

To whom it may concern:

I have been an MHWII Crisis worker for 14 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, or corrections officers. Things such as physical assaults, sexual assaults, 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 assist with 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 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. We are even tasked with handling situations normally handled by the police.

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 me and my coworker, while also stripping off her clothes. My coworker and I ended up on the ground in restraint while this individual struggled to injure us 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.

I train our team in verbal de-escalation and restraint. I have done so for 12 years and across two different restraint programs for both the Portland and Augusta Crisis Teams. This is the only tool we are given to keep ourselves, our clients, and our community safe. Often members of the public are targeted by our clients. In corrections, the access inmates to the public is quite limited, yet they are given many more staff and tools to deter and intervene for safety. However, our training only allows for verbal de-escalation and standing restraint. The restraint is only recommended if you are physically able, of equal size or bigger than the client, or if you have two to one staffing. As I mentioned, a second staff is often 40 minutes to an hour away. Corrections officers have many other officers in close proximity, locked doors, extraction teams, mechanical restraint tools, chemical restraint tools, nurses, and clinicians to call on. This means that our physical and mental acuity is even more important when handling a crisis situation.

Being a crisis worker, we are also tasked with being a DSP and social worker. Often, we are subject to verbal abuse that includes violent threats, death threats, sexual harassment, and threats of sexual assault. I recently spent 12 hours in our crisis home where I was verbally abused and sexually harassed for 12 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 a non-verbal adult with the mental age of a child from a home and a caregiver they have known their entire life. Our clients are all either diagnosed with

an intellectual disability or a brain injury. As a result, communicating with our clients can be incredibly difficult even when they are in a good space. It takes a lot of knowledge and patience. When they are escalated or in crisis, this communication becomes even more difficult and requires more skill and patience. All of this takes a massive emotional toll.

Our ERs are not equipped and often resistant to serve our clients. We are often tasked with stabilizing and caring for a client who would normally be hospitalized, but has been denied access to help in a proper Psychiatric Ward due to their intellectual disability or Brain Injury diagnosis. Instead, they end up at our crisis home. In a hospital, just as in corrections, medical professionals have so many more resources than we do. These include locked doors, multiple security guards to call, chemical and physical restraint, nurses, psychiatric social workers, and medical and psychiatric doctors. As you can see, there is a pattern of Crisis being asked to mitigate and handle dangerous situations, without the help of many tools normally given to corrections, police, hospitals and medical staff.

In my 14 years as a Crisis Worker, I have seen new hires who don't last a month. I have also trained elder team members who are staying in their jobs well past the point where they are comfortable using physical restraint due to the retirement requirements. I myself was hired to replace a staff who was in his 60s and had been assaulted and injured when he intervened during physical confrontation between two clients.

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 many days when I drive home and break down in tears because of the trauma I have experienced or witnessed. However, I have remained committed for 14 years to this job and the clients I serve. The fact that one day I might have to decide to continue to work, even though I feel 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. Ultimately, the clients are the ones who will suffer if Crisis Team members are forced to work into their 60s. As we age our physical and mental ability to de-escalate and protect our clients, and therefore protect our community and ourselves, will wane. This could lead to serious injury or even the death. 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. I urge you to pass LD 1041 to protect our clients, our communities, and the people tasked with safeguarding both.

Thank you for your consideration,

David T. Bissett

Safety Care Trainer and

MHWIII Crisis Worker for District 3,4, and 5

David Bissett
Winthrop

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