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**Testimony of Robert Page, 255 Colony Road, New Haven
concerning Residential Care Funding in
H.B. No. 6824 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM
ENDING JUNE THIRTIETH 2017, AND MAKING APPROPRIATIONS THEREFOR AND
OTHER PROVISIONS RELATED TO REVENUE.**

Senator Bye, Representative Walker, Senator Flexer, Representative Abercrombie and Members of the Appropriations Subcommittee on Human Services, my name is Robert Page. I am here today to testify about residential care home rates and specifically our opposition to the continual flat funding of our rates.

Although I have worked with some of our state's most vulnerable citizens for the past 30 years in outpatient settings, I have never until now been more acutely aware of the vulnerability of older adults. As the executive director of the Hannah Gray Home, a 20-bed, inner city RCH, I have been awakened to the older adults' accessibility to affordable housing as one of their primary risk factors. Lack of affordable housing, as you know, threatens mental and physical stability and portends homelessness. In fact, three of our last five residents admitted for room and board have significant histories of homelessness or living in shelters. Working simultaneously with residents and the costs associated with running the facility, I am indeed deeply concerned over our continuous financial dilemmas. I am not referring to extraordinary items. On any given day, I place or return calls to vendors, upon whom we rely, with explanations of delayed payments and requests for continued services. I'm committed to and primarily focused on meeting the residents' essential needs, but making payroll is a biweekly juggling act. And although I resist the conclusion, the budgeting numbers of flat funding point out that the cost of doing business is one fraught with financial risk for RCH's.

Every time that I step across the threshold of the newly remodeled Hannah Gray Home, I'm made painfully aware of the

narrative of far too many older adults in Connecticut. We pride ourselves on enhancing their dignity and supporting their independence, but in most cases they arrive at Hannah Gray with their dignity, health and mental health in tatters. They may not require 24/7 nursing home care, but they obviously require the services that RCH's are designed to provide. As the administrator, I'm perplexed over the inordinate distraction of providing residential care services based on best practices while confronted simultaneously by the threat of flat funding, funding which is needed to keep our doors open and one of Connecticut's most vulnerable populations housed.

In conclusion, with opposition to the continual flat funding of RCH rates, I hope we will be able to look back in the near future and judge our state as having addressed the housing needs of older, vulnerable adults, while addressing the fiscal needs of the network of homes that provide essential and dignified care.

Thank you for your time and consideration.

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