

March 4, 2024

The Honorable Joe Baldacci & Michele Meyer Chairpersons, Joint Committee on Health and Human Services Maine State House 2 State House Station, Augusta, ME 04333

RE: Support LD 2237, An Act to Strengthen Public Safety, Health and Well-Being by Expanding Services and Coordinating Violence Prevention Resources

Dear Senator Baldacci, Representative Meyer, and Members of the Committee:

My name is Shamera Simpson and I am the Executive Director of the American Foundation for Suicide Prevention (AFSP) Maine Chapter. AFSP is the leading not-for-profit organization dedicated to saving lives and bringing hope to those affected by suicide through research, education, support, and advocacy. As the world's largest private funder of suicide prevention research, we know that suicide is a leading yet preventable public health problem.

Thank you for the opportunity to share testimony in support of LD 2237, which would appropriate funding to strengthen and expand Maine's mobile crisis response system, require coordination of services between the state's E-911 system and 988 mobile crisis response system, establish and appropriate funding for crisis receiving centers across the state, establish the Office of Violence Prevention and task them with conducting education and awareness campaigns, including on safe storage of firearms and suicide prevention, appropriate funding for services provided by the Office of Behavioral Health, and require the Department of Public Safety to administer the Gun Shop Project.

According to the latest data from the Centers for Disease Control and Prevention, in Maine in 2021, suicide was the 2nd leading cause of death for youth, teens, and adults ages 15-44, the 5th leading cause for adults ages 45-54, the 8th leading cause for adults ages 55-64, and the 10th leading cause of death overall. That same year, we lost 277 Maine residents to suicide and more than half of those lives were lost to firearm suicide.

AFSP is encouraged to see the Maine State Legislature consider so many important suicide prevention initiatives. LD 2237 would take crucial steps towards building out Maine's crisis services continuum and in improving crisis care coordination between 911 and 988 throughout the state.

An effective crisis services continuum includes three main components: someone to talk to (crisis call centers), someone to respond (mobile crisis response teams), and somewhere safe to go (crisis receiving and stabilization centers). LD 2237 would appropriate funding for two of these three vital components, mobile crisis response and crisis receiving centers. State support for and investment in our crisis support system is vital. This funding will help our state meet growing community crisis needs by providing Mainers experiencing a suicidal, mental health, or substance use crisis lifesaving access to in-person crisis supports. Together these initiatives will reduce healthcare spending through early intervention, reduce the burden on emergency rooms and law enforcement, and improve outcomes for individuals experiencing a suicide or behavioral health crisis.

LD 2237 will also require coordination between Maine's E-911 services and 988 mobile crisis response services. The coordination of these services will help our state better address caller needs by providing call information and sharing solutions (including warm hand-offs) when needed, reducing wait time length, and dropped calls. Ongoing collaboration between 911 and 988 will help both systems provide appropriate support to and more options for callers when needed, including access to crisis stabilization centers and other acute behavioral health care services in place of law enforcement or EMS response.

LD 2237 also includes several provisions that aim to prevent firearm suicides. Research has shown that suicide risk increases when a firearm or other lethal means (methods) are present in the home or readily accessible. It individuals with firearm access are no more likely to be suicidal than those without firearm access, but individuals at risk with access to firearms in the home **are** much more likely to use a firearm — a highly lethal means of suicide -- than those without. Research has also shown that putting time and distance between a person at risk and lethal means can save lives. This allows time for the suicidal risk to diminish, for the intense suicidal impulse to pass, or for someone to intervene with mental health support and resources. This is why any effective suicide prevention strategy must address access to lethal methods of suicide.

Through initiatives at the Office of Violence Prevention and the implementation of the Gun Shop Project, LD 2237 will help ensure lifesaving suicide prevention education becomes a basic tenet of firearm safety and reaches Maine communities and homes where firearms are present, so that families are better able to recognize warning signs and put safeguards in place to prevent firearm suicide. The Gun Shop Project is a project to develop, create, and distribute suicide prevention educational materials to be shared by gun shops and other community organizations. So far, at least 21 states have implemented the Gun Shop Project.^{vii}

As an organization, AFSP has partnered nationally with the National Shooting Sports Foundation (NSSF) to produce and distribute these very types of materials to their over 8,000 members which include retail stores, ranges, and instructors. This bill would make materials like these even more readily available to Mainers and subsequently save more lives.

Members of the Committee, we all have a role to play in preventing suicide, and with your support, passage of this legislation will affirm the state's commitment to improving the lives of Maine residents and their loved ones and to preventing the tragic loss of life to suicide in the future. Thank you for the opportunity to submit testimony in support of LD 2237. The AFSP Maine Chapter is grateful for your consideration of this critical bill and strongly urges your support.

Sincerely,

Shamera Simpson Executive Director AFSP Maine

¹ CDC National Center for Injury Prevention and Control. (2024). WISQARS Fatal Injury Reports 1999-2021. Retrieved from: https://wisqars.cdc.gov/fatal-reports.

ii Ibid.

Studdert, D. M., Zhang, Y., Swanson, S. A., Prince, L., Rodden, J. A., Holsinger, E. E., Spittal, M. J., Wintemute, G. J., & Miller, M. (2020). Handgun ownership and suicide in California. *New England Journal of Medicine*, 382(23), 2220–2229. https://doi.org/10.1056/NEJMsa1916744.

https://cspv.colorado.edu/what-we-do/taking-stock-gun-shop-project

^{iv} Houtsma, C., Butterworth, S. E., & Anestis, M. D. (2018). Firearm suicide: Pathways to risk and methods of prevention. *Current Opinion in Psychology*, *22*, 7-11. https://doi.org/10.1016/j.copsyc.2017.07.002.

Yip, P., Yousuf, S., Chang, S., Caine, E., Chien-Chang Wu, K., & Chen, Y. (2012). Means restriction for suicide prevention. *Lancet*, 379(9834), 2393-2399. https://doi.org/10.1016/S0140-6736(12)60521-2.

vi Henn, M., Barber, C., & Hemenway, D. (2019). Involving firearm stakeholders in community-based suicide prevention efforts. *Current Epidemiology Reports*, *6*(2), 231–237. https://doi.org/10.1007/s40471-019-00198-1. vii University of Colorado Boulder. (2024). Taking Stock: Gun Shop Project. Retrieved from: