An Act to Strengthen Public Safety, Health and Well-being by Expanding Services and Coordinating Violence Prevention Resources

(AFTER DEADLINE)

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 205. Reference to the Committee on Health and Human Services suggested and ordered printed.
Be it enacted by the People of the State of Maine as follows:

PART A

Sec. A-1. Strengthen and expand mental health crisis intervention mobile response services. The Department of Health and Human Services shall strengthen and expand mental health crisis intervention mobile response services in order to provide services 24 hours a day, 7 days a week. The department shall provide for the incorporation of mobile outreach peer support specialists, certified intentional peer support specialists and recovery coaches, mental health law enforcement liaisons through behavioral health agencies and community debriefing and critical incident response services into the existing crisis services response system. The department shall also provide for ancillary services that are required components of mental health crisis intervention mobile response services. The funding for these ancillary services must include travel costs to and from mobile face-to-face assessments not to exceed the federal per mile rate, travel time to and from mobile face-to-face assessments and reimbursement for time spent on telephone conferences with clients. The department shall provide reimbursement for peer support services provided as mental health crisis intervention mobile response services under the MaineCare program.

Sec. A-2. E-9-1-1 and 9-8-8 coordination. By January 30, 2025, the Department of Health and Human Services, in coordination with the Department of Public Safety, shall ensure the coordination of services under the State's E-9-1-1 system and the State's 9-8-8 mobile crisis services system. By January 30, 2026, the Department of Health and Human Services shall submit a status report related to the coordination of services, including suggested legislation, to the joint standing committee of the Legislature having jurisdiction over health and human services matters. The joint standing committee may submit a bill relating to the report to the Second Regular Session of the 132nd Legislature.

Sec. A-3. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF

Mental Health Services - Community Z198

Initiative: Provides funding to strengthen mental health crisis intervention mobile response services in order to provide services 24 hours a day, 7 days a week. This funding must provide funding for mobile outreach peer workers.

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Mental Health Services - Community Z198

Initiative: Provides funding to strengthen mental health crisis intervention mobile response services in order to provide services 24 hours a day, 7 days a week. This funding must provide funding for certified intentional peer support specialists and recovery coaches.

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| HEALTH AND HUMAN SERVICES, DEPARTMENT OF |
| DEPARTMENT TOTALS | **2023-24** | **2024-25** |
| GENERAL FUND | $0 | $2,519,471 |
| DEPARTMENT TOTAL - ALL FUNDS | $0 | $2,519,471 |

**PART B**

Sec. B-1. 34-B MRSA §3613 is enacted to read:

§3613. Crisis receiving centers
1. **Definitions.** As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

   A. "Crisis receiving center" means a center providing walk-in access to crisis services to individuals experiencing behavioral health, mental health and substance use challenges.

   B. "Culturally sensitive trauma-informed care" means care that acknowledges, respects and integrates the cultural values, beliefs and practices of individuals and families.

2. **Crisis receiving centers.** The department shall establish crisis receiving centers across the State to support individuals dealing with behavioral health, mental health or substance use issues. At a minimum, a crisis receiving center must be established in Androscoggin County, Aroostook County, Oxford County, Penobscot County, Washington County and York County. The department shall ensure that crisis receiving centers provide culturally sensitive trauma-informed care.

3. **Rules.** The department may adopt rules to implement this section. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

   **Sec. B-2. Appropriations and allocations.** The following appropriations and allocations are made.

   **HEALTH AND HUMAN SERVICES, DEPARTMENT OF**
   **Mental Health Services - Community Z198**

   Initiative: Provides funding to establish 6 crisis receiving centers, one each in Androscoggin, Aroostook, Oxford, Penobscot, Washington and York counties.

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   **PART C**

   **Sec. C-1. 22 MRSA c. 256-B** is enacted to read:

   **CHAPTER 256-B**

   **OFFICE OF VIOLENCE PREVENTION**

   §1427. **Office of Violence Prevention**

   1. **Office established.** The Office of Violence Prevention, referred to in this section as "the office," is established within the Maine Center for Disease Control and Prevention to coordinate and promote effective efforts to reduce violence in the State, including, but not limited to, gun violence, and related trauma and promote research regarding causes of and evidence-based responses to violence, including gun violence.

