STATE OF MAINE
HOUSE OF REPRESENTATIVES
SPEAKER'S OFFICE
AUGUSTA, MAINE 04333-0002
(207) 287-1300

RACHEL TALBOT ROSS
SPEAKER OF THE HOUSE

March 4, 2024

Testimony of Speaker Rachel Talbot Ross presenting

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

Before the Joint Standing Committee on Health and Human Services

Senator Baldacci, Representative Meyer, and esteemed members of the Joint Standing Committee on Health and Human Services. My name is Rachel Talbot Ross, I represent District 118 on the peninsula of Portland, and I serve as Speaker of the House. I am here to present to you today **LD 2237, An Act to Strengthen Public Safety, Health and Well-being by Expanding Services and Coordinating Violence Prevention Resources.**

I'll begin this testimony by centering us in a moment in time. On October 25, 2023, a man opened fire in two separate Lewiston establishments, killing 18 and injuring 13. Over the course of one horrific evening, lives were lost and irrevocably altered; for the affected families and communities, the project of recovery will be long, slow, and difficult. I'll take this moment to pay homage to the victims and to their families.

In the shock and uncertainty that followed the tragedy, as a lawmaker, I understood that it is our responsibility to do everything in our power to ensure that a tragedy like the one that took place in Lewiston never takes place again; we must take meaningful action, and now, to make our communities safer. I'll pause to sincerely thank all those who have been working on violence prevention and related efforts for years: this includes advocates, providers, community members, and other stakeholders. We know that while the actions we take can never replace the lives that were lost or fully repair the impact to our communities, we know what needs to happen. For those of you that are new to these issues, we welcome you, and look forward to moving forward together.

I'll expand out from that moment in Lewiston to paint a broader picture, one that spans the state and has been developing for years: we are in a public health epidemic. For many years, we have seen shortages of providers[1] and an increase in need from our state's population[2]; those needs are especially acute in the areas of mental and behavioral health. The ramifications are familiar: long wait times for appointments, the inability to access specialty care, and a void in support in moments of crisis. The shooting in Lewiston reminded us that gun violence is a part of this public health epidemic: it poses a serious threat to the well-being and safety of individuals and communities, and its impact, often felt for generations, extends beyond just physical injuries. It is a product of and a factor in the erosion of public health and safety, and so we should respond with system-level change, for mental health is public health, and healthcare is a human right. We must ensure that a strong network of support exists to provide care and protect against violence, for the benefit of every Mainer and everyone in our state.

This legislation intends to grow that network, with three core understandings. First, trauma-informed and culturally sensitive care should be accessible to all in this state, regardless of background, history, or location. Second, ensuring public health and safety is an intersectional project, which depends upon law enforcement, health care providers, schools, business owners, and other community partners. Third, this is an effort to strengthen public health: it adopts a population-level approach that addresses factors that contribute to and protect from gun violence, with the goal of protecting every Mainers' health, safety, and well-being.

I'll first list briefly the actions that this bill proposes, and then I'll explain each step in more depth. I would like to make two small changes to the bill, which I'll note along the way.

This bill accomplishes the following:

1. 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;
2. 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;
3. 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;
4. Part D provides funding to reduce waiting lists for and expand access to medication management services;
5. Part E requires the Department of Public Safety to administer a gun shop project;

---

[1]Find shortage areas by address. Accessed March 4, 2024. https://data.hrsa.gov/tools/shortage-area/by-address.

[2]Lawlor, Joe. "Having a Harder Time Accessing Health Care? You're Not Alone – and It's Making US Sicker." Press Herald, October 22, 2023. https://www.pressherald.com/2023/10/22/maine-has-a-health-care-access-crisis-and-its-making-us-sicker/.

6. 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.

Next, I'll explain each step in more detail, beginning with Part A. Part A provides funding to strengthen and expand mental health crisis intervention mobile response services, including mobile crisis units, in order to provide services 24 hours a day, 7 days a week. These units provide a rapid response to mental health emergencies, offering immediate assistance to individuals in crisis in a timely manner, reducing the risk of escalation, promoting mental health outcomes, and ensuring that emergency room services can be allocated. These units will serve the needs of the population statewide, including in rural or remote areas that may be otherwise underserved. Part A also 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, and requires coordination with existing 911 and 988 systems. This coordination is key: by linking our existing emergency call system with broadly expanded mental health services, we can facilitate mental health triage in moments when people need them most.

