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LD 769

Testimony for Port Resources, provided by Karen D. MacDonald- Executive Director
Re: LD 769 An Act Regarding Access to Behavioral Health Supports for Adults with
Certain Disabilities. Our testimony is Neither for Nor Against
Joint Standing Committee on Health and Human Services
March 18, 2025

Senator Ingwerson, Representative Meyer and esteemed members of the Health and
Human Services Committee. Thank you for the opportunity to offer a testimony on
LD 769.

My name is Karen MacDonald, and I am the Executive Director of Port Resources
located in South Portland.

I appreciate the opportunity to provide this testimony to the Committee neither for nor
against LD 769 An Act Regarding Access to Behavioral Health Supports for Adults
with Certain Disabilities.

Port Resources is a non-profit social services organization which provides MaineCare
Waiver Services under Sections 21 and 29 in residential group homes, independent
living apartments, community supports, Shared Living, and we also provide
MaineCare Section 65 outpatient mental health services in Psychiatry Med
Management, Psychological evaluation, and clinical individual, family and group
therapy for individuals with intellectual disabilities and autism. We have been in
operation since 1979 and support over three hundred clients across York and
Cumberland Counties. We have a workforce of two hundred team members and have
about fifty full-time staff vacancies at this time.

Port Resources supports clients across a full spectrum of need; high medical, high
behavioral and everything in between. It is our goal to meet each client where they are
and through consistent, clinically informed treatment and support, help each
individual achieve the highest level of independence, living their most fulfilled lives
possible.

Port Resources has a long history of moving clients away from the use of physical
restraints, toward positive support. Our organization is a leader in the use of Positive
Supports and Positive Support Planning, and we are sought out for consultation
frequently in this area. With that, we remain aligned with the spirit of this legislation
but do have concerns with the way it is written and the potential for unintended
negative impacts on those with intellectual disabilities and autism who access
behavioral health support.

We are concerned that the highest needs clients could have long wait periods for
service if organizations do not feel they can effectively meet the client's needs
without the structure of a plan. Limiting the authority to use restraints, except in
emergencies, will impact the ability of caregivers to manage certain situations
effectively, potentially affecting the quality of care provided. Without appropriate
physical restraints, individuals with severe behavioral issues may pose a risk to
themselves and others. This can lead to injuries from self-harm or aggressive
behaviors. We currently support five individuals with formal behavior plans. One of
these individuals came to us from an out of state institution, and she had been rejected
by every other in-state organization because of her intensive behavior. It was through
a collaboration with a multi-disciplinary team, a very strong behavior plan, significant
staff training with intense clinical support of her front-line staff, and ongoing critical
evaluation of her plan, that she is now down to a hold every few months from a high
of many holds each day when she first joined Port Resources. The fear would be that
these highest needs individuals will not be considered appropriate for
residential settings if organizations do not feel they can keep them safe and fear they
cannot reduce the challenging behavior over time. Planned restraints should not have

a long-term role in one's life, nor should they be done without exhausting less restrictive interventions, but for some individuals, they could make an important impact. Related to this is the risk of increased stress for caregivers. Caregivers may experience higher levels of stress and burnout when they lack the tools to safely manage challenging behaviors. This can affect the quality of care provided and lead to higher turnover rates among staff in an already difficult labor market.

House rules were removed as an option in these rules; however, house rules provide housemates an opportunity to create agreements with one another to help everyone live together successfully. This is a common practice in other group-living arrangements and is very person-centered.

There are questions about the definition of what constitutes a restraint in these rules, such as blocking and redirecting. Would these interventions fall under emergency restraints? Blocking is, for example, preventing someone from running into a busy road, grabbing a boiling pot of water off the stove, or preventing someone from hitting another person. It also covers grab release, if someone grabs your shirt or hair, staff need to professionally disengage from them- this constitutes a restraint. These types of interventions are necessary during critical situations to prevent immediate harm. We support several individuals who have very little or no self-preservation awareness and require staff to remain within arms-length to prevent them from getting injured. As part of their plans, their staff provide redirection and blocking all day long. Without these plans, caregivers may struggle to manage unsafe situations effectively, potentially leading to more severe incidents. How will client care for these individuals be achieved if all blocking and redirecting are considered emergency restraints?

Finally, we are concerned that no planned restraints in any circumstance will potentially lead to higher use of law enforcement to manage behavioral issues. We have seen how this can quickly become dangerous for both officers and especially clients. Beyond the immediate concern of safety, there are also legal implications if charges are filed against individuals with intellectual disabilities and autism.

As an organization, we are working systematically to reduce and eventually eliminate the use of restraints as no one wants to see a client in a hold. That being said, there are some individuals within the IDD/Autism population who are particularly violent and aggressive or severely self-injurious where well-thought out, clinically informed plans with planned restraints make sense and that could lead to behaviors being significantly reduced and eventually eliminated over time. This would allow even the most challenging individuals an opportunity to safely live within their communities. Port Resources can adapt to these rules as written with the clients we currently support, but we do have grave concern for future clients in need and our ability to serve them within the confines of these rules.

The potential negative impacts highlight the importance of carefully considering the balance between regulatory changes and their practical implications. Port Resources encourages the legislature to ask for further consideration around the potential negative implications of these rules as written.

Thank you for your time and consideration of my testimony. Please contact me with any questions you may have.

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