people 30-day notices or give them the right to appeal. And if this does not constitute using the Emergency Contingency Plan, then what is the criteria for emergency? The state has us in a Catch-22, has us gripped in so many ways. I believe this is an attempt by the State to forcibly keep the most needy and quite often most disruptive members of our state housed so that it does not put more strain on the State services. This policy should stay an option. We are not in the business of easily asking our residents to leave for many reasons. If and when the need arises it is a critical decision. In a worst case scenario the other residents are extremely grateful that we have recourse to act quickly and decisively on their behalf and the staff's behalf.

The process is already prohibitive and puts the staff and the rest of the residents at high risk from a resident that gets physically violent, is a fire starter, a resident who is not a rule follower and wants to smoke inside with an oxygen tank, this is my most recent case, a chronic and constant negative disrupter, an alcoholic who relapses into drinking, etc. etc. Also, who has the time to enter into a lengthy court process? We are running our facilities. What does the emergency contingency plan consist of, how easy is that? More and more, Owners/Administrators/Managers are losing our rights to run a safe facility. This is why we chose this

profession from the start, and putting it in the hands of the mentally and emotionally compromised and ill, who are on all kinds of meds, who have many disruptive behaviors, is irresponsible. This should not be required of all homes.

Thank you,

Luel Swanson