From: James Bailey <jrt.bailey@gmail.com>
Sent: Thursday, September 22, 2022 1:16 PM
To: Caswell, Lynne
Subject: Taskforce on assaults on healthcare workers

Good Afternoon Ms. Caswell,
My name is James Bailey and I have been an employee of Dorothea Dix Psychiatric Center for five years - however I am not speaking on behalf of the hospital or the Department. I am a licensed social worker and currently work as a Forensic Liaison, so I have frequent contact with courts, defense attorneys, district attorneys, and jails. I am also the president of the MSEA chapter that represents many staff at the hospital, including most nurses. Confidentiality prevents me from discussing any specific case, of course, but I'd still like to contribute the following information for the taskforce's benefit.

- The data provided by the state regarding incidents at both state hospitals specifies that it was gathered via worker's compensation data. While I don't have the numbers available, I would posit that injuries resulting in a claim represent a significant minority of assaults. I would encourage the task force and the state to work together to get a better sense of the data based off of incident reports rather than claims. I believe that a claim can only be made on injuries that result in a minimum of seven days missed work.

- Assaults committed at the hospital could broadly be categorized in two groups. The first is that a floridly psychotic ill patient commits an assault because they are delusional, hallucinating, and/or paranoid. The second is that a patient, who may be concurrently ill, plans an assault and commits it with malice or out of anger. Informally, we respond to these two groups differently. A concern that has been expressed is that the District Attorney's office may not appreciate the difference between these two groups and instead categorize assaults as mostly of the former, wherein prosecution may not result in meaningful consequences or public safety.

- The hospital and its staff wants what is healthiest and most appropriate for its patients; that is always our greatest value. And there does exist a risk that a patient being arrested and sent to jail could result in worsening mental illness. However, reinforcing to patients that are competent, sane, and in a normal condition of mind (legally speaking) that they can assault staff without repercussion is a much more dangerous risk.

Thank you for your time and attention to this and feel free to contact me at my personal email jrt.bailey@gmail.com

Sincerely,

James Bailey

Northern Light Health

Northern Light Health
Government Relations
43 Whiting Hill Road
Brewer, Maine 04412

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Task Force to Study the Process for Bringing Criminal Cases in Situations of Violence Against Health Care Workers

Public Comment
September 27, 2022

Senator Claxton, Representative Perry and members of the Task Force to Study the Process for Bringing Criminal Cases in Situations of Violence Against Health Care Workers, my name is Scott Oxley, and I am the President & CEO for Northern Light Acadia Hospital. I am providing written comment today regarding the significant escalation in patient violence impacting our behavioral health care staff.

Northern Light Acadia Hospital is a non-profit, acute care psychiatric hospital offering a variety of inpatient and outpatient services. In addition to our Bangor services, Acadia serves as the hub of a state-wide delivery system for comprehensive behavioral healthcare. This includes providing 24 x 7 psychiatric support for 19 emergency departments in Maine. The breadth and scope of our services enable us to monitor trends and developments in the delivery of behavioral health care throughout the State.

Today, I am reaching out to you to share our experience regarding the alarming escalation of violent acts against our health care staff. Throughout the State, patients held up in emergency departments awaiting transfer to inpatient psychiatric facilities are committing acts of violence towards hospital staff. These violent patterns of behavior continue after admission to our psychiatric hospital.

Over the course of 12 days in August 2022, 13 of my employees were assaulted by pediatric patients in our custody of care. Several of these assaults required medical intervention at an emergency department. The magnitude of these injuries ranged from bites and broken skin to severe concussions and fractures.

In response to the significant increase in violence against our staff I reached out to Bangor Police Chief Mark Hathaway for assistance. The Chief understands the challenge and the impact to our staff. Unfortunately, law enforcement is limited in their ability to respond. Issuing a summons to court or arresting patients with mental illness who assault hospital personnel is not the pathway forward to resolve this extremely challenging situation.

We are sensitive to the role that active mental illness plays in many of these incidents. Regardless, we cannot, and should not, expect mental healthcare providers to endure this type of abuse. A new level of service is needed to jointly provide therapeutic care in environments better equipped to handle impulsive aggression.

It is clear to our behavioral health professionals that Maine needs a new model to safely care for violent individuals in need of acute behavioral health services. We strongly believe that the Department of Health and Human Services needs to develop secure clinical environments designed and staffed to safely care for this population. We ask that the Task Force to Study the Process for Bringing Criminal Cases in Situations of Violence Against Health Care Workers advance this recommendation.

