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THE MAINE SENATE
132nd Legislature

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Augusta, Maine 04333

Testimony of Senator Michael Tipping introducing
LD 579, An Act to Include Certain Mental Health Workers Under
the 1998 Special Plan for Retirement
Before the Joint Standing Committee on Labor
Wednesday, March 12, 2025

Chair Roeder and colleagues of the Labor Committee, I'm Mike Tipping. I represent Senate District 8 and I'm proud to present LD 579.

This bill may be familiar to some of us. Similar legislation has passed in each of the last two previous legislatures but has died on the appropriations table.

The idea of the bill is simple. It would provide state mental health workers to access the 1998 Special Retirement Plan, allowing them to retire with dignity at age 55 with 10 years of service in this field or 25 years of covered service.

The 1998 Special Retirement Plan currently covers workers in a variety of high-stress occupations, including law enforcement officers, firefighters, pilots, liquor inspectors and emergency response workers.

The bill before you also contains a clause specifically including staff working at state mental health institutions. Last term, we heard from many of these workers, who shared horrific stories of dangerously-low staffing levels, injuries on the job, extreme stress and burnout and, in at least one case, the suicide of a mental health worker.

This committee heard and acted on this awful testimony, not just unanimously passing two bills to cover these workers under the 1998 Special Plan but writing to our colleagues on the Health and Human Services and Government Oversight committees asking that they investigate working conditions at Riverview and Dorothea Dix State Psychiatric Centers. We've been joined in those requests by local lawmakers representing the facilities.

Those investigations are ongoing. Last month, the Office of Program Evaluation and Government Accountability presented on a survey they conducted of staff at Dorothea Dix and Riverview, which is included with my testimony. They found that 30 percent of staff at Riverview have been injured in the last year. More than 90 percent of workers say they don't always feel safe at work, and only 30 percent agreed that management was responsive to staff safety concerns.

These care workers also agreed that increased benefits, including access to the 1998 Special Retirement Plan, were vital for worker recruitment and retention.

I hope that we will continue to hear these workers, stand up for them, pass this legislation and advocate for its funding. Thank you for your consideration.

Exploratory Survey Results & Additional Staff Perspectives:

Topics Related to Staffing and Staff Safety at Dorothea Dix Psychiatric Center and Riverview Psychiatric Center

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Survey Development and Deployment

OPEGA developed a survey for direct care workers at Dorothea Dix and Riverview Psychiatric Centers based on the Government Oversight Committee's request for information on staff safety, staffing levels, management support, and staff retention at the facilities. Members of the Committee specified an interest in obtaining a representative view of staff perspectives through a survey.¹

The population for the survey included nurses, acuity specialists and mental health workers at the facilities. While there are other categories of workers that have contact with patients at the facility, for the purposes of this work, OPEGA chose to focus on the population described by management as being most on the frontlines for the survey. However, we note that any concerns described may extend to a larger population and different concerns may exist in the broader population as well. Limiting the survey to this clearly defined and accessible population also created efficiencies in survey deployment which allowed us to provide a timely response to the Committee.

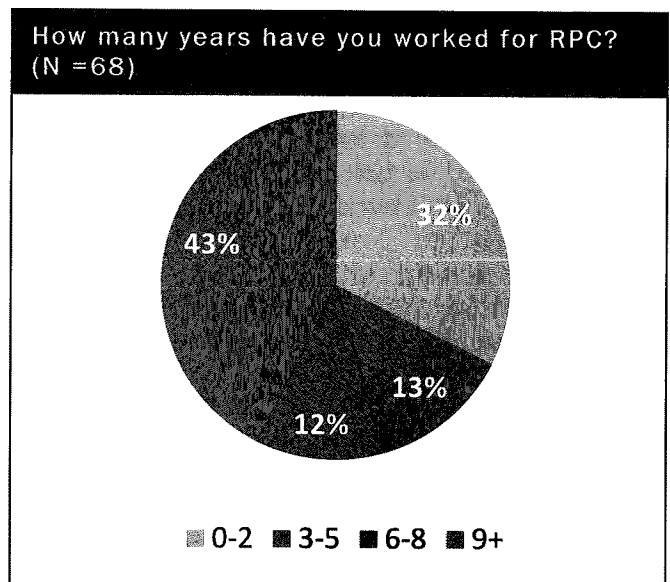
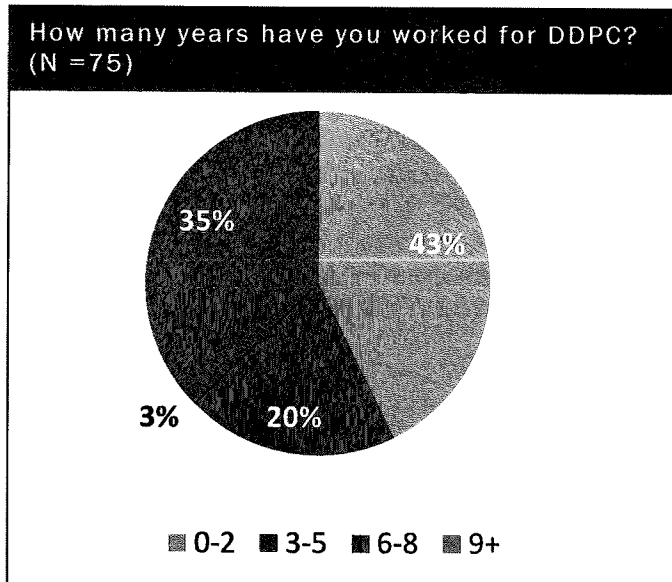
The survey included up to 18 questions (some questions were only asked in follow up to particular responses). Scaled response questions focused on staff experience and perspectives on safety, staffing, management and retention. Open-ended questions allowed respondents to provide more information on the major challenges to their work, suggestions for improvements related to safety, experiences with injuries, and other information they wanted to share with legislators.

