



131st MAINE LEGISLATURE

SECOND REGULAR SESSION-2024

Legislative Document

No. 2237

H.P. 1437

House of Representatives, February 28, 2024

**An Act to Strengthen Public Safety, Health and Well-being by Expanding Services
and Coordinating Violence Prevention Resources
(AFTER DEADLINE)**

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 205.
Reference to the Committee on Health and Human Services suggested and ordered printed.

ROBERT B. HUNT
Clerk

Presented by Speaker TALBOT ROSS of Portland.

Cosponsored by President JACKSON of Aroostook and

Representatives: ABDI of Lewiston, ANKELES of Brunswick, ARFORD of Brunswick, BELL of Yarmouth, BOYLE of Gorham, BRENNAN of Portland, BRIDGEO of Augusta, CLOUTIER of Lewiston, CLUCHEY of Bowdoinham, COLLINGS of Portland, COPELAND of Saco, CRAFTS of Newcastle, CRAVEN of Lewiston, CROCKETT of Portland, DANA of the Passamaquoddy Tribe, DHALAC of South Portland, DILL of Old Town, DODGE of Belfast, DOUDERA of Camden, EATON of Deer Isle, FAY of Raymond, GATTINE of Westbrook, GEIGER of Rockland, GERE of Kennebunkport, GOLEK of Harpswell, GRAHAM of North Yarmouth, GRAMLICH of Old Orchard Beach, HASENFUS of Readfield, HEPLER of Woolwich, HOBBS of Wells, JAUCH of Topsham, KESSLER of South Portland, KUHN of Falmouth, LAJOIE of Lewiston, LANDRY of Farmington, LaROCHELLE of Augusta, LEE of Auburn, LOOKNER of Portland, MADIGAN of Waterville, MALON of Biddeford, MASTRACCIO of Sanford, MATHIESON of Kittery, MATLACK of St. George, MEYER of Eliot, MILLETT of Cape Elizabeth, MILLIKEN of Blue Hill, MONTELL of Gardiner, MOONEN of Portland, MORIARTY of Cumberland, MURPHY of Scarborough, O'CONNELL of Brewer, O'NEIL of Saco, OSHER of Orono, PERRY of Calais, PERRY of Bangor, PLUECKER of Warren, PRINGLE of Windham, RANA of Bangor, RIELLY of Westbrook, RISEMAN of Harrison, ROBERTS of South Berwick, ROEDER of Bangor, RUNTE of York, RUSSELL of Verona Island, SACHS of Freeport, SALISBURY of Westbrook, SARGENT of York, SAYRE of Kennebunk, SHAGOURY of Hallowell, SHAW of Auburn, SHEEHAN of Biddeford, SINCLAIR of Bath, SKOLD of Portland, STOVER of Boothbay, SUPICA of Bangor, TERRY of Gorham, WARREN of Scarborough, WHITE of Waterville, WILLIAMS of Bar Harbor, WORTH of Ellsworth, ZAGER of Portland, ZEIGLER of Montville, Senators: BAILEY of York, BALDACCI of Penobscot, BEEBE-CENTER of Knox, BRENNER of Cumberland, CARNEY of Cumberland, CHIPMAN of Cumberland, CURRY of Waldo, DAUGHTRY of Cumberland, DUSON of Cumberland, HICKMAN of Kennebec, INGWERSEN of York, LAWRENCE of York, NANGLE of Cumberland, PIERCE of Cumberland, RAFFERTY of York, ROTUNDO of Androscoggin, TIPPING of Penobscot, VITELLI of Sagadahoc.

1 **Be it enacted by the People of the State of Maine as follows:**

2 **PART A**

3 **Sec. A-1. Strengthen and expand mental health crisis intervention mobile**
4 **response services.** The Department of Health and Human Services shall strengthen and
5 expand mental health crisis intervention mobile response services in order to provide
6 services 24 hours a day, 7 days a week. The department shall provide for the incorporation
7 of mobile outreach peer support specialists, certified intentional peer support specialists
8 and recovery coaches, mental health law enforcement liaisons through behavioral health
9 agencies and community debriefing and critical incident response services into the existing
10 crisis services response system. The department shall also provide for ancillary services
11 that are required components of mental health crisis intervention mobile response services.
12 The funding for these ancillary services must include travel costs to and from mobile face-
13 to-face assessments not to exceed the federal per mile rate, travel time to and from mobile
14 face-to-face assessments and reimbursement for time spent on telephone conferences with
15 clients. The department shall provide reimbursement for peer support services provided as
16 mental health crisis intervention mobile response services under the MaineCare program.

