



Alliance for Addiction and Mental Health Services, Maine

The unified voice for Maine's community behavioral health providers

Malory Otteson Shaughnessy, Executive Director

~ Officers ~

Dave McCluskey, President

Community Care

Greg Bowers, 1st Vice-President

Day One

Bob Descoteaux, 2nd Vice-President

MaineGeneral Behavioral Health

Kara Hay, Secretary

Penquis CAP Inc.

Ellen Bemis, Treasurer

Aroostook Mental Health Center

Eric Meyer, Past President

Spurwink

~ Board Members ~

Alternative Services, NE, Inc.

Androscoggin Home & Healthcare

ARC at Mid Coast Hospital

Assistance Plus

Brighter Heights Maine

Catholic Charities, Maine

Co-occurring Collaborative

Serving Maine

Christopher Aaron Center

Common Ties Mental Health

Community Caring Collaborative

Community Concepts, Inc.

Community Health & Counseling

COR Health

Crisis & Counseling Centers

Crossroads Maine

Kennebec Behavioral Health

KidsPeace Maine

Maine Behavioral Health

Organization

Maine Behavioral Healthcare

Milestone Recovery

NFI North, Inc.

Northern Light/Acadia

Pathways of Maine

Portland Recovery Community

Center

Progress Center

Rumford Group Homes

Sunrise Opportunities

Sweetser

TriCounty Mental Health Services

Wellspring, Inc.

Wings for Children & Families

Woodfords Family Services

Testimony in Support of LD 2237

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

Sponsored by Speaker Talbot-Ross

3.4.2024

Good morning Senator Baldacci, Representative Meyer, and esteemed members of the Joint Standing Committee on Health and Human Services. My name is Malory Shaughnessy, I am a resident of Westbrook, and the Executive Director of the Alliance for Addiction and Mental Health Services. The Alliance is the statewide association representing the majority of Maine's community-based providers of these much-needed services, providing care annually to over 80,000 Maine men, women, and children. The Alliance advocates for the implementation of sound policies and evidence-based practices that serve to enhance the quality and effectiveness of our behavioral health care system.

On behalf of the Alliance and the thousands of youth and families that they serve, I am here today to speak in support of LD 2237 **An Act to Strengthen Public Safety, Health and Well-being by Expanding Services and Coordinating Violence Prevention Resources.**

As the summary states, this bill enacts provisions to improve mental health crisis response services and to reduce violence, including gun violence. I am here to speak in support of the provisions regarding expanding crisis services and improving mental health.

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. **We support this investment in expanding mobile crisis services as we are seeing the demand for these services grow exponentially. We also ask that the department be required to research how to fund not only mobile crisis response, but all crisis services on an annual cost-based basis rather than on a per encounter basis to assure for the continued sustainability of crisis response across the state of Maine, including our rural areas.**

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. **We support this part as we have seen how well this model is working in Portland. We do however note that these are more rural counties and believe that there needs to be a directive that these receiving centers be developed with a strong integration with the mobile crisis response providers to best utilize resources across the rural Maine landscape.**

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. **We support this part and would ask for an additional bullet to be added to section 4 (B) regarding awareness and education campaigns, to read, “Developing and providing educational materials and training resources to local law enforcement agencies and health care providers about the availability of and the process for requesting a Progressive Treatment Program (PTP) as appears in statute at 34-B M.R.S.A. § 3873-A.**

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. **We wholeheartedly support this section. As we have shared with this committee previously, we are seeing a historic rise in the need for this service and have hundreds of Mainers struggling with mental illness stuck for far too long on waiting lists. In addition to this fund for recruitment, ancillary costs and expanding services for the uninsured, we ask that the Department of Health and Human Services be required to implement the new rate for Medication Management provided by a physician of \$521.61 per billable hour, as recommended by Burns & Associates in their “Review of Provider Rates for Behavioral Health and Targeted Case Management Services Draft Rate Models” no later than October 1, 2024.**

We also strongly support part E and F to expand public safety measures.

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.

Please vote Ought to Pass on this legislation and incorporate our suggested additions. I would be happy to provide any additional information that you might require. Thank you.