

When Law Enforcement and Crisis Services Intersect

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Learning Objectives

1. Participants will be able to identify at least two ways crisis service professionals can be helpful during a mental health crisis.
2. Participants will be able to identify two ways law enforcement officers can be helpful during a mental health crisis.
3. Participants will be able to identify two ways law enforcement officers and crisis services are collaborating in their response to crisis and emergency situations.
4. Participants will be able to identify two emerging programs and how to access information about them.

What is a Crisis

- A behavioral health crisis is a situation where someone feels overwhelmed or distressed and cannot manage their emotions or thoughts on their own, or with the coping strategies they currently have in place
- A crisis is self defined based on an individual's own feelings, unique experiences, and response.

What Are Crisis Services

Available 24 hours a day, 365 days a year. There is no wrong door for crisis support.

- **Someone to call**
 - Maine Crisis Line- call or text 988 or 1-888-568-1112
- **Someone to Respond**
 - Mobile Crisis Services
- **Somewhere to go**
 - Children's Urgent Care Behavioral Health Clinic
 - Bangor, Maine
 - Youth under 18 and their families
 - Monday through Saturday 12PM-8PM
 - Crisis Receiving Center
 - Portland, Maine
 - 14 and up
 - CCBHC
 - Crisis Residential Units

Mobile Crisis Teams



- Community Health and Counseling Services
 - Penobscot and Piscataquis
- The Opportunity Alliance
 - Cumberland
- Kennebec Behavioral Health
 - Somerset and Kennebec
- Aroostook mental Health Center
 - Washington, Hancock, and Aroostook
- Sweetser
 - York, Androscoggin, Franklin, and Oxford

Mobile Crisis Teams

24/7 low barrier intervention for all age groups and populations

Voluntary service for clients

Serves in least restrictive environment that meets the client's needs:

- Home
- School
- Shelter
- Agency Offices
- Various other community settings
- Telehealth

Services Provided by Mobile Crisis Teams

- Crisis assessment and level of care determination
- Referrals
 - Community based services
 - Crisis Residential Units
 - Inpatient Hospitalization
- Supportive counseling
- Safety planning
- Advocacy
- Lethal means counseling
- Collaboration with current providers and natural supports
- Connection with community resources
- Discuss and identify protective factors
- Coping Skills Development
- Aftercare

Suicide Risk Factors

The top three risk factors for all age groups are:

1. Perceived Depression
2. History of Mental Illness
3. History of Substance Use Treatment

There is high comorbidity between Adverse Childhood Experience (ACE) scores and suicide risk factors, leading clients with complex PTSD to be at a higher risk for suicide. Due to the relationship between suicidal and trauma it is important to recognize felt sense of control being imperative for client's treatment.

Lethal Means Counseling

Creating a safety plan that increases the time and space between the suicidal impulse and the ability to obtain the unsafe object, person, and or place

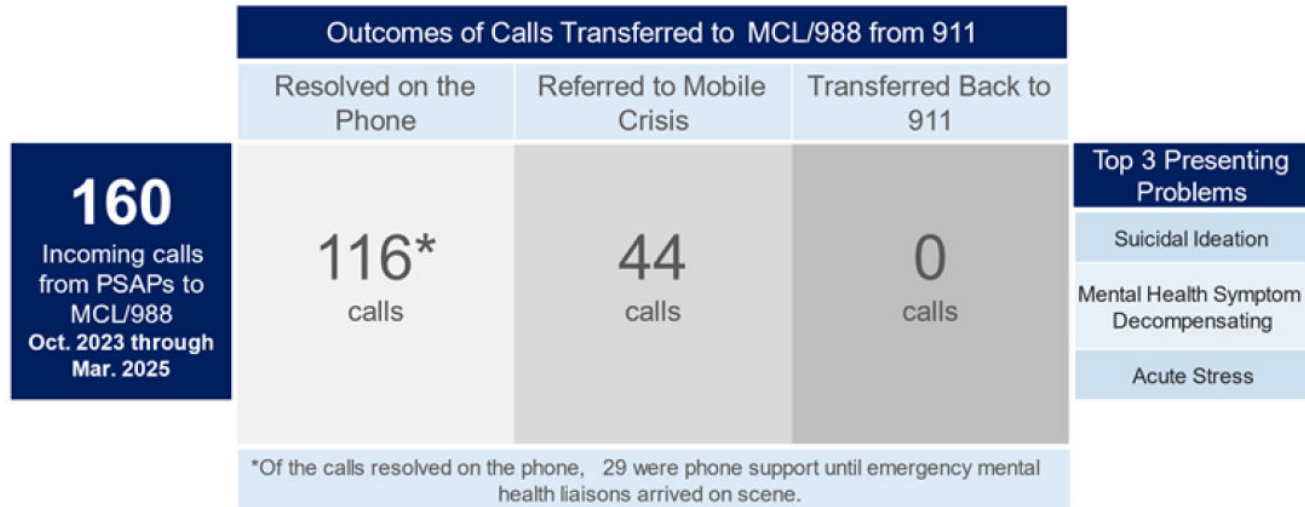
- Suicide prevention that is individualized
- Harm reduction
- Remove and or reduce access to lethal means
 - Safe storage of lethal means: medication lock boxes, gun locks
- Education
- Follow up Care