The population surveyed at Dorothea Dix was 118 workers and at Riverview was 130 workers. OPEGA deployed the survey on 11.19.24 and closed the survey on 12.9.24, after two reminders sent during the period that the survey was open. The response rates were 64% (75/118) for Dorothea Dix and 52% (68/130) for Riverview.

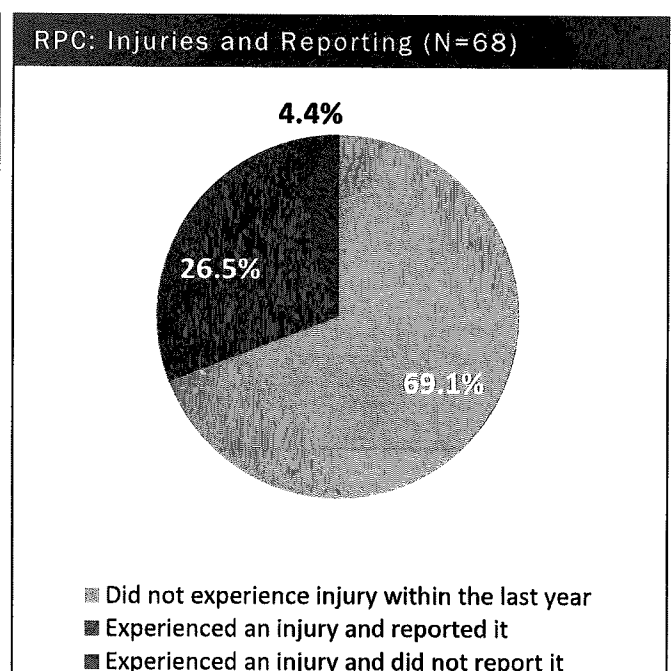
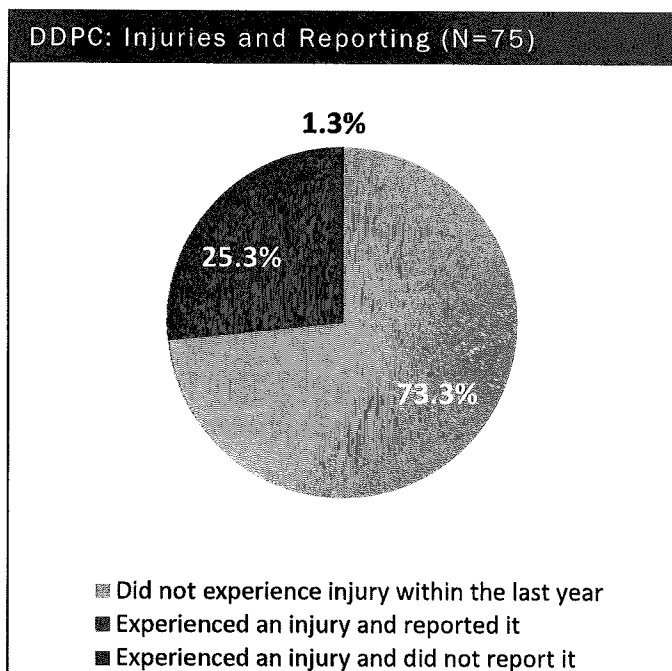
¹ OPEGA also had a limited number of conversations with staff, former staff, union representatives, and other interested parties about their perspectives on staff safety and staffing and other related topics at the two facilities. OPEGA conducted outreach through union representatives and made multiple attempts to garner more perspectives but did not pursue interviews exhaustively due to the time allowed and with a mind for providing a representative look at staff views to help Committee members decide on next steps. Should further work be assigned to OPEGA, we decided it was important to preserve the ability to conduct sampled interviews of the staff at the facilities. Amongst the people we did speak to, we heard many of the same themes referenced in responses to the survey.

Tenure and Injury Experience Questions

In response to the question “How many years have you worked for [DDPC or RPC]?”, there were 75 responses from DDPC and 68 responses from RPC, shown in the pie charts below.