17 **Sec. A-2. E-9-1-1 and 9-8-8 coordination.** By January 30, 2025, the Department
18 of Health and Human Services, in coordination with the Department of Public Safety, shall
19 ensure the coordination of services under the State's E-9-1-1 system and the State's 9-8-8
20 mobile crisis services system. By January 30, 2026, the Department of Health and Human
21 Services shall submit a status report related to the coordination of services, including
22 suggested legislation, to the joint standing committee of the Legislature having jurisdiction
23 over health and human services matters. The joint standing committee may submit a bill
24 relating to the report to the Second Regular Session of the 132nd Legislature.

25 **Sec. A-3. Appropriations and allocations.** The following appropriations and
26 allocations are made.

27 **HEALTH AND HUMAN SERVICES, DEPARTMENT OF**

28 **Mental Health Services - Community Z198**

29 Initiative: Provides funding to strengthen mental health crisis intervention mobile response
30 services in order to provide services 24 hours a day, 7 days a week. This funding must
31 provide funding for mobile outreach peer workers.

32 GENERAL FUND	2023-24	2024-25
33 All Other	\$0	\$808,256
34		
35 GENERAL FUND TOTAL	<u>\$0</u>	<u>\$808,256</u>

36 **Mental Health Services - Community Z198**

37 Initiative: Provides funding to strengthen mental health crisis intervention mobile response
38 services in order to provide services 24 hours a day, 7 days a week. This funding must
39 provide funding for certified intentional peer support specialists and recovery coaches.

40 GENERAL FUND	2023-24	2024-25
41 All Other	\$0	\$406,044
42		
	<u> </u>	<u> </u>

1 GENERAL FUND TOTAL \$0 \$406,044

2 **Mental Health Services - Community Z198**

3 Initiative: Provides funding to strengthen mental health crisis intervention mobile response
4 services in order to provide services 24 hours a day, 7 days a week. This funding must
5 provide funding for mental health law enforcement liaisons through behavioral health
6 agencies.

7 **GENERAL FUND** **2023-24** **2024-25**
8 All Other \$0 \$554,922

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10 GENERAL FUND TOTAL \$0 \$554,922

11 **Mental Health Services - Community Z198**

12 Initiative: Provides funding to strengthen mental health crisis intervention mobile response
13 services in order to provide services 24 hours a day, 7 days a week. This funding must
14 provide funding for community debriefing and critical incident response.

15 **GENERAL FUND** **2023-24** **2024-25**
16 All Other \$0 \$113,674

17
18 GENERAL FUND TOTAL \$0 \$113,674

19 **Mental Health Services - Community Z198**

20 Initiative: Provides funding to strengthen mental health crisis intervention mobile response
21 services in order to provide services 24 hours a day, 7 days a week. This funding must
22 provide funding for ancillary services that are required components of mental health crisis
23 intervention mobile response services. These ancillary services include travel costs to and
24 from mobile face-to-face assessments, not to exceed the federal per mile rate, and
25 reimbursement for time spent on telephone conferences with the client.

26 **GENERAL FUND** **2023-24** **2024-25**
27 All Other \$0 \$636,575

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29 GENERAL FUND TOTAL \$0 \$636,575

30

31 **HEALTH AND HUMAN SERVICES,**
32 **DEPARTMENT OF**
33 **DEPARTMENT TOTALS**

34 **2023-24** **2024-25**
35 **GENERAL FUND** **\$0** **\$2,519,471**

36
37 **DEPARTMENT TOTAL - ALL FUNDS** **\$0** **\$2,519,471**

38 **PART B**

39 **Sec. B-1. 34-B MRSA §3613** is enacted to read:

40 **§3613. Crisis receiving centers**

1 **1. Definitions.** As used in this section, unless the context otherwise indicates, the
2 following terms have the following meanings.

