



Prepared Testimony of Mary Sowers, Executive Director

National Association of State Directors of Developmental Disabilities Services

Before the Maine Committee on Health and Human Services

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

March 18, 2025

Chairman Ingwersen and Chairwoman Meyer and Members of the Committee:

My name is Mary Sowers, and I serve as the Executive Director of the National Association of State Directors of Developmental Disabilities Services (NASDDDS). Our association's goal is to assist state intellectual and developmental disabilities agencies in developing effective, efficient service delivery systems that furnish high-quality support to people with intellectual and developmental disabilities. I deeply appreciate the opportunity to speak before you on this important legislation. While NASDDDS is neither for nor against this legislation, we believe that the information provided below may assist the Committee in its deliberations.

NASDDDS is a national association whose core mission is to support states in creating systems that enable individuals with I/DD and their families to live full lives in their chosen communities. This issue is important because I/DD state systems are Medicaid systems. Our members support more than 1.5 million people annually<sup>1</sup>, primarily through Medicaid Home and Community-Based Services (HCBS) waivers.

Many states are taking steps to reduce the use of restraints and restrictive interventions for people with I/DD. Nationally, our field has evolved to better respect the rights and dignity of individuals with intensive support needs, ensuring their safety and the safety of others. We've shifted from a control-based support model to support based on understanding, with practices focused on identifying the cause of behavior and helping individuals meet their needs through alternative strategies. We are also increasingly recognizing the importance of sound, clinical mental health treatment for individuals with I/DD when warranted, which can be an essential component to supporting individuals without the use of restraints or restrictive interventions.

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<sup>1</sup> Larson, S.A., Neidorf, J., Begin, B.C., Pettingell, S., Sowers, M. (2024). Long-term supports and services for persons with intellectual or developmental disabilities: Status and trends through 2020. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration



This shift reflects a deeper understanding of the outcomes that can be achieved by employing positive support as well as Federal expectations in this same vein. In 2015, the NASDDDS Board of Directors issued a rare position statement emphasizing that positive behavior support is recommended as the most appropriate approach for state service system use in supporting people with I/DD. [The NASDDDS Position Statement on PBS](#) reinforced the Centers for Medicare & Medicaid Services (CMS) regulations related to HCBS. Specifically, 42 CFR 441.301(c)4(iii) requires that each HCBS setting “[e]nsures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.” The regulations go on to stipulate that any restrictive intervention must be tied to a specific, identified need and that all lesser restrictive positive approaches previously tried unsuccessfully must be noted. There is also an obligation to collect data to determine if it is effective, still needed, or can be terminated.

NASDDDS convenes regular meetings with state I/DD Medical and Clinical Directors nationwide. The consensus of this group is that positive outcomes are more readily achievable using alternatives to chemical, mechanical, and physical restraints. These alternatives include conducting thorough case conceptualizations and assessments to understand the reasons behind behavior and employing interventions directly linked to assessment findings, including identifying medical, psychiatric, and communication needs. This approach effectively supports individuals and minimizes the need for reactionary, aversive interventions like restraints, particularly when all their needs are met, necessitating a multi-system approach to care.

In one large state, regulations define restraints as restrictive procedures that limit a person's movement, activity, or function. Restraints are only used in emergencies to prevent harm and as the least restrictive intervention when other strategies have failed. Human rights teams and committee reviews closely monitor the use of restraints to ensure criteria are met and use is appropriate and ethical. This state ensures providers and staff are trained in proactive and preventative interventions, emphasizing non-aversive and the least restrictive strategies possible.

Maine's efforts are consistent with the trends we are seeing nationally to both reduce the use of restraints and restrictive interventions while also increasing the capacity to provide necessary somatic and mental health services. States successful in these efforts have, like Maine, taken a multi-pronged approach to ensure that providers have the support and tools they need.

Maine has several key behavioral health initiatives that will equip providers and staff with alternatives to restraint for individuals who challenge their system. These include expanding crisis support options by increasing access for people with I/DD in CCBHCs, analyzing the use and effectiveness of antipsychotic medication for people with I/DD to better inform appropriate and inappropriate pharmacological interventions for behavior management, and building the capacity of frontline workers to understand behavior and implement preventative and proactive interventions and strategies through START Crisis Prevention and Intervention Services Model



training for providers, staff, and case managers. Additionally, as a best-in-class model, the OADS Crisis Team and Multidisciplinary Evaluation Team provide clinical support and resources to providers and staff supporting individuals in crisis, emphasizing a more positive approach to reactionary interventions and strategies.

The legislation under consideration is consistent with efforts afoot across the United States and, coupled with the attention to alternative approaches, closely mirrors other state efforts in this space.

Thank you for the opportunity to testify today. My staff at NASDDDS and I are available for any follow-up questions the Committee may have.

Respectfully submitted,

Mary P. Sowers  
Executive Director