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Testimony of Elizabeth Sullivan, Granite Bay Care

Neither For Nor Against

March 18, 2025

Dear Senator Ingwerson, Representative Meyer and esteemed members of the Health and Human Services Committee,

Thank you for the opportunity to offer testimony on LD 769 *An Act Regarding Access to Behavioral Health Supports for Adults with Certain Disabilities*.

My name is Elizabeth Sullivan, and I am the Executive Director at Granite Bay Care. Granite Bay Care has been serving clients with Intellectual Disabilities and Autism in the state of Maine for 20 years in Cumberland, York, Androscoggin, Kennebeck, and Sagadahoc Counties. We currently have 90 residential group homes under MaineCare Sections 21, Shared Living under Sections 21 and 29, case management, and section 65 counseling. We have approximately 600 staff.

Historically Granite Bay Care has been willing and able to serve clients with significant behavioral challenges, often those clients who have landed in an emergency room or psychiatric hospital due to aggressive behaviors that the current agency has not been able to safely manage. We also have taken several forensic clients from jail or prison who have been aggressive towards a staff, housemate, or community member and have had charges against them. Granite Bay Care believes no individual with Intellectual Disabilities or Autism should ever be incarcerated or “stuck” in a hospital because there is no safe alternative for residential care in the community.

Serving these more challenging clients is not easy or cost affective. There are staff injuries, property damage (in some instances 40-50 thousand dollars’ worth), and community judgement and misunderstanding. But we believe every human being should have an opportunity to live in the least restrictive environment with a holistic approach to helping the person learn to express their wants, needs, and concerns in a safe way. It truly is our mission. We have a clinical team made up of RN nurses and LCSWs who work closely with our management teams and DSPs to look at root causes of behaviors and teach and encourage coping skills. We meet weekly as a team to review every client with our clinicians to look for patterns and brainstorm positive supports for our clients.

While I completely support Maine becoming restraint free as much as possible, I am concerned that many clients will continue to be stuck in hospitals and jail if planned restraints are not an option for a small fraction of those being served in Maine. Several of the clients I have picked up from hospitals have been taken to the ER because their current agency does not do physical restraints and therefore the client is in danger of hurting themselves or community members. The only reason they were able to leave the locked psychiatric ward is because our agency was willing and able to physically restrain the person to keep them safe. Over the last 15 years I have been at Granite Bay care, I cannot count the number of times parents and guardians have thanked me for our willingness to physically restrain their

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adult child or ward so they could leave the hospital or jail. I don't believe we would be able to serve several of the people we currently serve, and many of the people we have served in the past, without this ability to keep them and the community safe.

We do not take lightly the magnitude and responsibility of physically restraining a human being to keep them safe. Our staff all participate in restraint training (Safety Care) and are taught that restraint is the very last resort. They are trained in de-escalation techniques and encouraged often to use those techniques. If there is ever an injury to the client or staff, the event is reviewed and debriefed and retraining or even termination can result if their training is not followed. I am happy to say injuries have been extremely rare in the last 15 years.

Most of the time, restraints are needed for a finite amount of time and behavior plans including restraints can be discontinued. For example, when I first came to Granite Bay Care, there was a client who would break windows, furniture, or things in the community and attempt to cut his leg artery. He was extremely volatile with very little indication that internally he was struggling and about to blow. I do believe he would be dead right now if we hadn't been able to physically restrain him. Over 2-3 years we, along with his counselor, were able to help him strategize ways to safely communicate his struggles and needs in those volatile moments. I am happy to say he has not had a restraint in years. He also sells his photography at a store in Boston, as well as at craft fairs around the state of Maine. He can be around the crowds at the fairs with no concerns for his safety and the safety of the public. His parents are extremely grateful that we stood by him in the very hard and scary years and to have him leading a rewarding and safe life at this time.

Thank you for taking the time to read this. I completely support physical restraints not being used in the state, but I am very worried about the clients who need restraints for their safety and the safety of others. I am so worried they will be stuck in the ER, psychiatric hospitals, out of state placement, or jail. Every human being has a unique story and value and deserves the opportunity to live in the community safely.

Respectfully submitted,



Elizabeth Sullivan

Executive Director

Granite Bay Care