

Thank you Senator Tipping, Representative Mastraccio, and the rest of the members of the Joint Standing committee on Labor for hearing and reading me, and my coworkers testimonies on LD 2067: 1998 Special Retirement Plan.

I have been a Crisis worker for 19 years. In that time, I have worked in two separate regions, with different clients, experiencing their unique needs and behaviors. As a Crisis Worker I am tasked with responding to homes that may need help controlling things normally tasked to police officers. Things such as physical and sexual assaults, physical and sexual abuse, drug and alcohol abuse, firearms or other weapons on the property of a disgruntled client or provider, and even to assist officers who are on the scene, so they can leave to respond to other calls. The toll this responsibility takes is two-fold. It is both incredibly physically and mentally challenging and draining.

Being a Crisis Worker can be incredibly physically dangerous and exposes us to violent and even permanent injury. I have received multiple injuries that required medical attention. I have been attacked with weapons and by individuals much larger than me. Unlike corrections officers, I do not have other workers nearby, and often my nearest help is 40 minutes to an hour away due to the fact we are covering such a large region.

One day I was working at our crisis home when an individual eloped. Police helped to escort the individual back to the crisis home. When the individual returned, she attacked myself and my coworker, while also stripping off her clothes and hitting her head on the pavement. My coworker and I ended up on the ground in restraint while this individual struggled to injure us and herself while screaming and topless. The officers left the scene to respond to another call, with my coworker and I still on the ground, and the client still actively trying to hurt us and herself.

Our ERs and jails are not equipped and often resistant to serve our clients due to their diagnosis. We are often tasked with stabilizing and caring for a client who would normally be hospitalized or incarcerated but have been denied access to proper help due to their intellectual disability diagnosis. Corrections, Police, and Hospitals have many other colleagues in close proximity, locked doors, extraction teams, mechanical and chemical restraint tools, security guards, nurses, and clinicians to call on. Our training only allows for verbal de-escalation and no pain physical restraint, and our back up can be hours away. This is the only tools we are given to keep ourselves, our clients, and our communities safe. As you can see there is a pattern of Crisis being asked to mitigate and handle many dangerous situations, without the help of many tools normally given to corrections, police, and hospitals.

As the restraint trainer for 15 years I can tell you that this means that our physical strength, health, and mental acuity is even more important when handling a crisis situation. In my 19 years as a Crisis Worker, I have seen elder team members who are holding on to their jobs, due to the retirement requirements, well past the point where they are comfortable using physical restraint.

Being a crisis worker, we are also tasked with working as a direct service professional and a social worker. Often, we are subject to verbal abuse that includes violent threats, death threats, sexual harassment, and threats of sexual assault. I have spent shifts in our crisis home where I was verbally abused and sexually harassed for 16 hours. Due to us being 24/7 365 team, we are given no breaks. This

means a 12 or 16-hour shift, is 12 or 16-hours often one on one in our crisis house with no breaks. We are also exposed to many upsetting, and at times heart breaking situations such as witnessing abuse, hoarding, drug and alcohol abuse, suicidal threats, suicide attempts, and removing adults, some nonverbal, with the mental age of children from homes and caregivers they have known their entire life. Our clients are all either diagnosed with an intellectual disability or a brain injury. This means that communicating with our clients can be incredibly difficult, even when they are in a good space and takes a lot of knowledge and patience. When they are escalated or in crisis this communication becomes even more difficult and requires even more skill and patience. All of this takes a massive emotional toll on us as workers.

Social Work and Emergency Response are two of the careers with the highest burn out rates, and we are tasked with both every day. There are days where I drive home and break down in tears because of what I have either experienced or witnessed. However, I have remained committed for 19 years to this job and the clients I serve. At 44, that is almost half of my life. The fact that one day I might have to decide to continue to work, even though I might not be physically or mentally strong enough, due to my age, is one I truly fear. I take my responsibilities as a crisis worker seriously. This is not just about us being tired. This is about the liability the state takes on when a 60-year-old restrains a violent 25-year-old. Ultimately, the clients are the ones who will suffer if Crisis Team members are forced to work to an age where our physical and mental ability to de-escalate and protect our clients, protect our community, and protect ourselves will have waned. This could lead to serious injury or even the death of one our clients, a member of the community, or ourselves. At the end of the day, we are being asked to do a job that often mirrors those of corrections officers, except without many of the tools and safeguards they are afforded.

Please allow us to retire without having to be scared that we can't keep ourselves and our clients safe. Please allow us to retire before we burn out. Please allow us to retire before we have to feel responsible for something terrible. Please do not let two decades of honorable service end in a preventable tragedy. I urge you to please pass this legislation to protect our clients, our communities, and the people safeguarding both.

Thank you for your consideration,

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Safety Care Trainer and

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