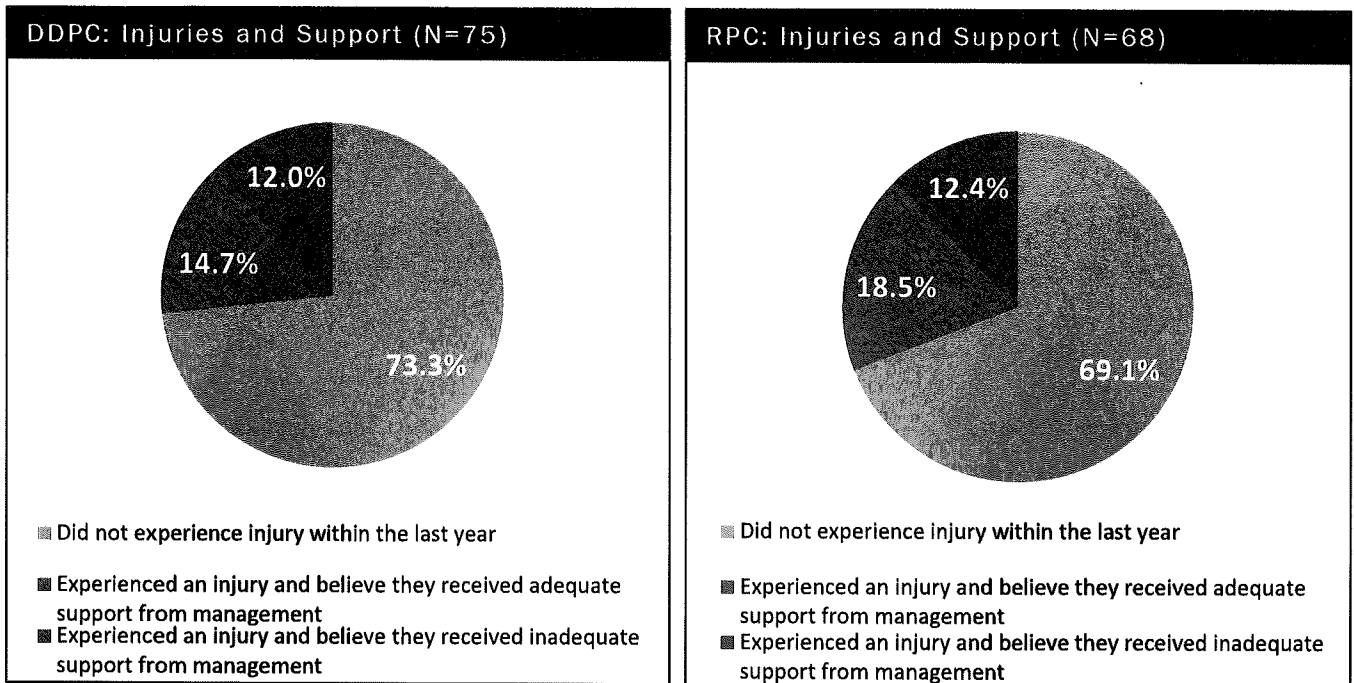


Seventy-five DDPC and 68 RPC respondents answered the yes-no answer choice question “I have experienced a workplace injury as a result of a patient interaction in the last year?” Those who responded yes, were asked whether they reported the injury through the required channels. The pie charts below show the breakdown of answers.



The respondents that answered “yes” to the question “I have experienced a workplace injury as a result of a patient interaction in the last year?” were also asked whether the support they received from DHHS following their injury was adequate. The pie charts below show the breakdown of answers.

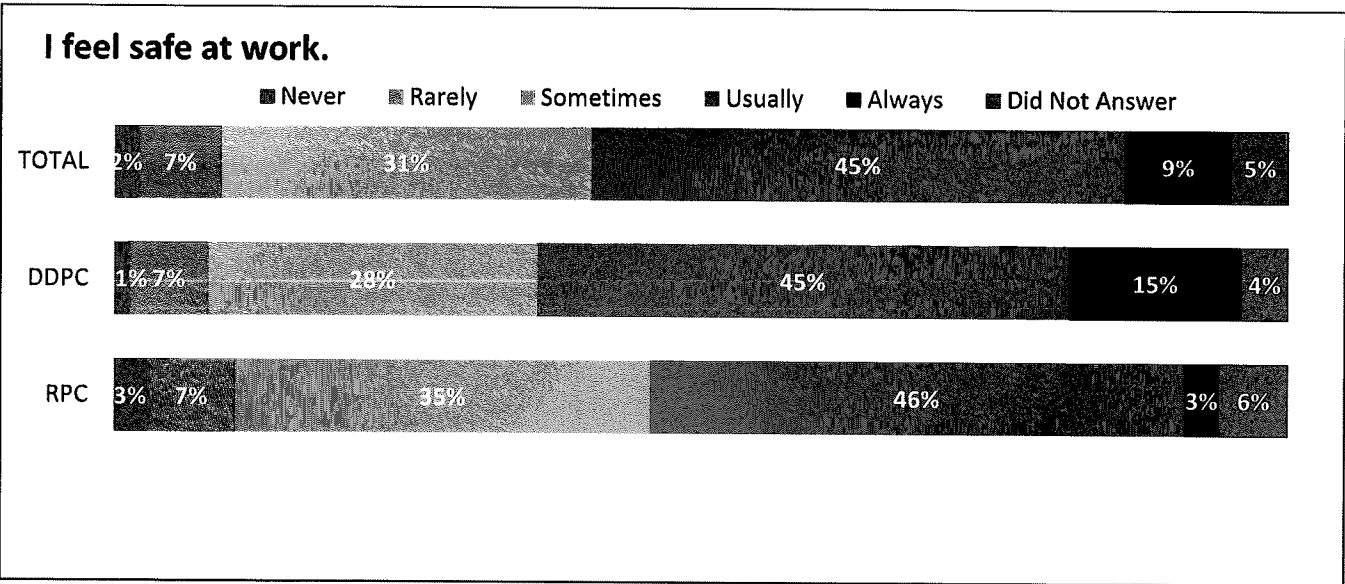
Nine DDPC respondents (out of the 20 that experienced injuries in the last year) and 8 RPC respondents (out of 20 who experienced injuries in the last year and answered the question²) reported not receiving adequate support from management.



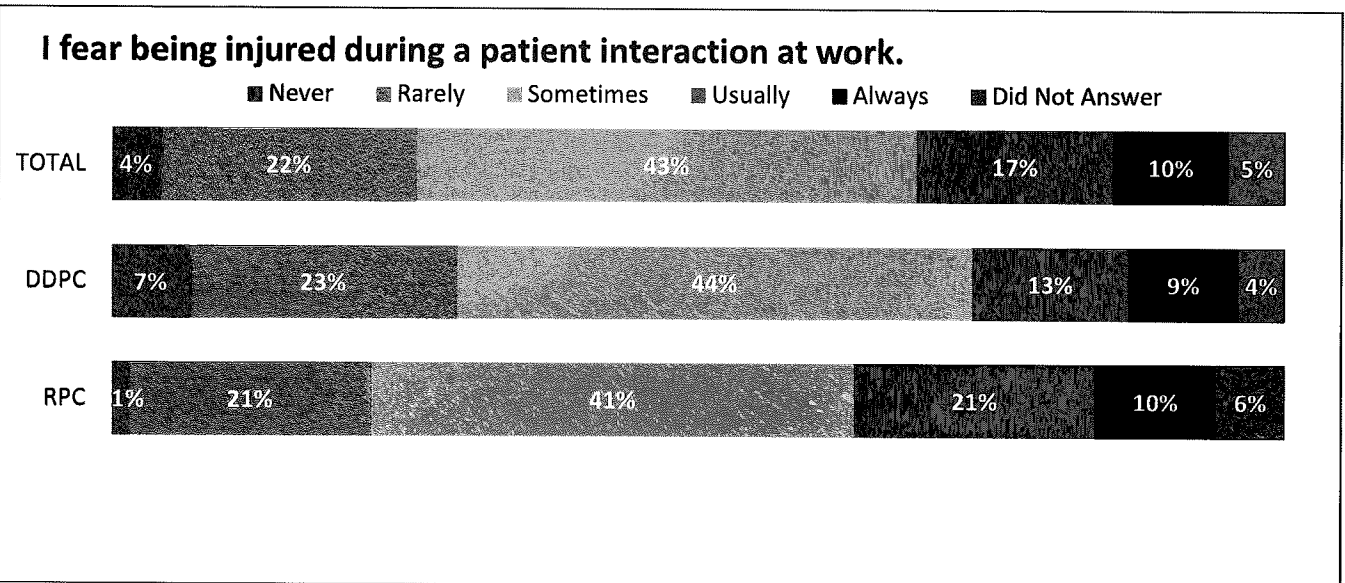
² There was one respondent from RPC who reported being injured in the previous year but did not answer the follow up question.