Next, Part B provides the framework and funding to create six crisis receiving centers across the State to support individuals experiencing behavioral health, mental health or substance use issues. These crisis receiving centers will be built on the model provided by the Living Room Crisis Center, located in Portland, which is operated by Spurwink Services in partnership with DHHS. The Center provides crisis intervention, peer support, case management and triage to ongoing services and serves as a voluntary and compassionate alternative for those experiencing a mental health crisis. This is critical, because often individuals are taken into law enforcement custody or to an emergency room because there is nowhere else to turn. At a minimum, the bill mandates that a crisis receiving center be established in Androscoggin, Aroostook, Oxford, Penobscot, Washington and York counties. Further, these centers must provide trauma-informed, culturally sensitive care. Altogether, these measures will help to ensure compassionate and accessible care to those in crisis.

I'll take a moment to emphasize that these investments in mobile crisis response and receiving centers build on the proposal forthcoming in another piece of legislation, LD 2238, this bill elevates that new investment to a transformational level – and even then, we know that this is merely the beginning of what is needed for systemic change. When we know that these methods of crisis response work, a one-piece-at-a-time approach will delay services to people in our more rural areas of the state but put pressure on future legislatures to continue to increase their level of funding.

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, including gun violence and related trauma, and promote research regarding causes of, and evidence-based responses to, violence. This office, equipped with a clear mandate and experienced personnel, would serve as a central hub for coordinating efforts among various entities, including law enforcement, healthcare providers, mental health professionals, local and federal governments, and community organizations, with specific responsibility for the following:

1. Assembling and disseminating materials and information;
2. Building violence data and analysis capacity;
3. Developing comprehensive strategies for addressing various types of violence; and
4. Developing and implementing a state plan to prevent targeted gun violence and effectively respond to incidents of mass shootings and surges in other forms of gun violence.

Collaboration across government and stakeholders will enhance the effectiveness of evidence-informed data-driven prevention strategies, and it increases the likelihood of success in reducing violence. The establishment of this type of office is one of the key recommendations of the White House's Safer States Initiative, and upon implementation, Maine would join eight other states in the country that have a dedicated gun violence prevention office. Given that there is no office charged with the responsibility of addressing violence, in all of its forms, through a public health lens in our state, these needs are unmet as of now.

Part D provides funding to reduce waiting lists for and expand access to medication management services, which is foundational for those who live independently and use medication to manage mental illnesses. This service allows for providers to work with clients to prescribe and adjust medication for serious and persistent mental illness including schizophrenia, bipolar disorder, anxiety, clinical depression and others, empowering patients to actively participate in their treatment and make informed decisions about their mental health.

Currently, there is anywhere from a 6 to 18 month wait for an initial visit for these services. This is unacceptable, because mental health is public health, and healthcare is a human right; 18-month wait times for necessary care do not sufficiently meet the health care needs of our communities. This bill provides a one-time investment (with a strong federal match) that will allow providers to increase overtime, provide work and sign on bonuses, hire temporary and per diem help, and access telehealth providers on a contract basis for rural unserved areas and for those on waiting lists. **We'd like to make one change here: we'd like to increase the amount allocated for medication management and make it ongoing, as we'd like to empower providers to hire more service providers, and the rates will not be adjusted for two years.**

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. Gun Shop

Projects (GSPs) build local partnership infrastructure between public, mental and community health agencies, and firearm businesses, using trusted messengers in the firearm community to educate firearm business owners, managers, and employees on the increased risk of death by suicide among firearm owners due to their access to firearms when in crisis. Originally developed in New Hampshire, this model has proven to be an effective tool and has been welcomed by gun shop owners as a means to encourage responsible, safe gun ownership.

Finally, 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, ensuring that all Mainers are informed in real time about a dangerous situation and threat to public safety in their area of the state. Additionally, the bill directs the Commissioner of Public Safety to establish a working group to determine the feasibility of an alert system to holders of Federal Firearm Licenses pertaining to persons who may be a danger to themselves or others who are attempting to purchase a firearm. This is because we know that to keep our families safe, we should do what we can to keep dangerous weapons out of the hands of those who intend to do harm to themselves or others. **We would like to make a small change here – we'd like to exclude "mental health crisis" from the objects of study here, as law enforcement responds to hundreds of mental health crises each day in this state, many of which are stabilized in the community.**

The bill before you is comprehensive, data-informed, and intersectional; it represents a bold investment in a safety net for which we as lawmakers bear responsibility. It is compassionate and thorough, developed in community. Its contributors included elected officials, first responders, the local, state, and federal government partners, gun safety advocates, gun owners, and public health experts. Most importantly, it is the result of input from Mainers, rural and urban, from the most northern point to the south, urging us to do what we can to ensure that this state is safe for all. I urge you to support this critically important and timely legislation, and I am happy to answer any questions you may have.