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**MAINE MUNICIPAL
ASSOCIATION SINCE 1936**

60 Community Drive | Augusta, ME 04330-9486

1-800-452-8786 (in state)
(T) 207-623-8428
(F) 207-624-0129

Testimony of the Maine Municipal Association

In Opposition to

LD 1187 – An Act to Require Certain Mental Health Data to Be Included in Uniform Crime Reports

April 7, 2025

Senator Beebe-Center, Representative Hasenfus and distinguished members of the Criminal Justice and Public Safety Committee, my name is Rebecca Graham, and I am testifying in opposition to LD 1187, at the direction of MMA's Legislative Policy Committee (LPC). Our LPC is made up of individuals from across Maine with municipal officials elected by their peers across Maine's 35 Senate districts representing communities with very different access to available enforcement resources and local capacity.

Many municipal law enforcement agencies have shifted from Uniform Crime Reporting (UCR) to National Incident Based Reporting Systems (NIBRS). As drafted, this bill would create a mandate for the updating of municipal based systems to not only collect data generally beyond municipal knowledge post incident, could also require a system to meet HIPAA compliance which would include training of staff, investment in new database protections and in some cases structural changes to public access areas to meet the protections necessary to keep personal health data secure. It is unclear what value such data will provide to law enforcement for the significant investment required to collect it.

When police or their embedded behavioral caseworkers make referrals to another entity for mental health or behavioral health needs, including those that trigger an extreme risk protection order, these are part of the incident record already. A mental or behavioral health crisis is not a crime. Subsequent treatment or knowledge of the types of services the individual received is outside agency knowledge and, in most cases, protected information for that individual. Not only would the database changes required to report on the follow up constitute a mandate on local government, but the staffing hours also required for follow up would the need for at least one additional staff member for every department.

As the state is the licensing authority for providers, it should be the providers who report on their referrals and outcomes, not law enforcement entities.

Officials agree that there is a significant lack of services for individuals in a mental or behavioral health crisis. The lack of these services in many areas of the state place extreme pressure on law enforcement officers. Officers are forced to repeatedly respond to calls from family members and concerned residents with no resources to refer individuals to until the situation becomes a public safety threat, and a criminal act allows them to effect an arrest. Other officers have shared that individuals who have triggered an extreme risk protection order and are brought to a hospital to receive care only to be released before the required process for the officer which often take at minimum of 6 hours to complete, is finished. There is a significant problem for on going high level care, but it is not the job of law enforcement to track or report on those post incident deficiencies.

While the directive of the bill is to the Department of Public Safety, the impact of the task is a mandate on local government and the key problem the data is attempting to highlight is out of the control of local government to solve. For all of these reasons, officials ask you to rethink where reporting on the lack of social services belongs and allow providers to be more of a solution to this problem.