Scaled Response Questions

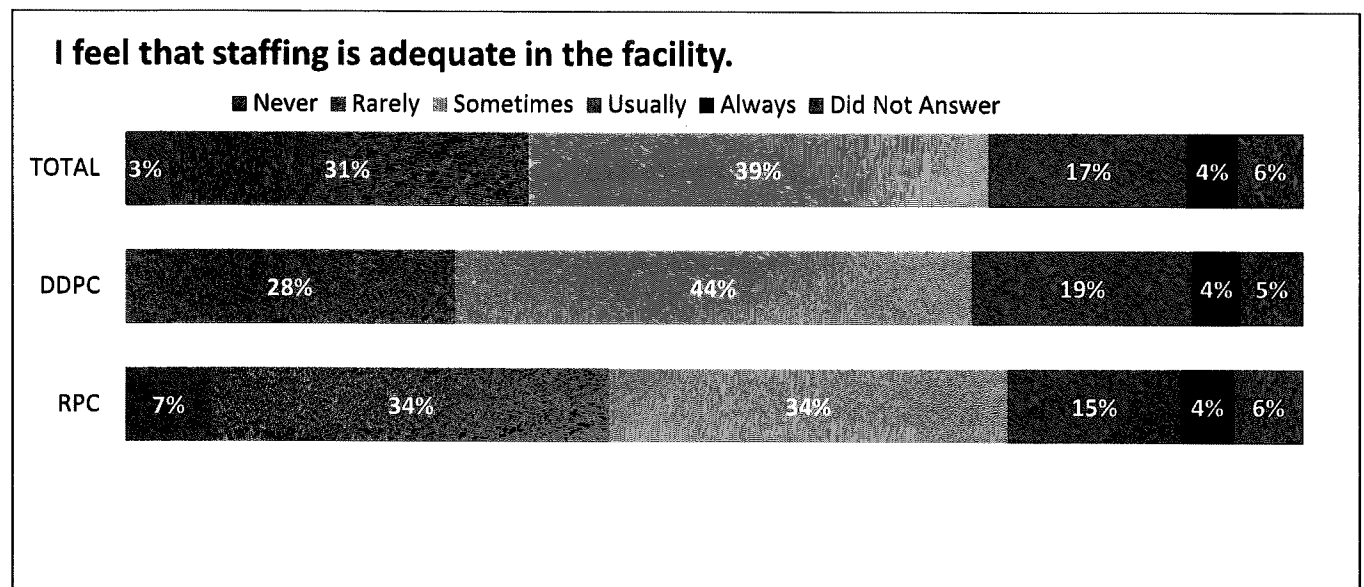
Most DDPC and almost half of RPC respondents say they do feel safe at work.



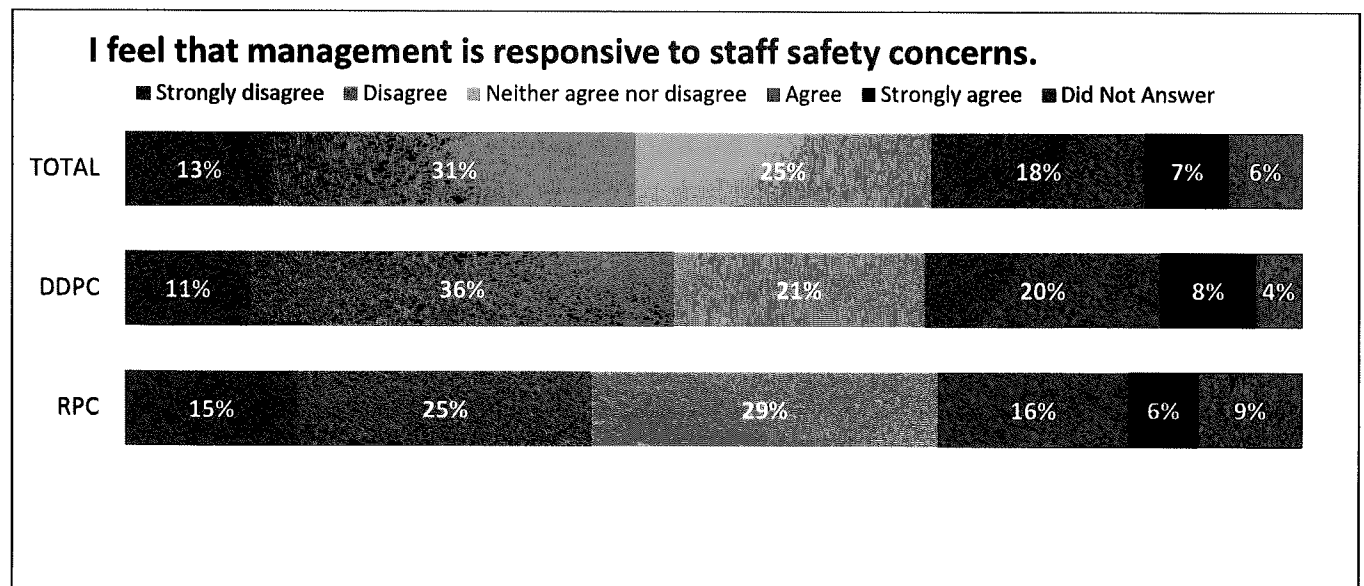
However, most DDPC and RPC respondents do fear being injured during a patient interaction at work at least some of the time.



