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March 4, 2024

Senator Joseph Baldacci, Chair
Representative Michele Meyer, Chair
Members, Joint Standing Committee on Health and Human Services
100 State House Station
Augusta, ME 04333-0100

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

Senator Baldacci, Representative Meyer and members of the Joint Standing Committee on Health and Human Services:

Thank you for the opportunity to provide information related to the initiatives in LD 2237, *An Act to Strengthen Public Safety, Health and Well-being by Expanding Services and Coordinating Violence Prevention Resources.*

This bill would enact provisions related to mental health crisis response services and seeks to reduce violence, including gun violence. These provisions include funding to strengthen and expand mental health crisis intervention mobile response services; coordination of services under the State's E-911 and 988 systems between DHHS and DPS; the establishment of additional crisis receiving centers throughout the state; the establishment of the Office of Violence Prevention within the Maine CDC; and funding to reduce waiting lists for and expand access to medication management services. The primary issues the bill seeks to address are the availability of crisis services throughout the state, violence (with focus on gun violence) and related trauma, waiting lists for and access to medication management services.

The Department has been working on several crisis reform efforts to realize the vision we share with the Legislature and public of a strong, robust crisis system that will expand the continuum of care for individuals and families experiencing a behavioral health crisis as well as coordinate violence prevention resources. The Department would urge the committee to take the following into consideration as it looks to improve mental health crisis response and coordination of violence prevention resources:

Expanding Mental Health Crisis Intervention

In collaboration with the Office of Maine Care Services (OMS), the Office of Behavioral Health (OBH) has been working on comprehensive Mobile Crisis System Reform efforts. OBH has invested over \$15M in state and federal resources to improve the crisis system in Maine and remains committed to the ongoing work in this area. This includes strengthening its Mobile Crisis services through current comprehensive reform efforts with a focus on building a trauma informed approach to mobile crisis response including:

- Expanding the mobile crisis response team to include peers (people who have experienced mental health crisis themselves) so that individuals can access both clinical and non-clinical support
- Updating the crisis services curriculum and training for providers
- Developing an encounter-based payment model that supports comprehensive mobile crisis response and aftercare supports

The Department has been engaging crisis providers for over two years on this effort and, while much of this work is aligned with what is proposed in LD 2237, consideration should be given to how this work is already included in current mobile crisis reform efforts already underway. It is worth noting that the Office of MaineCare Services (OMS) submitted a budget initiative to support the expansion of mobile crisis services in the amount of \$2.8 million.

Establishing Crisis Receiving Centers

Maine DHHS established the first community-based Crisis Receiving Center in Cumberland County in 2022. The Crisis Receiving Center model in Maine is designed to provide same day, walk-in access to mental health, substance use, crisis stabilization, and peer supports services to provide low barrier access to care and divert individuals from law enforcement, emergency departments, and hospitalization.

OBH supports the thoughtful and strategic expansion of crisis receiving centers across the state which is why it supports the establishment of a crisis receiving center in Androscoggin County (Lewiston) as well as developing a plan for a network of crisis receiving centers across the state as proposed in LD 2224. This will allow a thoughtful and feasible expansion of the model that takes into consideration community needs, demographics, and how the model will operate in more rural settings, in addition to ensuring a sustainable funding model.

Further, the funding amount of \$9 million proposed in LD 2237 would be inadequate to establish 6 Crisis Receiving Centers across the State. The cost of implementing 6 crisis receiving centers would be substantial, as each center would require a minimum investment of \$950,000 in start-up funding and \$1.8M in annual ongoing operational support, resulting in an estimated fiscal for this part alone of \$5.7 million in start-up and \$10.8 million in annual ongoing operational funding.

The Department's intent is to establish a network of crisis receiving centers over time, allowing meaningful attention and requisite funding allocations for each center and consideration of the nuances in the establishment, start-up, and operational needs. Additionally, regions identified for development of crisis receiving centers should be in alignment with specific need and consider factors such as call volumes for 988 referrals.