   2. **Director.** The commissioner shall appoint the director of the office.
3. **Collaboration.** To carry out its duties, the office may collaborate with other state agencies and programs, including, but not limited to, the Address Confidentiality Program established under Title 5, section 90-B; the Victims' Compensation Board established under Title 5, section 3360-A; the Department of Education; the Office of Behavioral Health established under Title 5, section 20011; the Office of the Attorney General; and the Department of Public Safety. The office may also collaborate with individuals, educational institutions, health care providers and organizations with expertise in violence prevention and gun safety.

4. **Awareness and education.** The office shall increase the awareness of and educate the general public about laws and resources relating to violence prevention and conduct awareness and education campaigns in accordance with this subsection.

   A. The office shall increase the awareness of and educate the general public about state and federal laws and existing resources relating to violence prevention, including:

   (1) The availability of and the process for requesting protection orders, including, but not limited to, protection from abuse orders under Title 19-A, chapter 103 and protection from harassment orders under Title 5, chapter 337-A;

   (2) The process for accessing available mental health and substance use disorder resources and how to refer individuals to needed mental health and substance use disorder treatment services, including suicide prevention services;

   (3) The process for accessing available resources and services for domestic violence prevention;

   (4) The process for reporting a lost or stolen firearm, including reporting requirements in state law;

   (5) The best practices for safe storage of firearms; and

   (6) Safe and responsible gun ownership, including increased awareness of the law and methods of compliance with state and federal law.

   B. The office shall conduct awareness and education campaigns and develop and provide educational materials and training resources, including:

   (1) Developing and providing educational materials and training resources to local law enforcement agencies, health care providers and educators to assist those agencies, providers and educators with educating the public about the laws, available resources and effective violence prevention strategies;

   (2) Conducting awareness and education campaigns in a culturally competent way, including by providing materials and resources in multiple languages;

   (3) Conducting awareness and education campaigns directed toward gun owners, parents and legal guardians of children and organizations that provide services to individuals and communities disproportionately affected by gun violence; and

   (4) At the request of the Director of the Maine Center for Disease Control and Prevention, supporting and providing assistance for education campaigns and programs conducted by the department that are related to gun violence, including education campaigns and programs relating to the safe storage of firearms and suicide prevention.
The office may focus the awareness and education campaigns required under this paragraph in communities identified by the office as disproportionately affected by gun violence and use television messaging, radio broadcasts, print media, digital strategies or any other form of messaging considered effective and appropriate by the office to achieve the goals of this section.

5. **Grant program.** Subject to available funding, the office may establish and administer a grant program to award grants to organizations to conduct community-based violence intervention initiatives that are primarily focused on interrupting cycles of violence, including gun violence, trauma and retaliation by providing culturally competent intervention services.

   A. To be eligible for a grant award, an organization must demonstrate the ability to conduct effective community-based violence intervention initiatives that meet the criteria described in this subsection and in rules adopted by the Maine Center for Disease Control and Prevention. The office shall prioritize awarding grants to organizations that conduct violence intervention initiatives with individuals and in communities identified as having the highest imminent risk of perpetrating or being victimized by violence.

   B. An initiative conducted with a grant award must use strategies that are evidence-informed and have demonstrated potential for reducing violence without contributing to mass incarceration, such as group violence interventions, evidence-based street and community outreach programs, violence interruption and crisis management programs and individualized wraparound services. To improve the effectiveness of a violence intervention initiative, a grant recipient shall conduct regular evaluations of the initiative, including community input and engagement.

   C. The Maine Center for Disease Control and Prevention shall adopt rules necessary for the administration of the grant program, including grant application procedures, criteria for determining the amount and duration of the grants and reporting requirements for organizations that receive grants.

   D. In administering the grant program, the office shall collaborate with stakeholders as needed to ensure equity in the distribution of grants. The office shall consult with stakeholders to develop grant priorities. Stakeholders must include individuals and families affected by violence, organizations with expertise in violence prevention and gun safety and representatives of communities of color.

6. **Data hub.** The office shall create and maintain a data hub of regularly updated and accurate materials and resources as a repository for data, research and statistical information regarding violence in the State, including gun violence. As part of maintaining the data hub, the office shall:

   A. Assist researchers who are seeking information regarding violence in the State;

   B. Collaborate with researchers, including organizations that conduct gun violence research, to:

      (1) Identify gaps in available data needed to conduct violence prevention research and develop strategies to improve relevant data collection in the State;

      (2) Use existing available research to enhance evidence-based violence prevention tools and resources available to communities in the State; and
(3) Improve the understanding of the disproportionate barriers to safety from violence by encouraging disaggregation of data by race and ethnicity when research is conducted; and

C. Promote new and relevant research regarding violence prevention and, if possible, make the research accessible to researchers and the public.

