

Testimony of the Maine Municipal Association

Neither For Nor Against

LD 2237 - *An Act to Strengthen Public Safety, Health and Well-being by Expanding Services and Coordinating Violence Prevention Resources*

March 4, 2024

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Senator Baldacci, Representative Meyer and members of the Health and Human Services Committee, my name is Rebecca Graham and I am submitting testimony neither for nor against to LD 2237 on behalf of the 70 municipal leaders elected by their peers to serve on the Association's Legislative Policy Committee (LPC) and directed to establish positions on bills of municipal interest. As this bill language has only just been received, and quite comprehensive, the LPC has not had the opportunity to review and take an official position on the bill.

However, there are a number of municipal priorities that fall within the themes of this bill, and a number of challenges faced by municipal employees and that can help inform the committee to address key concerns with the practical experience of navigating the deficiencies in the available mental health system across the state. Once the LPC has reviewed the perspective language, I will provide an official position before the work session if possible.

**Part A.** Mobile crisis response units are becoming a preferred response model across the U.S. and in Europe. The effective key pieces of this provision are understanding where the service gaps are currently, incorporating the crisis response into a comprehensive system, working directly with law enforcement collaboratively, and providing drop off centers as well as in home stabilization united with local emergency rooms and medical partners.

**State-wide availability:** This system should be built on a model that guarantees a person-centered approach in the same ways for someone in Presque Isle and Caribou as someone in Bangor, Porter, or Pine Point. To date, this has been accomplished effectively in municipalities with extra resources who have hired dedicated trauma informed professionals to become embedded with law enforcement and able to respond alone or with enhanced personal security as needed. The service gaps in those communities has been commonly experienced and centers on access to ongoing services to refer an individual to without repeated and escalating responses becoming needed.

In many communities, they have no local or even regional access to such supports, despite having their emergency calls received and triaged by the 9-1-1 system. The triage protocols consume on average 7 minutes before these geographically distant resources can be sought and started towards the individual in crisis. By starving the resources to rural areas, you are default creating a law enforcement only response that cannot be diminished until such time

the state has appropriately developed a system of uniform availability. This is not an “either” “or” situation. Both law enforcement and mental health responses are necessary and required with the filter on the appropriate response informed by the situational need, not a restrictive process.

**System Evaluation and Investment:** As drafted and appropriated in Part A, Part B, and Part C there is not a requirement to conduct a system mapping process that can interrupt the revolving door of incarceration, and not adequate funding to provide law enforcement liaisons, or integrated service training for successful outcomes. There is also not a provision to gather call metrics and their outcomes to continually inform the system, provide for informed sustainability or base service provision on need over exclusively financial factors.

Mobile response may and can be replaced in some areas with drop-in centers and individual in house care plans in higher density areas like York County, while a more coordinated regional “soup to nuts” system is necessary in mental and behavioral health deserts in northern, down east and western Maine. The appropriation is not enough to provide this response, but the provision that requires crisis receiving centers in Aroostook, Oxford, and Washington, known mental health deserts, is necessary and appreciated. Somerset, Franklin, and the poorest county of Piscataquis should also be considered for a regional approach.

**Caring For the Responders:** Missing from the proposal are the well established, resource starved, deficits in taking care of those who are needed to respond. This bill should include the necessary appropriation provision requested in LD 1857, *Resolve, to Establish a Public Safety Health and Wellness Grant Pilot Program*, sitting on the Appropriations table to be used to incorporate more robustly this system, parts of which could be covered when the civilian employee is an employee of a law enforcement or EMS agency. Additionally, the bill should be returned to the mechanism for ongoing funding based on the system of taxation for cannabis which was originally designed to invest in public safety annually in a meaningful way.

Those who respond to these needs and incidents need to be taken care of with as much deliberation as those needing their compassionate response. They are absent from consideration in this bill, while it also seeks to increase their burden. LD 1857 can and should be considered an additional path to the recruitment and retention needs of the Department of Health and Human Services as outlined in Part D. By providing expanded access to culturally informed care of first responders in public safety and behavioral and mental health emergencies, the state will ensure there is an adequate and sustainable workforce recognizing the system of healthy and wellbeing of the collaborative partners necessary for these vital services.

Thank you for considering the municipal perspective on this initiative. I will provide additional information once the LPC has reviewed the language if the committee has not voted the bill out at that time.