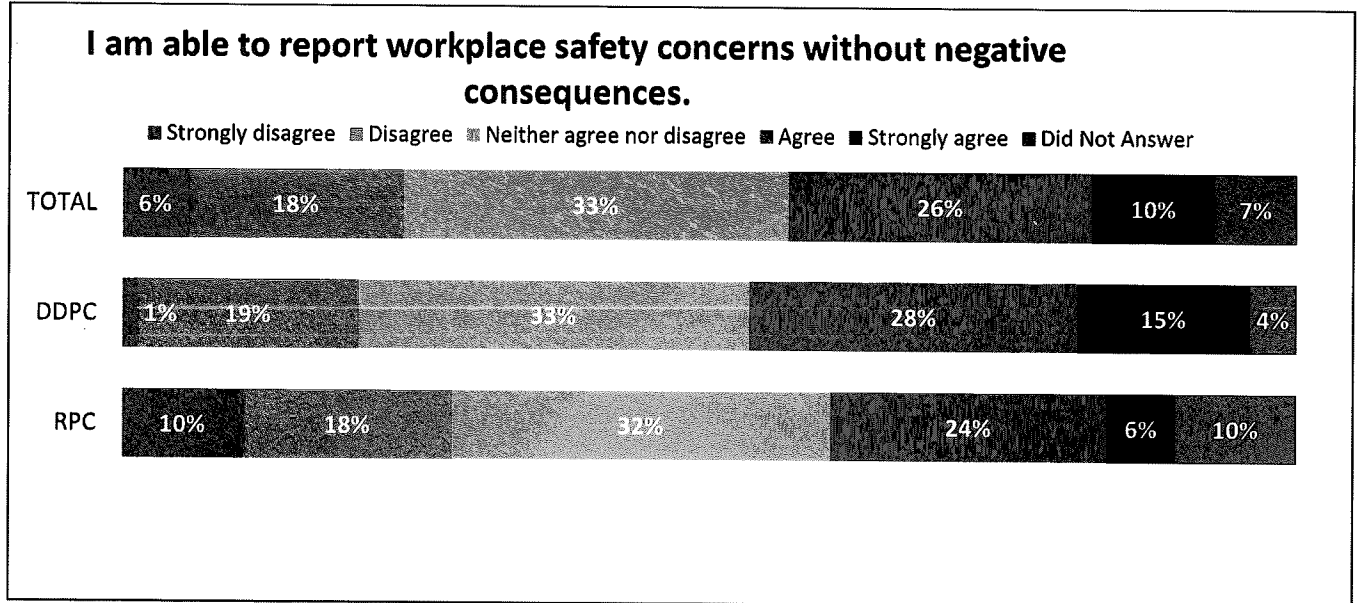
Regarding staff perceptions of staffing adequacy—this was an area where 41% of RPC staff felt that staffing was never or rarely adequate; this number was 28% at DDPC.



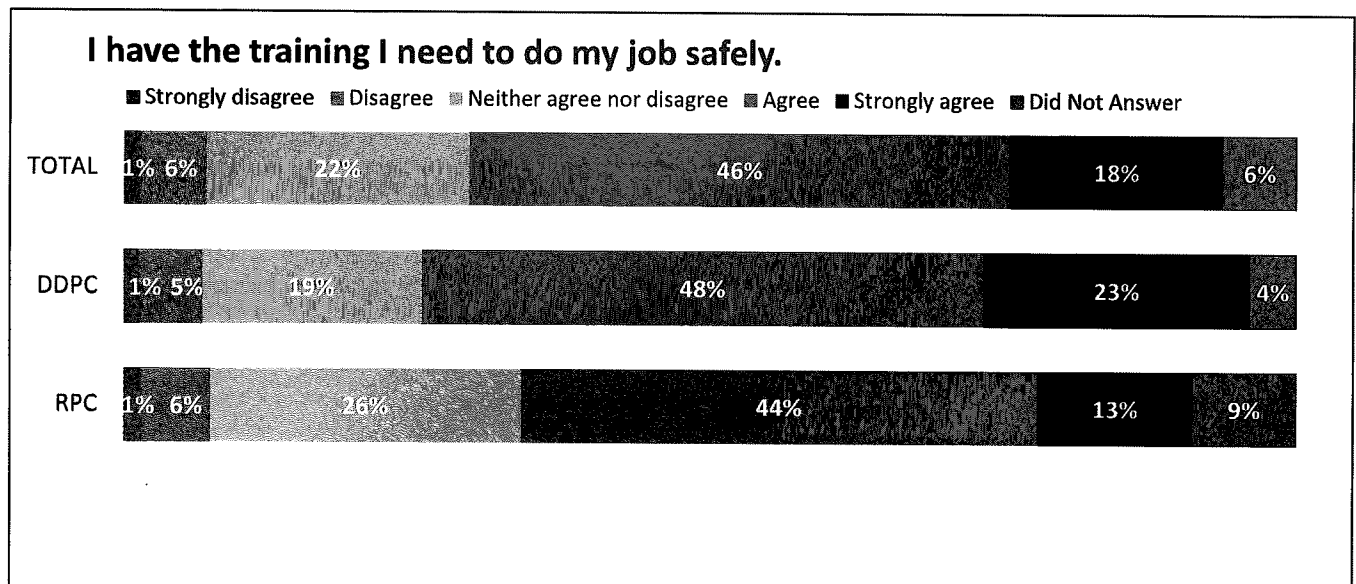
At both facilities, a substantial number of respondents disagreed or strongly disagreed that management was responsive to staff safety concerns (47% of DDPC respondents and 40% of RPC)