Thank you.

Testimony of Jeff McCabe
Maine Service Employees Association, SEIU Local 1989

Before the Task Force to Study the Process for Bringing Criminal Cases in Situations of Violence Against Health Care Workers, 9 a.m. Tuesday, Sept. 27, 2022 at Cross Building Room 209

Senators Claxton and Bennett, Representatives Perry and Collamore, members of the Task Force to Study the Process for Bringing Criminal Cases in Situations of Violence Against Health Care Workers, I'm Jeff McCabe, director of politics and legislation for the Maine Service Employees Association, Local 1989 of the Service Employees International Union. We are a labor union representing over 13,000 Maine workers, including workers at Maine's two state psychiatric hospitals, Riverview Psychiatric Center in Augusta and Dorothea Dix Psychiatric Center in Bangor, and their respective Outpatient Services Teams. We also represent workers in other healthcare settings, including workers for the Office of Child and Family Services and the Maine Office of Aging and Disability Services, all within the Maine Department of Health and Human Services.

The dangers that workers at both Riverview and Dorothea Dix psychiatric centers face every day from the patients they serve are well-documented and are of great concern to us. Many workers have been injured by patients at these facilities; some have experienced post-traumatic stress disorder as a result of their experiences. We're talking about serious, life-altering injuries, including but not limited to traumatic brain injuries, broken ankles and rotator cuff tears.

As a result of injuries due to patient behavior, scores of Riverview and Dorothea Dix workers have filed claims under the Maine Workers' Compensation Program. Since January of 2020, the number of workers' compensation cases resulting from patient behavior at Riverview Psychiatric Center has totaled 72. That's 28 worker injuries in 2020, 36 worker injuries in 2021, and eight so far in 2022. At Dorothea Dix Psychiatric Center, the records show seven worker injuries due to patient behavior resulting in workers' compensation claims in 2020, then 11 in 2021, and nine so far in 2022. Add all those numbers up and there have been 100 workers' compensation claims by Riverview or Dorothea Dix workers due to patient behavior since January 2020, according to a document provided for this Task Force's August 3, 2022, meeting.

It should be noted that problems relating to staffing shortages and staff safety go back far beyond 2017. Retired Maine Supreme Court chief justice Daniel Wathen, who oversaw the State's compliance with the consent decree relating to Riverview Psychiatric Center, in 2016 called staffing shortages at Riverview "the real focus of concern" because they could jeopardize patient health and safety. Years before that, in 2013, patient violence at Riverview was the subject of news reports, federal intervention, state legislation and updates by the Legislature's Health and Human Services Committee.

The employees at Riverview and Dorothea Dix are extremely limited in the ways they can defend themselves when they are being attacked by patients. The history of the attacks on workers at these two State-run psychiatric facilities since 2017 shows that criminal liability for the patients conducting these attacks is unlikely as they are already receiving psychiatric care. Statewide in Maine, from 2017 through 2021, a total of 88 criminal charges were filed against adults in Maine for assaulting emergency care providers. Those criminal charges were filed as follows: 15 in 2017, 14 in 2018, 14 in 2019, 25 in 2020 and 20 in 2021. However, only 14 percent of those criminal charges resulted in convictions. The number of convictions of adults who assaulted emergency care providers: one in 2017, four in 2018, two

in 2019, two in 2020, and three in 2021, for a grand total of 12 convictions, according to another document provided to this Task Force on Aug. 3, 2022.

Scores of workers employed at both Riverview and Dorothea Dix have shared their stories about workplace violence and understaffing with members of the 130th Maine Legislature and with prior Maine Legislatures. They have done so with the hope and expectation that meaningful changes would be made resulting in safer working conditions and solutions to critical, ongoing problems like understaffing and the recruitment and retention of qualified workers. In fact, on January 18, 2022, over 100 workers at Riverview and Dorothea Dix testified before the Health and Human Services Committee. They spoke from the heart about the difficult and dangerous working conditions they encounter every day, and the attacks they and their coworkers have endured from patients. Yet in their testimony, they also affirmed their determination to serve their fellow Mainers as they spoke in favor of LD 1792, the emergency legislation that would have provided a $3, across-the-board raise to all workers at Riverview, Dorothea Dix and their respective Outpatient Service Teams. That legislation passed in the Maine House on March 24, 2022, but died in the Maine Senate on May 9, 2022.