3 A. "Crisis receiving center" means a center providing walk-in access to crisis services
4 to individuals experiencing behavioral health, mental health and substance use
5 challenges.

6 B. "Culturally sensitive trauma-informed care" means care that acknowledges,
7 respects and integrates the cultural values, beliefs and practices of individuals and
8 families.

9 **2. Crisis receiving centers.** The department shall establish crisis receiving centers
10 across the State to support individuals dealing with behavioral health, mental health or
11 substance use issues. At a minimum, a crisis receiving center must be established in
12 Androscoggin County, Aroostook County, Oxford County, Penobscot County, Washington
13 County and York County. The department shall ensure that crisis receiving centers provide
14 culturally sensitive trauma-informed care.

15 **3. Rules.** The department may adopt rules to implement this section. Rules adopted
16 pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375,
17 subchapter 2-A.

18 **Sec. B-2. Appropriations and allocations.** The following appropriations and
19 allocations are made.

20 **HEALTH AND HUMAN SERVICES, DEPARTMENT OF**
21 **Mental Health Services - Community Z198**

22 Initiative: Provides funding to establish 6 crisis receiving centers, one each in
23 Androscoggin, Aroostook, Oxford, Penobscot, Washington and York counties.

24 GENERAL FUND	2023-24	2024-25
25 All Other	\$0	\$9,000,000
26		
27 GENERAL FUND TOTAL	\$0	\$9,000,000

28 **PART C**

29 **Sec. C-1. 22 MRSA c. 256-B** is enacted to read:

30 **CHAPTER 256-B**

31 **OFFICE OF VIOLENCE PREVENTION**

32 **§1427. Office of Violence Prevention**

33 **1. Office established.** The Office of Violence Prevention, referred to in this section
34 as "the office," is established within the Maine Center for Disease Control and Prevention
35 to coordinate and promote effective efforts to reduce violence in the State, including, but
36 not limited to, gun violence, and related trauma and promote research regarding causes of
37 and evidence-based responses to violence, including gun violence.

38 **2. Director.** The commissioner shall appoint the director of the office.

1 **3. Collaboration.** To carry out its duties, the office may collaborate with other state
2 agencies and programs, including, but not limited to, the Address Confidentiality Program
3 established under Title 5, section 90-B; the Victims' Compensation Board established under
4 Title 5, section 3360-A; the Department of Education; the Office of Behavioral Health
5 established under Title 5, section 20011; the Office of the Attorney General; and the
6 Department of Public Safety. The office may also collaborate with individuals, educational
7 institutions, health care providers and organizations with expertise in violence prevention
8 and gun safety.

9 **4. Awareness and education.** The office shall increase the awareness of and educate
10 the general public about laws and resources relating to violence prevention and conduct
11 awareness and education campaigns in accordance with this subsection.

12 A. The office shall increase the awareness of and educate the general public about state
13 and federal laws and existing resources relating to violence prevention, including:

14 (1) The availability of and the process for requesting protection orders, including,
15 but not limited to, protection from abuse orders under Title 19-A, chapter 103 and
16 protection from harassment orders under Title 5, chapter 337-A;

17 (2) The process for accessing available mental health and substance use disorder
18 resources and how to refer individuals to needed mental health and substance use
19 disorder treatment services, including suicide prevention services;

20 (3) The process for accessing available resources and services for domestic
21 violence prevention;

22 (4) The process for reporting a lost or stolen firearm, including reporting
23 requirements in state law;

24 (5) The best practices for safe storage of firearms; and

25 (6) Safe and responsible gun ownership, including increased awareness of the law
26 and methods of compliance with state and federal law.

27 B. The office shall conduct awareness and education campaigns and develop and
28 provide educational materials and training resources, including:

29 (1) Developing and providing educational materials and training resources to local
30 law enforcement agencies, health care providers and educators to assist those
31 agencies, providers and educators with educating the public about the laws,
32 available resources and effective violence prevention strategies;

33 (2) Conducting awareness and education campaigns in a culturally competent way,
34 including by providing materials and resources in multiple languages;

35 (3) Conducting awareness and education campaigns directed toward gun owners,
36 parents and legal guardians of children and organizations that provide services to
37 individuals and communities disproportionately affected by gun violence; and

38 (4) At the request of the Director of the Maine Center for Disease Control and
39 Prevention, supporting and providing assistance for education campaigns and
40 programs conducted by the department that are related to gun violence, including
41 education campaigns and programs relating to the safe storage of firearms and
42 suicide prevention.

