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Bangor
LD1932

Senator Ingwersen, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services, my name is Brendan Davison. I am a mental health rehabilitation technician and CRMA at OHI in Bangor. I have worked in mental health group homes for the last two years, and I strongly urge you to support LD 1932, because this legislation will help address one of the biggest challenges mental health direct care workers face: chronic understaffing and coverage gaps.

Nearly every day, there are gaps in coverage across different group homes, which often can only be addressed by pulling staff from another location, effectively robbing Peter to pay Paul. As a result, group homes are often single-staffed, and because a CRMA must be present at all times, we are frequently forced to stay beyond shifts. Leaving without another CRMA present would constitute neglect and violate the rights of the people we serve. In practice, this puts us workers in an impossible position: either stay beyond what is safe or sustainable, or risk violating professional and legal obligations. Additionally, there is intense informal pressure on us to work additional hours, resulting in chronic burnout and high turnover.

These staffing gaps also create serious challenges for clients. Helping clients access the community is a core part of our job, and community activities are often written directly into treatment plans and goals, but many of the people we serve cannot go into the community independently and, in some cases, are legally prohibited from doing so without staff accompaniment.

When we are short-staffed or single-staffed, we are unable to transport and accompany clients into the community. As a result, these activities, such as volunteering and skill-building, simply don't happen. On paper, it looks like a client is not engaging with their treatment plan, when in reality, we lack adequate staffing to support them in their goals. This creates a false impression when providers, caseworkers, and even judges review these records, with real consequences for the people we serve.

Underlying all of these issues is the lack of adequate compensation and reimbursement for the work we do. I work in this field because I care deeply about supporting the people we serve, but commitment to the people we serve cannot substitute for a sustainable wage structure.

LD 1932 would go a long way toward addressing these issues. By increasing reimbursement rates for direct care work and establishing a minimum wage floor for direct care workers, the bill supports retention, recruitment, and the staffing levels needed to provide care.

If Maine wants community-based mental health and long-term care services to function as intended, reimbursement rates must reflect the real demands of this work. I urge you to support LD 1932 and recommend its passage. Thank you for your time and consideration.