In order to gain a full understanding of what's at stake for workers at Riverview and Dorothea Dix and the threats to their safety they experience every day they go to work, please take the time to read the workers' testimony on LD 1792. We believe their testimony goes to the heart of this Task Force's duty as spelled out in Maine law to "review the process by which criminal cases may be brought related to incidents of violence in hospitals and other health care facilities and settings, in particular, incidents of violence involving patients or individuals related to patients assaulting hospital or medical staff."

In order to help inform this Task Force's decision making, below are 10 quotes from Riverview workers who testified in support of LD 1792; in addition to providing these quotes, we're also providing links to their full testimony, so you can understand the reality these workers face every day they go to work for the State of Maine:

"Day in and day out, we are faced with violence, threats, bodily fluids, and verbal assault, but as sure as the sun will rise, you will find us here just trying to help."
--Joshua Abraham, *mental health worker IV at Riverview*

"When I think about these past couple of years, I am in awe of how many of us, yet so few of us, survived. Do not confuse my use of survive as though I am referring to the dangers posed by Covid-19; rather, we survived the ever-changing, unruly, taxing, hectic, demanding, and down-right dangerous environment to which we are subjected to each and every day we walk through the doors of RPC. I have a co-worker, a friend, who will likely never ambulate without an assistive device again. I have another friend whose face will be forever scarred after suffering a vicious attack from an aggressive, hostile patient. These unfortunate, yet dire situations could have been mitigated through effective staffing levels."
--Amanda Adamen, *hospital nurse II, Riverview*

"I have been kicked, punched so many times I cannot count, watched a mental health worker get punched repeatedly over and over, when security stepped in to help they got hurt also....I watch my fellow team members still continue to treat patients with kindness and respect, even after being brutally attacked. We have nothing to protect us from being hurt; we rely on one another. How many of us go to

work every day and wonder if you're going to walk out or get carried out?"
--Pamela Brown, *Riverview worker*

"In every healthcare setting, chronic staff shortages increase the stresses associated with already challenging work. At Riverview, staff shortages also significantly increase the risk of assault for employees and patients. Staff who work at Riverview and Riverview Outpatient Services are committed to providing high quality care and protecting the safety of the patients but struggle to do this when their own safety is jeopardized."
--Elizabeth Cravey, *hospital nurse II, Riverview*

"The population we serve are individuals with severe substance use disorders, multiple mental illness diagnoses, and significant criminal charges. I have a coworker who has suffered two concussions. I've seen multiple workers injured that do not return to work because of the emotional trauma they have suffered. My coworkers and I all want the same thing; to be compensated with the proper worth for the severe population we serve. We are not serving coffee or holding a construction flag but are running towards a delusional patient attacking an employee! We come to work every day willing to serve our patients knowing that we could leave in an ambulance."
--Cheryl Cunningham, *mental health worker II, Riverview*

"It is a very physically demanding place to work and each and every shift has the potential for significant violence. It is very traumatic to not only the victims of the abuse, but to all those who are witness to it. I have personally worked with many staff members that are no longer able to work here as a result of the trauma and/or injuries that they have endured here."
--Lori Denham, *Riverview*

"As of this February, I will have been working here for five years. During this time period, I have been injured numerous times in my line of work. These injuries range from bruises and scrapes, to torn ligaments and misplaced bones. I have been out of work on workman's compensation four times, each lasting anywhere from 1-4 months, depending on the severity. I am not the only staff who has been injured here. Right now, on just my unit and schedule rotation alone, we have two staff members out on injury with unknown return dates due to the severity of their injuries, and three with ongoing damage from previous injuries. My shoulder will never fully raise again, and my knee will never work at full capacity. Recently a patient in the midst of psychosis shattered a staff member's ankle, requiring full reconstruction, and he will never walk right again. When injured, we only qualify for 3/4 of our base pay. Many of us live paycheck to paycheck, and as the commodities around us become more and more expensive, this becomes more and more of an issue. The thought of being injured and unable to cover the rising costs of rent, food, transportation, etc.. is terrifying."
--**William Kinrade III**, *acuity specialist, Riverview*

"We are at constant risk for assault. Since I have been here, I have had a coworker punched in the face so hard that he had fractures, a co-worker who was pulled into a room while doing checks and the patient tried sexually assaulting her – luckily a coworker saw it immediately and came to her rescue, and most recently a coworker who was attacked while standing guard to the maintenance worker – his ankle was broken in four different places. With all this, our team still shows up shift after shift, week after week. We are family and we are caretakers for the state's most vulnerable, it is what we do. Unfortunately, the 'we' is getting smaller. Less and less people are choosing to stay."
--**Leola Woodruff**, *mental health worker, Riverview*

