



**Consumer Council System of Maine**  
A Voice for Consumers of Mental Health Services

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Good afternoon, Senator Ingwersen, Representative Meyer and esteemed members of the Joint Standing Committee on Health and Human Services.

My name is Simonne Maline. I am the Executive Director for the Consumer Council System of Maine (CCSM). I am here today on behalf of the CCSM to testify **neither for nor against LD 1187**.

The Consumer Council System of Maine is a public instrumentality written into State Statute by the Maine Legislature to serve in an advisory capacity and to provide legislators with guidance and advice regarding the delivery of effective and appropriate adult mental health services from those served by them.

CCSM neither supports nor opposes LD 1187 in its current form. However, we urge the committee to **look a little deeper** into the potential unintended consequences of tracking mental health referrals in uniform crime reports. While the intent behind this bill may be to improve data collection and service coordination, it also raises serious concerns about stigma, selective data tracking, and potential misuse of information.

### **Potential for Increased Stigma**

By specifically tracking mental health referrals in the context of crime reporting, this bill risks reinforcing the harmful stereotype that mental health challenges are inherently linked to criminal behavior. This association is not only inaccurate but could deter individuals from seeking care for fear of being criminalized or labeled as a risk to public safety. We must **look a little deeper** at how such reporting could impact public perceptions and the willingness of individuals to engage with necessary services.

### **Selective Data Tracking**

This bill focuses exclusively on mental health referrals rather than the broader spectrum of social service interventions, such as substance use counseling, housing assistance, or domestic violence support. If the goal is to better understand the factors influencing interactions with law enforcement, why single out mental health referrals? A more comprehensive approach would **look a little deeper** at the full range of social determinants affecting these encounters, rather than isolating one category in a way that could be misleading.

### **Recommendations**

1. **Broaden Data Collection Scope** – Amend LD 1187 to include a wider range of social service referrals, ensuring that data collection reflects the complex realities of law enforcement interactions.
2. **Implement Safeguards Against Misuse** – Establish clear guidelines to prevent the data from being used in ways that contribute to stigma or discrimination. The goal should be to improve services, not to create a system that discourages individuals from seeking help.



3. **Engage Stakeholders** – Work with mental health advocacy groups, individuals with lived experience, and other relevant stakeholders to ensure that data collection is fair, effective, and respectful of individuals' rights.

## Conclusion

While we recognize the importance of using data to inform policy, it is critical to **look a little deeper** at how such measures may impact the individuals they are meant to serve. We urge the committee to consider a broader, more inclusive approach to data collection—one that informs solutions rather than reinforces stigma.

Thank you for your time and consideration.

Sincerely,

Simonne M. Moline

Executive Director