7. Funding. The office may receive funding from any source for the purposes of this section. The office shall identify and apply for available federal grants and other funding to further its work to prevent violence. The office may work in collaboration with other state agencies and organizations to identify and apply for federal grants and other funding.

8. Reporting requirements. The office and the department shall provide the following reports relating to the office's work.

A. Annually, by November 30th, the office shall report to the department on the activities it has conducted in the preceding 12 months. The report must include:

(1) Information regarding awareness and education campaigns conducted by the office;
(2) Effective violence intervention programs identified by the office;
(3) Any federal grants or other funding the office applied for and whether the office received those grants or other funds;
(4) A general summary of new and relevant research included in the office's data hub under subsection 6 and the nature of research assistance provided by the office; and
(5) Recommendations to enhance the administration and operation of the office and improve the availability of services to reduce violence in the State.

The office shall make the report available on its publicly accessible website or on the Maine Center for Disease Control and Prevention's publicly accessible website.

B. In its annual report to the joint standing committee of the Legislature having jurisdiction over health and human services matters pursuant to section 1425, the Maine Center for Disease Control and Prevention shall include a summary of the office's annual report submitted under paragraph A, including recommendations under paragraph A, subparagraph (5) and instructions for accessing any new and relevant violence prevention research identified by the office in paragraph A, subparagraph (4). The Maine Center for Disease Control and Prevention shall make the summary available on its publicly accessible website.

9. Rules. The Maine Center for Disease Control and Prevention shall adopt rules to implement this chapter. Rules adopted pursuant to this subsection are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A.

PART D

Sec. D-1. Appropriations and allocations. The following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF
Mental Health Services - Community Z198
Initiative: Provides funding to reduce waiting lists for and expand access to medication management services provided by the Office of Behavioral Health that are similar to the services provided under the department's rule Chapter 101: MaineCare Benefits Manual, Chapter II, Section 65, Behavioral Health Services, to meet the timely access requirements under the consent decree referenced in the Maine Revised Statutes, Title 34-B, section 1217. Medication management services include telehealth services and employee recruitment and retention incentives.

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GENERAL FUND TOTAL $0 $6,000,000

PART E

Sec. E-1. 25 MRSA §2015 is enacted to read:

§2015. Gun shop project

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Dangerous or deadly weapon" has the same meaning as "dangerous weapon" in Title 17-A, section 2, subsection 9, paragraph C.

B. "Department" means the Department of Public Safety.

C. "Firearm" has the same meaning as in Title 17-A, section 2, subsection 12-A.

D. "Gun shop" means a business located in the State that sells firearms, dangerous or deadly weapons or related components, such as ammunition.

E. "Gun shop project" means a project to develop, create and distribute suicide prevention educational materials.

2. Administration of the gun shop project. The department shall administer a gun shop project.

3. Educational materials. In administering the gun shop project under this section, the department, in partnership with the Department of Health and Human Services, shall develop suicide prevention educational materials, including, but not limited to, information on:

A. Understanding and recognizing the various clinical signs, symptoms and indicators of suicide risk; and

B. Available suicide prevention resources.

4. Guidance in developing and creating educational materials. The department shall refer to the following for guidance in developing the educational materials under subsection 3:

A. Gun shop projects in other states;

B. Programs created or offered by organizations in the dangerous or deadly weapon industry; and

C. Other projects or organizations that the department determines appropriate.
5. **Creation of gun shop project educational materials.** The educational materials under subsection 3 must be created as written materials, such as pamphlets, signs, posters, tip sheets or other media, and as an online training course for firearm dealers licensed as dealers under 18 United States Code, Section 923(a)(3) and for other customers.

6. **Distribution of gun shop project educational materials.** The department shall ensure that the written educational materials created under subsection 5 are available on the department's publicly accessible website and are made available to and for distribution through:
   A. Gun shops, which may distribute the materials at the point of purchase to an individual who is purchasing a dangerous or deadly weapon; and
   B. Other organizations or locations that the department determines appropriate.

7. **Training.** The department shall make voluntary training available to gun shops and other organizations that receive written educational materials pursuant to subsection 6. The training must focus on methods to recognize the signs, symptoms and indicators of suicide risk and available suicide prevention resources.