"The staff at Riverview are put at risk every day and need to be on high alert at every moment in this building to ensure their safely as well as the clients."
--Debra Sucy, *customer rep associate I, Riverview*

"As a team, we do our best to maintain safety when patients are struggling the most. There is, however, challenges in this line of work. Some of our patients have significant risk for violence toward themselves or others. There have been significant injuries causing people to be out of work, sometimes for a significant amount of time. It can be difficult to obtain seasoned, experienced staff as they can currently go to a lower risk level employment opportunity making the same salary or more."
--Christine Tibbetts, *hospital nurse II, Riverview*

In order to further inform this Task Force's work, we'd also encourage the Task Force to ask the Maine Department of Health and Human Services for data on:

- The number of employees at both Riverview and Dorothea Dix who have been out of work due to injuries relating to patient behavior;
- The duration of time that the injured workers have been out of work;
- Any disability accommodations such as work reassignments provided to them;
- Similar data relating to State of Maine worker injuries in other healthcare settings, such as injuries to workers in the Maine Office of Child and Family Services and the Maine Office of Aging and Disability Services.

All of the above data could help the Task Force gain a full understanding of the scope of the problem of worker injuries due to patient behavior, so that any recommendations made by this Task Force could make the Riverview and Dorothea Dix psychiatric centers and all other healthcare facilities in Maine safer places to work. As the stories the workers have told in their testimony on LD 1792 show, the workers at Riverview and Dorothea Dix are looking for solutions. They must be respected, protected and paid fairly for their work. We respectfully ask that you keep them in mind as you develop your recommendations to the 131st Maine Legislature. Thank you for your time and consideration. I would be glad to answer any questions.

DISABILITY RIGHTS MAINE

September 26, 2022
Senator Ned Claxton, Chair
Representative Anne C. Perry, Chair
Task Force to Study the Process for Bringing Criminal Cases in Situations of Violence Against Health Care Workers

RE: Comment of Disability Rights Maine

Dear Senator Claxton, Representative Perry and Members of *The Task Force to Study the Process for Bringing Criminal Cases in Situations of Violence Against Health Care Workers:*

Disability Rights Maine is Maine's designated Protection and Advocacy organization for individuals with disabilities.

We are providing the Task Force with the below comment as it is unclear if the Task Force's focus includes consideration of recommendations of charging individuals pursuant to Maine's criminal statutes who are prohibited from leaving the emergency department because they are being clinically assessed for an emergency admission to a psychiatric hospital under Maine's civil statutes.

In the event the Task Force's focus does not include this then please disregard the below. In the event that it does DRM would provide the following:

Emergency Admission to a Psychiatric Hospital

pursuant to 34-B M.R.S.A. § 3863.

I. The Clinical Assessment:

The clinical assessment that is required under this civil statute that then gives the hospital the authority to prohibit the individual from voluntarily leaving the emergency room pending an emergency transfer to a psychiatric hospital is outlined in the statute as follows:

> 2. Certifying examination. The written application must be accompanied by a dated certificate, signed by a medical practitioner stating:

A. That the practitioner has examined the person on the date of the certificate;

B. *That the medical practitioner is of the opinion that the person is mentally ill and, because of that illness, poses a likelihood of serious harm.* The written certificate must include a description of the grounds for that opinion. The opinion may be based on personal observation or on history and information from other sources considered reliable by the examiner, including, but not limited to, family members; and

C. That adequate community resources are unavailable for care and treatment of the person's mental illness. (emphasis added)[1]

II. The Licensed Professionals Permitted To Conduct the Clinical Assessment of "Likelihood of Serious Harm" because of mental illness and issue this certifying opinion.

The statute limits the individuals who are permitted to perform this assessment and issue this written opinion are as follows:

- Licensed physician,
- Licensed physician assistant,
- Certified psychiatric clinical nurse specialist,
- Certified nurse practitioner or
- Licensed clinical psychologist. [2]

III. Definition of "Likelihood of Serious Harm"

The statute provides a definition for "likelihood of serious harm" the clinicians are to use when they are rendering their clinical opinion as to whether or not the person they are examining is mentally ill and, because of that illness, poses a likelihood of serious harm, as follows:

4-A. Likelihood of serious harm. "Likelihood of serious harm" means:

A. A substantial risk of physical harm to the person as manifested by recent threats of, or attempts at, suicide or serious self-inflicted harm;

