

Rory Robb
KITTERY POINT
LD 769

Re: LD 769, An Act Regarding Access to Behavioral Health Supports for Adults with Certain Disabilities

Senator Ingwersen, Representative Meyer, and members of the Health and Human Services Committee, My name is Rory Robb and I ask that this bill not pass at this time. I am sister and guardian to a person with Intellectual Disabilities who is supported in a group home within the D.H.H.S/OADS system. I have also been a member of the Portland Review Team, along with the D.H.H.S. Crisis Team Leader and a member of Disability Rights of Maine, for over 15 years. We review all Behavior Management Plans, many of which use a restraint intervention to keep people safe from hurting themselves or others. Each plan is highly scrutinized before being approved and then the Provider, Clinician and Case Manager must send us data regularly in order for the plan to continue. This bill would eliminate this oversight and allow restraints to continue without an approved plan under the guise of Emergency Restraints. In a better climate, where the system is not in a staffing crisis and there are more qualified professionals (e.g. psychologists, BCBA's, LCSW's) to help create Positive Support Plans, this bill would have my support. I would love to see a system where hands on restraints are not needed as we've done a better job at meeting the needs of individuals with disabilities.

On a personal note, my sister lives with an individual who at times expresses their frustrations in the form of aggression. My sister has often been the target of this aggression. If staff were not allowed to have a plan on how best to stop this aggression, which often involves the use of a restraint, then they would have to do their best in an untrained manner. I will also note that the staff turnover does not allow for a consistent approach from all. This is not good enough to keep my sister safe and knowing the level of aggression, she would undoubtedly get injured.

I also worked in a residential agency for over 35 years and know the challenges and benefits of the existing system. From experience, I have seen that when we asked for very limited use of restraints, staff interpreted that as no restraints allowed and did not engage in one during an emergency situation.

There are many details to the bill that need clarification as well that others will likely speak to. I would suggest a collaboration of individuals (family, clinical, self-advocates, OADS, Review Team member, DRM) continue to work on this bill as well as the systemic issues.