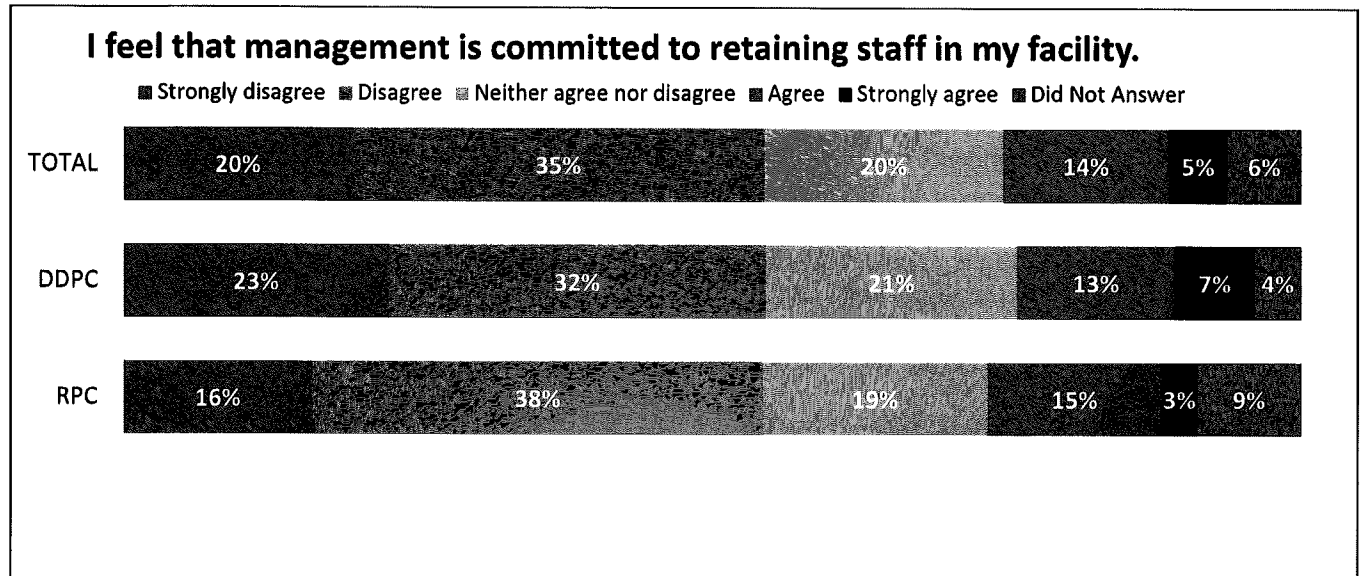
A large portion of respondents at DDPC and RPC reported that they neither agreed or disagreed that they were able to report workplace safety concerns without negative consequences, making it difficult to interpret the results. Of the remaining responses, a large group of respondents (43% at DDPC and 30% at RPC) did agree or strongly agree that they were able to report concerns without negative consequences.



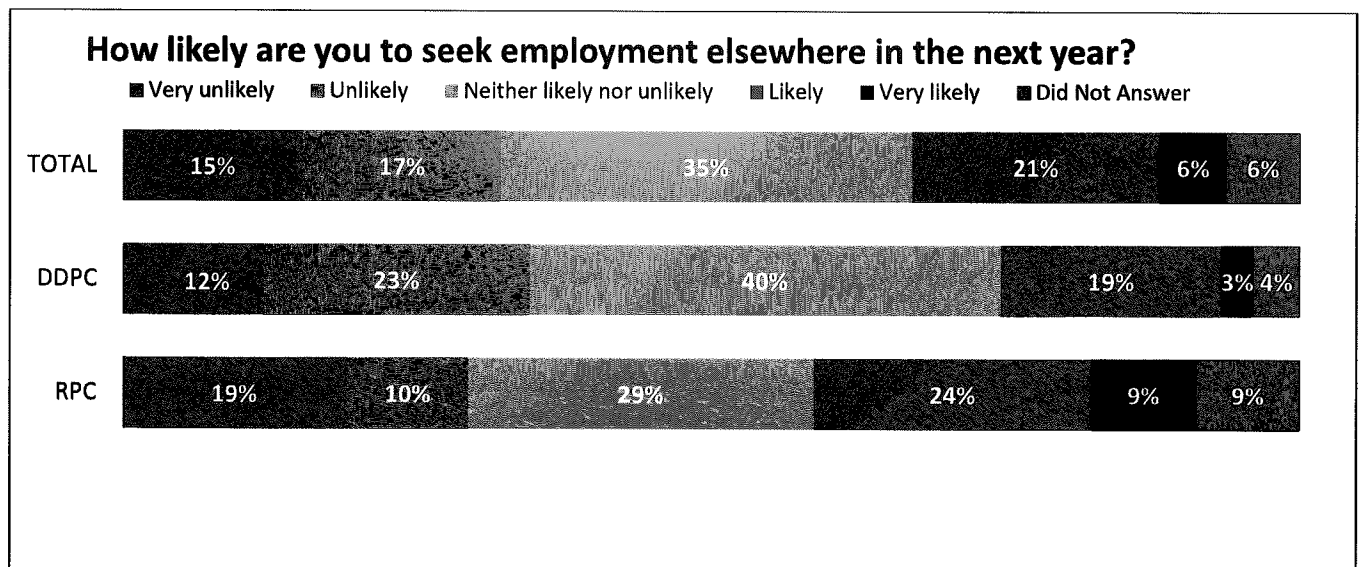
Most DDPC and RPC respondents reported that they felt they had the training needed to do their job safely (71% of DDPC agree or strongly agree, 57% of RPC)



Larger portions of respondents at DDPC and RPC reported disagreeing or strongly disagreeing with the statement “I feel that management is committed to retaining staff in my facility” (55% DDPC, 54% RPC)



Regarding retention, 22% of DDPC respondents and 33% of RPC respondents reported they were likely or very likely to seek employment elsewhere in the next year



Open-Ended Questions

OPEGA asked survey recipients four open-ended questions to gather more information about experiences with workplace injuries, significant challenges faced, suggestions to increase safety, and any additional information they wanted to share with legislators. Many respondents chose not to answer the open-ended questions or to answer only some. The number of respondents that answered each of the open-ended questions is included with the discussion of the responses below. Given the strong confidentiality concerns of the respondents, which were shared with OPEGA in responses to the survey, we are choosing not to use direct quotations but to share instead the major themes that emerge from responses in each area.