B. A substantial risk of physical harm to other persons as manifested by recent homicidal or violent behavior or by recent

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[1] 34-B M.R.S.A. § 3863(2)
[2] 34-B M.R.S.A. § 3801 4-B

conduct placing others in reasonable fear of serious physical harm;

C. A reasonable certainty that the person will suffer severe physical or mental harm as manifested by recent behavior demonstrating an inability to avoid risk or to protect the person adequately from impairment or injury...[3]

IV. Definition of "Mentally Ill Person"

The statute defines "Mentally Ill Person" as follows:

> **Mentally ill person.** "Mentally ill person" means a person having a psychiatric or other disease that substantially impairs that person's mental health or creates a substantial risk of suicide. "Mentally ill person" includes persons suffering effects from the use of drugs, narcotics, hallucinogens or intoxicants, including alcohol. A person with developmental disabilities or a person diagnosed as a sociopath is not for those reasons alone a mentally ill person.[4]

Therefore, in order for this person to continue to be prohibited from leaving the emergency room a clinician must be of the opinion that, *because of* the *person's mental illness*, they pose a likelihood of serious harm to self or others.

Once the clinician has issued this certifying opinion it is presented, along with the application for the emergency hospitalization, to a judicial officer for review. If the judicial officer endorses the certificate and application as "regular and in accordance with the law" the individual is then sent to the admitting psychiatric hospital.[5]

Although the individual is prohibited from leaving the emergency department pending transfer to the psychiatric hospital[6] the statute does not require any psychiatric hospital to accept the referral of such patients from the emergency rooms in which they are waiting, regardless of their capacity to do so.

Many psychiatric beds are not in use according to an article that appeared in the Portland Press Herald in October of 2020. The Maine Department of Health and Human Services was quoted as stating the following:

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[3] 34-B M.R.S.A. §3801 4-A.
[4] 34-B M.R.S.A. §3801(5).
[5] 34-B M.R.S.A. §3863 (3)(A).
[6] "If the patient cannot be safely released after the entire 120-hour authorized hold period has lapsed and if there is still no psychiatric bed available, the hospital may "restart" the process." A.S. v. LincolnHealth, 2021 ME 6, ¶ 25, 246 A.3d 157, 167.

"The state has an official capacity of 500 licensed beds for psychiatric use, according to the Maine Department of Health and Human Services *but many of the beds are not in use.* (emphasis added)[7]

There appears to be no comprehensive data being kept regarding the reasons for when a psychiatric hospital declines a referral for admission from an emergency department regarding a patient being held there pursuant to 34-B M.R.S.A. § 3863.

A data keeping requirement of such information was included in a concept draft bill last session which provision was not finally adopted[8]. That provision would have required the following such data keeping as follows:

> 6. Requiring real-time reporting to the Department of Health and Human Services of available treatment beds in psychiatric facilities and community-based residential treatment facilities in order to highlight and address the challenges of serving individuals in need of treatment. At least once every 24 hours, each facility must submit information about its admissions, including the number of available beds, the number of occupied beds, the number of staffed beds and an explanation for any beds that are not in use. The department must make this information available on its publicly accessible website; and

The emergency involuntary admission statute is also silent as to what type of appropriate clinical environment the individual, who meets the criteria for emergency admission to a psychiatric hospital, should be provided with while they wait in an emergency department for admission to one of these 500 licensed psychiatric beds.

Therefore, if the clinician that examined the patient is also of the opinion that the clinical milieu of the emergency room would increase the likelihood of serious harm that the patient may pose to self or others, then charging that patient, after such harm occurs, is making the civilly held patient pay a criminal price for being held in a clinically inappropriate environment and does nothing to enhance a safe workplace for the health care workers or identify the actual reasons behind why this individual is having to wait in such an inappropriate environment.

Very Truly Your,

Mark C. Joyce
Managing Attorney

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[7] Portland Press Herald October 20, 2022. "Sandford Medical Center Opening Psychiatric Center to Help Ease Shortage"

[8] LD 1968 An Act To Expand Access to Mental Health and Crisis Care for Individuals in Jails and Individuals Experiencing Homelessness.

From: Carly <carma21@gmail.com>
Sent: Monday, September 26, 2022 9:34 AM
To: Caswell, Lynne
Subject: written testimony for Task force to study the process for bringing criminal cases in situation of violence...

