

Senator Tipping, Representative Roeder, and members of the Labor and Housing committee, I submit this testimony in support of LD 1761 - An Act to Include Certain Mental Health Workers Under the 1998 Special Plan for Retirement. My name is James Bailey, a licensed social worker employed at Dorothea Dix Psychiatric Center in Bangor.

A number of professionals who work in high-stress and high-risk public safety roles are eligible for the 1998 Special Retirement Plan, and this commonsense bill proposes to add those who work with some of the most acutely mentally ill patients in the State. At both State hospitals, Riverview Psychiatric Center and Dorothea Dix Psychiatric Center, direct care staff everyday work with those that courts have deemed individuals at imminent risk of harm to themselves or others, unable to care from themselves, incompetent to stand trial, and not criminally responsible by reason of insanity. These are mental health workers, nurses, social workers, occupational and recreational therapists, housekeeping, ward clerks, psychiatrists, psychologists, and more.

These are also individuals who are trained and must always remain aware of their surroundings to ensure the safety of the patients in their care and their own personal safety – aggression and assaults from patients can be sudden, swift, and severe. The staff are also subject to daily vicarious trauma of helping to support patients who have experienced unbelievable levels of neglect, exploitation, and abuse imaginable – and in some cases, staff must also provide unbiased, professional support and care to those that neglect, exploit, and abuse others.

The US Bureau of Labor Statistics¹ reported that the incidence rate of intentional injury to staff by another person in psychiatric and substance abuse hospitals was six times that of a nursing care facility, ten times that of a medical hospital, and twelve times that of all healthcare and social assistance, and an astounding sixty times that of all industry. The State of Maine Market Study Report², published November 20, 2020, reports a 15% pay gap of state workers compared to regional market rates – so not only are staff at much greater risk of violence, but they are underpaid to do so.

I would recommend a friendly amendment that strikes the exclusion of case management from the bill. Intensive Case Managers, or ICMs, provide direct contact care with patients as a routine part of their job descriptions and often times 1:1 in the community where there is even greater risk due to lack of back up staffing or institutional safeguards (e.g., walkie-talkies, panic buttons).

Thank you for the consideration of this bill and extending to a segment of Maine's public workforce the opportunity to work in a demanding and sometimes dangerous job and benefit from eligibility for the 1998 Special Retirement Plan. I will be happy to answer any questions and can be contacted at jrt.bailey@gmail.com

1. <https://www.bls.gov/iif/factsheets/workplace-violence-healthcare-2018.htm>
2. <https://legislature.maine.gov/doc/5615>