



March 4, 2024

Senator Joseph Baldacci, Chair  
Representative Michele Meyer, Chair  
Committee on Health and Human Services  
Cross Office Building, Room 209  
Augusta, Maine 04333

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

Dear Senator Baldacci, Representative Meyer, and Members of the Committee  
on Health and Human Services:

My name is Mark Joyce. I am a managing attorney at Disability Rights Maine,  
Maine's protection and advocacy agency for people with disabilities. I am also  
class counsel in the class action lawsuit settlement that is commonly referred  
to as either the AMHI Consent Decree or AMHI Settlement Agreement.

Thank you for the opportunity to provide testimony in support of LD 2237.

LD 2237 includes the following:

- Strengthens and expands mental health crisis intervention mobile response services in order to provide services 24 hours a day, 7 days a week.
- Incorporates mobile outreach peer support specialists, certified intentional peer support specialists, recovery coaches, mental health law enforcement liaisons and community debriefing and critical incident response services into the existing crisis services response system.
- Coordinates the services under the State's E-9-1-1 system and the State's 9-8-8 mobile crisis services system.
- Establishes crisis receiving centers in Androscoggin, Aroostook, Oxford, Penobscot, Washington and York counties.
- Expands access to medication management services.
- Provides funding for all of the above services.

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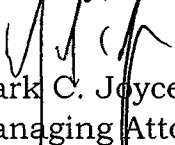
MAINE'S PROTECTION AND ADVOCACY AGENCY FOR PEOPLE WITH DISABILITIES

An example of the impact of this expansion includes:

- By increasing the services offered by mobile crisis intervention to individuals undergoing a mental health crisis, this significantly enhances the chances of the individual staying within their community instead of resorting to immediate emergency room care. This not only shapes their current experience but also influences their future decisions regarding seeking mental health support, as they are more likely to engage with the system if they believe it won't inevitably lead to emergency room intervention.
- By providing people with low barrier access to crisis receiving centers this also helps to lessen the barriers for individuals to access longer term mental health services. For example, many mental health services are provided by private agencies that significantly rely on MaineCare to fund them. However, there is no free service that is available to any eligible individual to provide them with case management type assistance to help them with the filing of the necessary paperwork with MaineCare in order to get the proof of insurance they need to then access those longer-term mental health services.<sup>1</sup> These low barrier receiving centers may have the ability to provide this level of assistance.
- It will Increase access to medication management services, which are crucial for individuals either initiating or maintaining their medication regimen. This is a service that can only be provided by certain licensed professionals authorized to prescribe medications, and delays in accessing it may prolong hospital stays or disrupt continuity of care for those needing to find a new medication management provider.

DRM urges this Committee to support LD 2237.

Sincerely,



Mark C. Joyce  
Managing Attorney

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<sup>1</sup> The MaineCare application is 14 pages long, covering questions regarding personal data, income, deductions, tax, citizenship, assets and other health insurance coverage. Some information must be verified with the submission of other documents ("We will ask you to submit proof of income if we are not able to verify your income electronically. You may also send in proof (e.g., pay stubs, award letters, etc.) with this application if you choose.") <https://www.maine.gov/dhhs/ofi/applications-forms>.