Task Force to Study the Process for Bringing Criminal Cases in Situations of Violence Against Health Care Workers Resolve 2021, c. 173

Testimony from the Intentional Peer Support Advisory Committee (IPSAC) regarding Task Force to Study the Process for Bringing Criminal Cases in Situations of Violence Against Health Care Workers.

The Intentional Peer Support Advisory Committee (IPSAC) is a group of Certified Intentional Peer Support Specialists who advise and support the Department of Health and Human Services in the continued development and fidelity of Intentional Peer Support (IPS) practices in Maine.

We not only have personal experience of being in emergency departments as "behavioral health" patients, we also have years of experience working as peer support in emergency departments, psychiatric hospitals, and with various clinical teams and settings.

Violence in emergency departments is a complex problem. This is not a clear cut or concrete issue, with an obvious answer of who's right and who's wrong, or of who is to blame. This is a situation in which placing blame on one group of people or the other will only serve to strengthen and feed into the animosity between groups.

This is a problem that will most definitely continue when the root causes of the acrimonious and stressful atmospheres in emergency departments are not addressed.

Focus should be on looking into the causes of why emergency departments are being overused and used inappropriately, and how people can be supported in the community so they do not have to go to an emergency department. A person experiencing extreme distress/states does not belong in an emergency department and the emergency

department should not be their only option in a community. There needs to be alternative options in the community, like Peer Respites, for people who do not need medical care so they do not end up in emergency departments.

Throughout our collective 100+ years of experience, we have observed how including voices of lived experience in the planning of, the conversations about, and the development and implementation of services and treatment is invaluable.

It is puzzling to us then why the voices of those who will be directly impacted by what this task force recommends are not being included in these conversations and meetings. They can offer a perspective to this issue that is lacking and the exclusion of which will lead to the creation of more and larger problems down the road, especially for those in the community and for those who work in hospitals.

Even if one side is automatically assumed to be the one at fault, and the sole cause of the problem that the task force is 'tasked' with investigating, wouldn't a legislative ordered task force want to put their effort and money into exploring such a complicated issue from all sides?

When the possibility of prosecution is brought into the conversation, along with it comes the responsibility to bring cause and effect, and impact and intent into the same conversation. It is important to look at the effect and impact a police record, a fine, possibly jail time, is going to have on a person; the burden it is going to place on an already overburdened system, that tax dollars that will be used. Along with looking at the intention behind wanting to prosecute a person - do you think it will help with violence in emergency departments, or ultimately add to it? Will people, out of fear, avoid emergency departments and go without the help they need (not to mention the even more complex situation of a person brought to the emergency department by police)? Will people, on all sides, get the help and support they need?

Thank you for your time,
Members of IPSAC

CITY OF BANGOR

Testimony Before the Task Force to Study the Process of Bringing Criminal Cases in Situations of Violence Against Healthcare Workers

September 27, 2022

Senator Claxton, Representative Perry, and distinguished members of the Task Force to Study the Process of Bringing Criminal Cases in Situations of Violence Against Healthcare Workers, my name is Mark Hathaway and I am the police chief in Bangor. I thank you for the opportunity to submit testimony in support of proving improved protections for healthcare workers across our state.

Violence against healthcare workers is on the rise. It clearly is in Bangor. The challenge for the frontline healthcare worker has transitioned from providing medical or mental health treatment to calming an aggressive or assaultive patient. Often the healthcare worker is pushed, spat on or struck. The reason for the aggression is unclear. Frustration, grief, anger, confusion, mental health disorders are all contributing factors. While leaders at hospital networks across the state develop de-escalation response teams, bolster security and improve technology it is the police who are looked upon for solutions. Indeed the police do want to be part of the solution.

The good work by this task force will hopefully provide the guidance necessary to help determine the best practice when a police officer is called upon to arrest or cite a person who has assaulted a healthcare worker. The distinction between a mental health issue and a behavioral issue is often the challenge. Should the police officer make that determination? Is it prudent to remove the patient from the medical or mental health setting and place them in the confinement of a holding cell at the county jail? Are there better options?

We are grateful for your work on this critical topic and are hopeful these conversations will lead to the improvements necessary to safeguard healthcare workers in Bangor and across our state. We are likewise hopeful that your efforts will not only strengthen current laws but also allow for the development of sensible placement alternatives for the patient with serve or persistent mental illness who is exhibiting violence or hostility toward the healthcare worker. We can all do better at this. We need to do it together.

Thank you for your time. Please do not hesitate to connect with me if you have questions.

Mark Hathaway, Chief of Police mark.hathaway@bangormaine.gov