For each of the questions, OPEGA identified the predominant themes in responses and any distinct differences between the respondents at the two facilities. Although the themes are discussed by question below, we note many themes recur across questions. OPEGA notes when themes recur after their first introduction but their primary discussion is when they are first introduced.

Experiences with Workplace Injuries

In response to the question “Is there anything you would like us to know about your experiences with workplace injuries as a result of patient interactions?” 36 out of 75 respondents at DDPC and 38 out of 68 respondents at RPC provided a response to the question. The predominant themes in responses are discussed below.

Adequacy of Support from Management After Injury. Some of the types of concerns included:

- Workers’ compensation denials that workers thought were unjust. Staff also felt that workers’ compensation policies should be different when injuries are the result of an assault;
- Difficulties in receiving adequate assessments and healthcare after injuries and the feeling that staff are on their own to navigate those systems;
- Concerns that there are not adequate debriefings of events;
- Policies around use of sick time while out because of an injury and worker concerns about being “paid back” for sick time used and not having adequate time for routine illness after return to work; and
- Limited emotional support from management and feeling blamed for their injury.

Risk of Workplace Injuries. A theme that was raised by workers at both facilities but was far more prominent among RPC workers was a general fear of injury or feeling unsafe when they go to work. Among respondents who raised this in their answers to the questions, concerns included:

- Feeling anxious and fearful at work;
- Feeling they work in unsafe environment, with awareness of workers that are injured and out for months or who never return;
- Concerns that RPC is unusual for not having security support staff in handling violent patients; and
- Concerns that constant threat of violence created hypervigilance and was burning out staff.

While not shared by the majority of respondents, there were numerous anecdotes shared by staff at RPC of injuries with severe consequences to the victims and their families. These events were not all current, but they left lasting impressions on the staff members and were said to have life-altering impacts on the

lives of those directly affected. Even if infrequent, severe injuries were recounted as having significant and lasting impact on staff feelings of safety.

Injuries Linked to Staffing. Many respondents said the perceived lack of adequate staffing was a primary cause of staff injuries. At DDPC while this adequacy was often linked to staffing numbers, it also included concerns about experience level of staff. At RPC adequate staffing concerns included numbers, but also staff experience levels, and a lack of staff who are physically able to help with patient interventions.

Patient Population Includes Dangerous Individuals. Respondents shared that some of the patients they serve can be very dangerous. They understood that this is part of the job, but also highlighted concerns that they thought raised risk for staff including:

- A sense among some staff that injuries are more likely when patients refuse treatment;
- Some staff felt that allowing for earlier restrictive methods, such as a restraint chair, instead of as a last resort would increase staff and patient safety;
- A sense among some staff that there aren't adequate ways to manage patient behaviors;
- Concerns that assaults can be unprompted and unpredictable with no warning signs; and
- Concerns among RPC respondents that a very small number of patients are responsible for a very large number of staff assaults and present a daily threat of violence.

Disconnect Between Direct Care Workers and Management. When talking about their experience with injuries, some workers expressed:

- Concerns that management expected staff to endure verbal abuse and threats from patients;
- Concerns that management did not do enough to address these conditions or the mental health impacts for workers; and
- A sense that some staff felt that there were no consequences for patients who assault staff.

At RPC in particular, some staff felt blamed by management for injuries and feared management retaliation if they speak out.

Significant Challenges

In response to the question "What are the most significant challenges you face in your work?" Fifty-four (54) out of 75 respondents at DDPC and 50 out of 68 respondents at RPC provided a response to the question. OPEGA identified the following key themes in responses to this question:

Staffing Adequacy. At both facilities, the most frequent challenge raised by respondents was adequate staffing. Close to half of respondents raised this as a significant challenge in performing their jobs. Responses include concerns about:

- Reliance on travelling nurses and per diem mental health worker who may have less training and familiarity with the patients and facilities and may be less willing to engage in behavioral interventions. Workers suggested that these dynamics can create safety issues.
- Whether staffing levels are consistently appropriate for acuity (or patient severity), particularly overnight.
- Concerns that inadequate staffing can create delays in quality patient care that can exacerbate patient behaviors, impacting both patient and staff safety.
- Perceived staffing shortages impact work/life balance for existing staff.

Management Concerns. A large number of respondents, particularly Riverview respondents, expressed that facility management was a significant challenge to performing their jobs. These concerns were similar to the sense of disconnect from the previous question, but also include concerns that:

- That management makes decisions without the input of frontline staff;
- That management did not care about staff, especially their safety concerns and psychological welfare; and
- That management style may blame workers for getting injured or retaliate when workers express concerns.

Patient Population. A concern expressed much more frequently by DDPC respondents was around perceptions of the changing patient population. Staff who spoke to this theme indicated:

- That the patient population was changing and becoming more acute in their conditions and associated behaviors; and
- There had been an increase in forensic patients for both evaluation and treatment at DDPC and did not necessarily feel that DDPC workers were equipped to safely manage the population.

Workplace Culture. Workplace culture issues were frequently expressed by respondents at RPC, though less so at DDPC. These concerns included:

- Staff discord, including division between staff roles, lack of a team approach, and interpersonal conflict; and
- Concerns that current culture may have lost sight of a focus on patient care, focusing on achieving benchmarks instead.