8. **Reporting requirement.** Annually, by November 30th, the department shall submit a written report regarding the activities of the gun shop project during the prior calendar year, including, but not limited to, the categories of educational materials developed, the number of written educational materials created and the number of participants in the online training course, to the joint standing committee of the Legislature having jurisdiction over public safety matters.

**PART F**

Sec. F-1. **Law enforcement alerts to the public and federally licensed firearms dealers.** The Commissioner of Public Safety shall:

1. Develop and implement procedures to notify the public of active shooter situations. The procedures must include procedures for notifying the deaf and hard-of-hearing community; and

2. Study issues concerning the development and implementation of procedures to notify all holders of federal firearms licenses in the State regarding all statewide law enforcement alerts relating to persons determined to be dangerous or in mental health crisis. The study must include consideration of potential constitutional issues and the effect of ensuring that the receipt of a law enforcement alert would not create an obligation for or liability of the license holder related to any transaction with the person who is the subject of the alert. For the purposes of this subsection, "federal firearms license" means a license issued under 18 United States Code, Section 923(a)(3). By January 1, 2025, the commissioner shall submit a report related to the study to the joint standing committee of the Legislature having jurisdiction over criminal justice matters. The committee may submit a bill related to the report to the 132nd Legislature in 2025.

**SUMMARY**

This bill enacts provisions to improve mental health crisis response services and to reduce violence, including gun violence.
Part A provides funding to strengthen and expand mental health crisis intervention mobile response services in order to provide services 24 hours a day, 7 days a week. It requires the Department of Health and Human Services to provide for the incorporation of specific types of mental health and crisis intervention experts into the existing crisis services response system. It also provides funding for ancillary services for mobile response services, including necessary travel and telephone conferences with clients. Part A also requires the Department of Health and Human Services, by January 30, 2025, in coordination with the Department of Public Safety, to ensure the coordination of services under the State's E-9-1-1 system and the State's 9-8-8 mobile crisis services system. By January 30, 2026, the Department of Health and Human Services must submit a status report related to the coordination of services, including suggested legislation, to the joint standing committee of the Legislature having jurisdiction over health and human services matters, and the joint standing committee may submit a bill relating to the report to the Second Regular Session of the 132nd Legislature.

Part B directs the Department of Health and Human Services to establish crisis receiving centers across the State to support individuals dealing with behavioral health, mental health or substance use issues. At a minimum, a crisis receiving center must be established in Androscoggin, Aroostook, Oxford, Penobscot, Washington and York counties. Crisis receiving centers must provide culturally sensitive trauma-informed care. Part B also provides funding to establish 6 crisis receiving centers.

Part C establishes the Office of Violence Prevention within the Maine Center for Disease Control and Prevention to coordinate and promote effective efforts to reduce violence in the State, including gun violence, and related trauma and promote research regarding causes of and evidence-based responses to violence. The office is directed to increase the awareness of and educate the general public about laws and resources relating to violence prevention and conduct awareness and education campaigns. The office may establish and administer a grant program to award grants to organizations to conduct community-based violence intervention initiatives that are primarily focused on interrupting cycles of violence, trauma and retaliation by providing culturally competent intervention services. The office is required to create and maintain a data hub of regularly updated and accurate materials and resources as a repository for data, research and statistical information regarding violence in the State.

Part D provides funding to reduce waiting lists for and expand access to medication management services, including telehealth services and employee recruitment and retention incentives, provided by the Office of Behavioral Health that are similar to the services provided under Department of Health and Human Services rule Chapter 101: MaineCare Benefits Manual, Chapter II, Section 65, Behavioral Health Services, to meet the timely access requirements under the consent decree referenced in the Maine Revised Statutes, Title 34-B, section 1217.

Part E requires the Department of Public Safety to administer a gun shop project, which is a project to develop, create and distribute suicide prevention educational materials. It requires the Department of Public Safety, in partnership with the Department of Health and Human Services, to develop and create written suicide prevention educational materials and an online training course. The written educational materials must be available on the department's publicly accessible website and made available to and for distribution through gun shops and other organizations determined appropriate by the department.
Part F requires the Commissioner of Public Safety to develop and implement procedures to notify the public, including the deaf and hard-of-hearing community, of active shooter situations. It also requires the commissioner to study issues concerning the development and implementation of procedures to notify all federally licensed firearms dealers in the State regarding all statewide law enforcement alerts relating to persons determined to be dangerous or in mental health crisis.