1 The office may focus the awareness and education campaigns required under this
2 paragraph in communities identified by the office as disproportionately affected by gun
3 violence and use television messaging, radio broadcasts, print media, digital strategies
4 or any other form of messaging considered effective and appropriate by the office to
5 achieve the goals of this section.

6 **5. Grant program.** Subject to available funding, the office may establish and
7 administer a grant program to award grants to organizations to conduct community-based
8 violence intervention initiatives that are primarily focused on interrupting cycles of
9 violence, including gun violence, trauma and retaliation by providing culturally competent
10 intervention services.

11 A. To be eligible for a grant award, an organization must demonstrate the ability to
12 conduct effective community-based violence intervention initiatives that meet the
13 criteria described in this subsection and in rules adopted by the Maine Center for
14 Disease Control and Prevention. The office shall prioritize awarding grants to
15 organizations that conduct violence intervention initiatives with individuals and in
16 communities identified as having the highest imminent risk of perpetrating or being
17 victimized by violence.

18 B. An initiative conducted with a grant award must use strategies that are evidence-
19 informed and have demonstrated potential for reducing violence without contributing
20 to mass incarceration, such as group violence interventions, evidence-based street and
21 community outreach programs, violence interruption and crisis management programs
22 and individualized wraparound services. To improve the effectiveness of a violence
23 intervention initiative, a grant recipient shall conduct regular evaluations of the
24 initiative, including community input and engagement.

25 C. The Maine Center for Disease Control and Prevention shall adopt rules necessary
26 for the administration of the grant program, including grant application procedures,
27 criteria for determining the amount and duration of the grants and reporting
28 requirements for organizations that receive grants.

29 D. In administering the grant program, the office shall collaborate with stakeholders
30 as needed to ensure equity in the distribution of grants. The office shall consult with
31 stakeholders to develop grant priorities. Stakeholders must include individuals and
32 families affected by violence, organizations with expertise in violence prevention and
33 gun safety and representatives of communities of color.

34 **6. Data hub.** The office shall create and maintain a data hub of regularly updated and
35 accurate materials and resources as a repository for data, research and statistical
36 information regarding violence in the State, including gun violence. As part of maintaining
37 the data hub, the office shall:

38 A. Assist researchers who are seeking information regarding violence in the State;

39 B. Collaborate with researchers, including organizations that conduct gun violence
40 research, to:

41 (1) Identify gaps in available data needed to conduct violence prevention research
42 and develop strategies to improve relevant data collection in the State;

43 (2) Use existing available research to enhance evidence-based violence prevention
44 tools and resources available to communities in the State; and

1 Initiative: Provides funding to reduce waiting lists for and expand access to medication
2 management services provided by the Office of Behavioral Health that are similar to the
3 services provided under the department's rule Chapter 101: MaineCare Benefits Manual,
4 Chapter II, Section 65, Behavioral Health Services, to meet the timely access requirements
5 under the consent decree referenced in the Maine Revised Statutes, Title 34-B, section
6 1217. Medication management services include telehealth services and employee
7 recruitment and retention incentives.

8	GENERAL FUND	2023-24	2024-25
9	All Other	\$0	\$6,000,000
10			
11	GENERAL FUND TOTAL	<u>\$0</u>	<u>\$6,000,000</u>

12 **PART E**

13 **Sec. E-1. 25 MRSA §2015** is enacted to read:

14 **§2015. Gun shop project**

15 **1. Definitions.** As used in this section, unless the context otherwise indicates, the
16 following terms have the following meanings.

17 A. "Dangerous or deadly weapon" has the same meaning as "dangerous weapon" in
18 Title 17-A, section 2, subsection 9, paragraph C.

19 B. "Department" means the Department of Public Safety.

20 C. "Firearm" has the same meaning as in Title 17-A, section 2, subsection 12-A.

21 D. "Gun shop" means a business located in the State that sells firearms, dangerous or
22 deadly weapons or related components, such as ammunition.

