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Alliance for Addiction and Mental Health Services, Maine The unified voice for Maine's community behavioral health providers

Testimony Neither For Nor Against: An Act to Require Certain Mental Health Data to Be Included in Uniform Crime Reports – LD 1187

April 7, 2025

Good afternoon, Senator Beebe-Center, Representative Hasenfus, and honorable members of the Committee on Criminal Justice and Public Safety. My name is Adam Bloom-Paicopolos. I am a resident of Wells and am proud to serve as the Executive Director of the Alliance for Addiction and Mental Health Services, Maine (the Alliance). The Alliance is the statewide association representing Maine's community-based behavioral health agencies who provide much-needed mental health and substance use services to over 80,000 children, adults, and families annually. 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, I am here today to speak in neither for nor against LD 1187, "An Act to Require Certain Mental Health Data to Be Included in Uniform Crime Reports."

LD 1187 seeks to broaden the data law enforcement agencies report as part of their uniform crime submissions to include certain mental health-related information. While we understand and appreciate the intent of this legislation to gather more comprehensive data that can inform better public policy decisions and promote accountability, we do have some concerns on creating additional, unfunded data tracking requirements on community behavioral health agencies that engage with law enforcement partners on extreme risk protection order (ERPOs).

Currently, the legal preconditions for law enforcement to seek a weapons restriction assessment under the ERPO law include the individual being taken into protective custody and probable cause that the person possesses, controls, or may acquire a dangerous weapon. These decisions rely on statutorily defined terms such as "a mentally ill person" and "a likelihood of serious harm," which guide both law enforcement and medical practitioners in their respective determinations.

From the clinical side, medical practitioners conducting these assessments are tasked with evaluating whether an individual meets these criteria. These assessments are not full mental health or forensic evaluations and do not include detailed criminal histories or behavior. Practitioners are often limited to the information law enforcement provides and credible third-party input at the time of evaluation. Importantly, when an individual is assessed to meet these standards, it is likely that the individual is in crisis. In most cases, this crisis would also meet the threshold for emergency involuntary hospitalization (a "blue paper"). From there, however, a partner agency in question often does not have access to all local

community resources, are not directly involved in the resulting ongoing care delivered by the local community hospital and are unable to conduct follow-ups on referrals.

While we see and understand the value of integration of more nuanced behavioral health indicators into crime reporting, the system currently in place lacks the infrastructure needed to accomplish the outcomes desired in this legislation. As this Committee continues to consider LD 1187, we respectfully encourage thoughtful discussions around current statute, the distinct roles played by behavioral health providers and law enforcement professionals, and present system limitations. We also support ongoing collaboration to improve data collection practices and pathways that can support public safety and behavioral health outcomes without overburdening community providers and frontline responders. The Alliance would be a willing participant in any such conversations.

Thank you for the opportunity to provide testimony this afternoon. I would be happy to answer any questions from the Committee.

Respectfully,

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Adam Bloom-Paicopolos, MPP Executive Director