



**LD 769 An Act Regarding Access to Behavioral Health Supports
for Adults with Certain Disabilities
Health and Human Services Committees
March 18, 2025**

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

My name is Jennifer Nevells. I am the Qualified Intellectual Disability Professional (QIDP) at OHI in Bangor, Maine.

OHI was incorporated in 1979, and we provide supports and services for over 300 adults with intellectual and developmental disabilities, autism, and mental illness in six counties. We currently employ approximately 260 staff.

At OHI, I am the person who ensures positive support plans and safety plans are in place, are consented to, approved, staff trained, data collected, and that plans are monitored and revised. I work closely with the DSPs implementing these plans and with the individuals with intellectual and developmental disabilities, guardians, and families who are impacted by these plans.

One of our most significant concerns in LD 769 is the removal of restraints, allowing only emergency restraints in cases of imminent harm. While we support the goal of reducing restraint usage, restraints in an emergency or as part of a behavioral support plan are sometimes necessary for individuals with complex needs. The bill states that restraints can only be used to protect from "imminent harm," but there is no clear definition of "imminent."

I currently oversee:

- One Level 4 behavior management plan which includes restraint (blocking)
- Two Level 3 behavior management plans for internet use, locks, and dietary restrictions. These do not include restraints.
- Four approved Safety Device plans (gait belt and bedrails), and

- There are five Safety Device plans (bedrails, safety locks on a vehicle door) in the approval process (have been in line to be reviewed by the Review Team since 2024).

DSPs currently submit approximately 100 Reportable Event Forms each month due to the five safety device plans having not been approved yet by the Review Team. A new process for the approval of Safety Plans that is less administratively cumbersome is welcomed.

I have two examples of restraints for individuals with complex needs which are in the form of blocking or positioning.

- ✓ A person has a catheter that he has pulled out and had replaced on a minimum of 4 occasions in the past two weeks. That means four ER visits for replacement. Most, if not all of these could be avoided with a block of his hands.
- ✓ A person is known to take liquids, dump them over her head and try to drink as much as possible. She has aspirated in the past. Blocking or positioning to limit movement are necessary for her safety.

We believe it is important to have approved and limited use restraint as an option in an emergency or as needed in an individual's behavioral support plan. In an effective system, a qualified professional, such as a psychologist, would be the best person to determine the necessity of including restraint in a behavioral support plan.

As a person who works with the behavior and restraint regulations, laws, plans, definitions, and multiple plan reviews by physicians, committees, and other professionals, on behalf of OHI, I recommend this bill be voted ought not to pass, until the logistics and definitions are better written, and an effective and efficient system is created to reduce administrative burden and at the same time enhance the behavioral health services and supports provided to the State's most vulnerable.

Thank you for your time and consideration.

Respectfully submitted,
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