23 E. "Gun shop project" means a project to develop, create and distribute suicide
24 prevention educational materials.

25 **2. Administration of the gun shop project.** The department shall administer a gun
26 shop project.

27 **3. Educational materials.** In administering the gun shop project under this section,
28 the department, in partnership with the Department of Health and Human Services, shall
29 develop suicide prevention educational materials, including, but not limited to, information
30 on:

31 A. Understanding and recognizing the various clinical signs, symptoms and indicators
32 of suicide risk; and

33 B. Available suicide prevention resources.

34 **4. Guidance in developing and creating educational materials.** The department
35 shall refer to the following for guidance in developing the educational materials under
36 subsection 3:

37 A. Gun shop projects in other states;

38 B. Programs created or offered by organizations in the dangerous or deadly weapon
39 industry; and

40 C. Other projects or organizations that the department determines appropriate.

1 Part A provides funding to strengthen and expand mental health crisis intervention
2 mobile response services in order to provide services 24 hours a day, 7 days a week. It
3 requires the Department of Health and Human Services to provide for the incorporation of
4 specific types of mental health and crisis intervention experts into the existing crisis
5 services response system. It also provides funding for ancillary services for mobile
6 response services, including necessary travel and telephone conferences with clients. Part
7 A also requires the Department of Health and Human Services, by January 30, 2025, in
8 coordination with the Department of Public Safety, to ensure the coordination of services
9 under the State's E-9-1-1 system and the State's 9-8-8 mobile crisis services system. By
10 January 30, 2026, the Department of Health and Human Services must submit a status
11 report related to the coordination of services, including suggested legislation, to the joint
12 standing committee of the Legislature having jurisdiction over health and human services
13 matters, and the joint standing committee may submit a bill relating to the report to the
14 Second Regular Session of the 132nd Legislature.

15 Part B directs the Department of Health and Human Services to establish crisis
16 receiving centers across the State to support individuals dealing with behavioral health,
17 mental health or substance use issues. At a minimum, a crisis receiving center must be
18 established in Androscoggin, Aroostook, Oxford, Penobscot, Washington and York
19 counties. Crisis receiving centers must provide culturally sensitive trauma-informed care.
20 Part B also provides funding to establish 6 crisis receiving centers.

21 Part C establishes the Office of Violence Prevention within the Maine Center for
22 Disease Control and Prevention to coordinate and promote effective efforts to reduce
23 violence in the State, including gun violence, and related trauma and promote research
24 regarding causes of and evidence-based responses to violence. The office is directed to
25 increase the awareness of and educate the general public about laws and resources relating
26 to violence prevention and conduct awareness and education campaigns. The office may
27 establish and administer a grant program to award grants to organizations to conduct
28 community-based violence intervention initiatives that are primarily focused on
29 interrupting cycles of violence, trauma and retaliation by providing culturally competent
30 intervention services. The office is required to create and maintain a data hub of regularly
31 updated and accurate materials and resources as a repository for data, research and
32 statistical information regarding violence in the State.

33 Part D provides funding to reduce waiting lists for and expand access to medication
34 management services, including telehealth services and employee recruitment and
35 retention incentives, provided by the Office of Behavioral Health that are similar to the
36 services provided under Department of Health and Human Services rule Chapter 101:
37 MaineCare Benefits Manual, Chapter II, Section 65, Behavioral Health Services, to meet
38 the timely access requirements under the consent decree referenced in the Maine Revised
39 Statutes, Title 34-B, section 1217.

40 Part E requires the Department of Public Safety to administer a gun shop project, which
41 is a project to develop, create and distribute suicide prevention educational materials. It
42 requires the Department of Public Safety, in partnership with the Department of Health and
43 Human Services, to develop and create written suicide prevention educational materials
44 and an online training course. The written educational materials must be available on the
45 department's publicly accessible website and made available to and for distribution through
46 gun shops and other organizations determined appropriate by the department.

1 Part F requires the Commissioner of Public Safety to develop and implement
2 procedures to notify the public, including the deaf and hard-of-hearing community, of
3 active shooter situations. It also requires the commissioner to study issues concerning the
4 development and implementation of procedures to notify all federally licensed firearms
5 dealers in the State regarding all statewide law enforcement alerts relating to persons
6 determined to be dangerous or in mental health crisis.