Policy and Practices. Respondents expressed concerns about policy and practice causing significant challenges, particularly around managing patient behaviors. For instance:

- Concerns that patients may not be required to take their medications;
- Expectations that staff tolerate verbal aggression until a patient is physically out of control;
- Inconsistent practices for when and how to intervene with a patient; and
- Decision-making around required patient to staff ratios.

Other Themes. Some respondents said that issues with how well staff are trained was a significant challenge to the performance of their job. As a note, 64% of all respondents (DDPC 71% and RPC 57%) agreed or strongly agreed with the statement “I have the training I need to do my job safely.” For most of those answering this open-ended question, it appears that it is the adequacy of training for others that is being questioned.

Less frequent themes raised as significant challenges included:

- A consistent, daily fear of injury and safety, including fears of aggressive patients, assaults, and not feeling protected.
- Challenges they faced in scheduling and how a lack of sufficient time off may impact their work performance and personal well-being.
- Concerns about the age of the DDPC building and maintenance including the plumbing and the inadequacy of the computer systems.

Suggestions Related to Staff Safety

OPEGA asked the surveyed population at RPC and DDPC if they had any suggestions related to staff safety at their facilities. Forty-six (46) out of 75 respondents at DDPC and 46 out of 68 respondents at RPC provided a response to the question. OPEGA identified the following key themes:

Staffing. Most respondents to this question had suggestions related to staffing. The general perception was that adequate staffing and staffing with experienced and committed personnel is important for maintaining safety. While this theme came up in earlier questions, the ways it was discussed were different and included:

- A general need for increased staffing, including in response to acuity and overnights;
- The need for increases in particular roles, such as acuity specialists and CNAs;
- Decreased reliance on traveling and per diem;
- A need to retain staff and decrease turnover; and
- Ensuring that staff sheets with counts of staff on the unit are accurate at all times.

Practice and Policy. Another commonly raised type of suggestion was around particular policy and practice issues staff thought should be addressed. Policy and practice also emerged previously, but the concerns expressed in this question included some that were unique and included requests for:

- Consistent shifts;
- Change in the frequency of taking patient census;
- Ensuring debriefing after immediate action calls;
- Ensuring consistency between units in terms of practice and response to incidents;
- Including mental health workers in decision-making for units;
- Creation of an acuity scale to guide staffing levels; and
- Creation of a Process Improvement Committee.

Training. About a fifth of responses suggested that training could help increase safety. Response mentioned:

- Increased RAD (Respond, Assess, De-escalate) trainings;
- Trainings specific to the in-house patient population;
- Increased de-escalation trainings focused on situations that staff are likely to encounter; and
- General concerns that some staff may not be trained adequately, including traveling and per diem roles.

DDPC Specific: Suggestions Related to Patients. Some DDPC staff included in their responses discussion of the patient population and its relationship to staff safety. These responses included themes such as:

- The potential need for a different facility or unit for extremely violent patients, to protect other patients;
- The potential need for a step-down unit for patients; and
- A desire for fewer patients from jails.

Wages and Benefits. Wages and benefits also came up in responses to this question with staff suggesting that increased compensation and benefits would help recruit and retain staff and lead to a safer workplace. Staff suggested:

- Competitive wages;
- Shift differentials;
- Incentives for educational opportunities; and
- Early retirement benefits.

Previously Discussed Themes. Workers also had suggestions pertaining to management that echoed perspectives shared in the previous two questions and also discussed how workplace culture, as described previously, could be a safety issue.

Want Legislators to Know

In response to the question “Is there anything else you want Legislators to know about your job?” Forty (40) out of 75 respondents at DDPC and 37 out of 68 respondents at RPC provided a response to the question. OPEGA identified the following key themes:

Difficult Job. Many responses to this question emphasized the difficulties inherent in the work. These comments often contained elements like:

- We work with a population with severe mental illness and it is hard work;
- Not everyone can do this job, it is emotionally and physically taxing;
- Stress is very high in the job and burnout is a real risk for staff; and
- The difficult work that staff do is not adequately compensated/appreciated.

A subset of these responses particularly emphasized not only that the job is hard, but that it is dangerous or unsafe. These responses focused on the threat of violence or danger in the workplace and said they feel stressed and scared.

More Benefits to Attract and Retain Staff. A theme that also was present in previous questions but was prominent in response to this question was that many respondents emphasized the need for more benefits to retain staff and help staff avoid burnout. Benefits that staff requested included:

- Increased pay and shift differentials;
- Options for 36-hour work weeks and/or different shift schedules;
- Consistent schedules;
- Benefits commensurate with law enforcement or corrections officers, including earlier state retirement; and
- More vacation days to perform self-care and more flexibility in scheduling vacation days.

RPC Staff in Particular Wanted to Share Concerns about Management. The most common theme in RPC workers responses to this question pertained to management of the facility. This is an area of contrast with DDPC. These responses from RPC workers included themes like:

- The perceived need for leadership that is aware of and responsive to staff concerns;
- The perceived need for leadership that spends more time on the floor with staff and patients;
- The perceived need for leadership that demonstrates appreciation and support;
- Perceptions that conditions have deteriorated in the hospital under current leadership; and
- Perceptions that liability is more important than staff to management.

Some DDPC respondents also wanted to share concerns about management such as feeling unheard, or dissatisfaction with perceived rigidity around scheduling and vacation.

Among RPC respondents in particular, an additional prominent subtheme had to do with concerns about a negative culture created by management. Staff used words like “retaliation,” “intimidation,” and “culture of fear.” There were perceptions that staff morale is low and staff are blamed unfairly for outcomes or subject to spurious investigations if they report concerns.

Many of the Concerns Echoed Themes Shared in Other Questions. As in response to other questions, some respondents also wanted legislators to know that:

- They had concerns about the adequacy of staffing;
- They feel unsupported and unappreciated for their work;
- They have concerns about violent patients that they do not feel equipped to handle;
- There are challenges in support after injuries; and
- They have questions about Maine’s approach to mental health treatment.