



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

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Good morning, Senator Baldacci and Representative Meyer and esteemed members of the Health and Human Services Committee,

My name is Simonne Maline, I am a resident of Oakland and the Executive Director of the Consumer Council System of Maine. I am here today to testify **in favor of LD 2237 “An Act to Strengthen Public Safety, Health and Well-being by Expanding Services and Coordinating Violence Prevention Resources”**.

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 and state government with guidance and advice regarding the delivery of effective and appropriate adult mental health services from those served by them.

While we recently gave testimony regarding supporting increases to mobile crisis and receiving centers, we do so again today. I have included the SAMSHA link below that discusses these services and what best practices must look like. Maine’s current crisis reform will include certified peer support specialists as well as clinicians as co-responders. Also, receiving centers have a “peer heavy” staff of certified peer support specialists as well. This is an important step forward in Maine.

Last Friday I made a long overdue trip to see the Portland Receiving Center. I am glad that I went as I feel it will help the CCSM advise on this initiative. I found the Center to be a warm and inviting space. Honestly, the only way you know someone works there versus the individuals they serve were lanyard badges. No one is forced there or required to stay. One thing that was an eyeopener was that the Center shares building space with an ACT (Assertive Community Treatment) team, a CCBHC (Certified Behavioral Health Clinic) and a BHH (Behavioral Health Home) team and a pharmacy as well. This is how we would hope that other centers are built. The reason being if there is a need that cannot be fulfilled by the Receiving Center staff, they can walk down the hall and have access to a multitude of providers that can and do support whatever the peer’s need is. This is truly a **no wrong door model**. Given how complex our system is and how many different barriers there are to access I saw them melt away before my eyes. Need help getting a MaineCare application done? Need a clinician to document eligibility for BRAP housing vouchers? It can all be

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done there. I often think about how the barriers most individuals deal with as death by a thousand cuts. Asking these questions and seeing how things operate remind me we can do things more simply and support individuals with their basic needs in much better ways.

Medication management services are in dire need of a multipronged approach as we work to keep the few providers we have and look at workforce issues that could support growing our providers' capacities. Many individuals are waiting over a year or longer to access this basic service. Since the new standards were created for the settlement of the AMHI Consent Decree, the metrics have not been met since inception in 2021. Let me also say that this data is for a subset of the population as they report on those coming out of the hospital, not others who are waiting for services.

[https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf?fbclid=IwAR0BpQZFTjT0MJYKp0h8d9gRmCYRSA\\_odbchDJsCp2-bjkWNriazLxaEIo8](https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf?fbclid=IwAR0BpQZFTjT0MJYKp0h8d9gRmCYRSA_odbchDJsCp2-bjkWNriazLxaEIo8)

I urge you to vote ought to pass on LD 2237.

Thank you for your time and attention.

Sincerely,

*Simonne M. Maline*

Executive Director

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