By establishing centers over time, future locations throughout the state would be determined based on data supporting demand for services, ensuring access for those regions with the greatest need. OBH and OMS would likewise continue collaboration on a sustainable model for long-term funding of the centers.

Expanding Access to Medication Management

OBH has been engaged in strategic planning work regarding expanding access to Medication Management. This has included nine stakeholder and provider engagement sessions on medication management to support long-term, sustainable change and expansion of services. OBH in collaboration with OMS has developed both short and long-term recommendations based on feedback received and is working collaboratively to review and implement those recommendations.

Should the Legislature choose to invest additional funds in medication management, the Department would seek additional clarity on the intended use of the \$6 million one-time funding. The intent is unclear as drafted, and the Department requests additional information about how one-time funds can “reduce waiting lists for and expand access to medication management services.”

Enhanced Coordination between Maine’s E-911 and Behavioral Health Crisis/988 Systems

DHHS and the Public Utilities Commission Emergency Services Communications Bureau (PUC/ESCB) have an ongoing partnership to support and enhance coordination between Maine’s 911 and Behavioral Health Crisis/988 systems. A cross-departmental workgroup continues to meet biweekly to develop planning, education, evaluation, and quality assurance for effective and appropriate coordination of Maine’s crisis and emergency response systems, including ongoing implementation of Maine’s Behavioral Health Call Transfer and Assessment Policy¹.

In September 2024, the workgroup will complete a *Roadmap for Maine’s 988-911 Partnership*, in compliance with SAMHSA funding to OBH as the governing authority for 988 in the State of Maine (Award # 6H79FG001158-01M001, *Improving Maine’s 988 Lifeline Capacity*). Related collaborative activities—grant-funded through 9/29/26—include enhancing statewide data collection to improve 988 service, communication, and partnership with emergency response services; developing a trackable process improvement plan for collaborative 988-911 initiatives; and development of a comprehensive quality assurance plan in coordination with Maine’s 988-911 Behavioral Health Call Transfer and Assessment Policy.

DHHS defers to the PUC/ ESCB to weigh in further on the feasibility of this proposal from their perspective.

Office of Violence Prevention

Maine CDC supports expanding its infrastructure and capacity develop and coordinate further injury and violence prevention work as proposed in LD 2224, *An Act to Strengthen Public Safety by Improving Maine's Firearm Laws and Mental Health System* and the Administration’s Supplemental Budget proposal.

Maine CDC, the Office of Child and Family Services (OCFS), and OBH currently have some existing programming in place for domestic violence prevention and access to behavioral health treatment services. While Maine CDC has experience in producing educational materials including public safety messaging related to firearm sales, including when mental health or risk of self-harm may be indicated, it would need time to assess the current landscape of

¹ https://www.maine.gov/maine911/sites/maine.gov.maine911/files/inline-files/MaineBehaviorHealthCall%20ReceiptTransferandAssessmentPolicy03NOV2022_Final%20Draft.docx


programming and education offered by other entities, as well as develop materials to address gaps in programming needed to achieve the education and awareness directives within this legislation.

Should the Legislature enact the expanded vision for this work immediately, additional funding to support the creation of a new and separate office within Maine CDC would be necessary to manage and expand the required prevention work. Relatedly, funding would also be required to support the creation of the proposed data hub, community grantmaking initiatives, and associated educational and programming initiatives aimed at better understanding and addressing violence in Maine.

The Department appreciates the intention of this Legislation. We feel strongly that expansion of services must be done mindfully and set reasonable expectations for the community and providers. The Department has and will continue to endeavor to strengthen and expand mental health crisis intervention in alignment with best practices, national standards, the needs and feedback of those involved with the provision and receipt of these services and would better support longer-term success and sustainability of the proposals in this bill.

Please feel free to contact me if you have any questions during your deliberation of this bill.

Sincerely,

DocuSigned by:

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Sarah Squirrell

Director

Office of Behavioral Health

Maine Department of Health and Human Services