

Darla Chafin
Augusta
LD 2009
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Re: LD An Act to Prevent Abandonment of Children and Adults with Disabilities to Hospitals

Senator Baldacci, Representative Meyer, and members of the Health and Human Services Committee, my name is Darla Stimpson Chafin. I am the parent and guardian of a 56-year-old woman, a former resident of Pineland Center, and a current resident of a group home in Auburn. Previously, she has received services in the State of Texas, in Aroostook County, and following the consent decree, by HHS services in Androscoggin, Cumberland County, and Kennebec County.

The first time I ran into abandonment issues was in Texas and the issue was newborns who were diagnosed at birth. This past year I have recognized the problem in Maine although not as abandonment by families, but only as the result of a longer festering problem in the HHS Department: the inability to offer appropriate services to people with disabilities and in need. This has been a problem for years. It has climaxed at this time due to COVID and other infectious diseases, along with the regulations involved in Medicaid and Medicare. I believe a resident can only be out of his or her state-licensed facility for a certain time without their placement being used for another who meets the requirements of entry. As a result, if the person recovers there is no longer a place for him or her to go. If the patient had lived at home, s/he may now be beyond the capability of the family to care for him or her. Unhappily, guardianship does not come with a guarantee of physical strength and knowledge to care for these people. Abuse comes in many forms. One is neglect and that may be a result of an absence of needed services.

I appreciate the situation of the hospitals, and it is wrong (also for the patients involved). But neither should these people be suddenly severed from the care that they had or were on waiting lists for. Transferring them to Adult Protective Services is only delaying any proper solution. Adding the responsibility of dealing with people who have already been judged as having unusual and serious needs and were previously served by OADS is simply delaying the inevitable lessening of the quality of care.

The results only will add further confusion and delays. More importantly, it can be dangerous and certainly will cause further anxiety for many of the clients and staff involved. Placement of these people is not a matter of finding a "bed", but of finding a place where they can be individuals. I am sure there must be a better way.

Thank you.