Law Enforcement and Crisis Collaboration

- 911 to 988 transfers
- Co Response
 - Protective Custody and Welfare Check
- Embedded Mental Health Liaisons within Departments
- Yellow Flag Law
- Relationship with Children's Urgent Care Behavioral Health Clinic

911 and MCL/988 Interoperability



Provided by The Opportunity Alliance

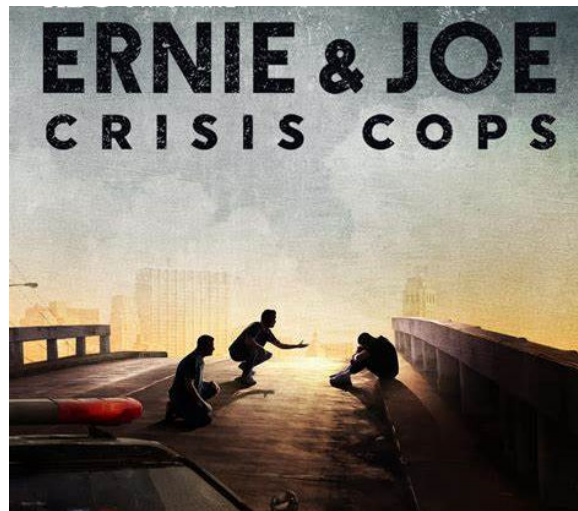
[988 Partner Toolkit | SAMHSA](#)

The 988 Partner Toolkit is a resource center for social media, video, print, radio, FAQs, messaging, and other marketing materials that can be used to promote the 988 Suicide & Crisis Lifeline



Co Response and Collaboration

- Behavioral Health Program Coordinator with Maine State Police
- Mental Health Liaison with Penobscot County Sheriff
- Mobile Crisis Services Co Response
- Crisis Intervention Training through NAMI



We may be a small PD, but we believed in big ideas—like adapting a co-response model to fit our local needs and limited resources.

Protective Custody

Title 34-B Behavioral and Developmental Services

3862. Protective custody.

1. if a law enforcement officer has probable cause to believe that a person may be mentally ill and that due to that condition the person poses a likelihood of serious harm as defined in section 3801, subsection-A paragraph A, B, or C, or if a law enforcement officer knows that a person has an advance health care directive authorizing mental health treatment and the officer has probable cause to believe that person lacks capacity, the law enforcement officer:

- A. May take the person into protective custody; and
- B. If the law enforcement officer does take the person into protective custody, shall deliver the person immediately for examination by a medical practitioner

When formulating probable cause, the law enforcement officer may rely upon information provided by a 3rd party informant if the officer confirms that the informant has reason to believe, based upon the informant's recent personal observation of or conversations with a person, that the person may be mentally ill and that due to that condition the person poses a likelihood of serious harm.



Yellow Flag

The Yellow Flag Law allows law enforcement to temporarily remove firearms from individuals who pose a risk to themselves or others, following a mental health evaluation and due process.

What is the Children's Behavioral Health Urgent Care Walk In

- **Where the pilot started**
- In November of 2023, CHCS launched the state's first Children's Behavioral Health Urgent Care Walk In. The program is housed at our 42 Cedar Street Bangor office and offers services to youth and their families up to the age of 18 who have access to driving to the building. We are not restricted by catchment area. The pilot was initiated to address decreasing emergency room utilization and increase stabilization for youth and families in least restrictive environments. Not only was the pilot successful in these initiatives, but also lead to increased law enforcement collaboration, access to referral resources, while also supporting provider coordination and advocacy.
- **Where we are now:**
- Starting on March 1st, 2025 the program will no longer be a pilot, but will be looped into the CCBHC model which is a covered Maine Care service. The clinic will continue to operate as it has been, with extended ability to increase ongoing collaboration with community providers while helping clients access the level of care and services they need.

Low Barrier Services

- The clinic is on a walk-in basis Monday – Saturday 12pm-8pm with no appointment required
- No pre-existing diagnosis required
- We serve children under age 18, and their families
- Service provided regardless of insurance or ability to pay
- Has no conflict with other Maine Care funded services



Least Restrictive Access To Care

- Emergency Room Environment vs. Crisis Behavioral Health Urgent Care Walk In Environment
 - **What are the benefits?**
 - Quick support and timely disposition
 - Holistic family support
 - Separate confidential spaces for family unit to meet with multiple providers at the same time
 - Quick access to resources/referrals
 - **What we don't have access to:**
 - IM medications
 - Restraints
 - Locked rooms
 - Security guards



Resource Officer Collaboration with the Clinic

- Old Town Police Department has worked with the clinic to implement a safety plan for a child in the community to decrease the number of emergency room visits they have.
- The school resource officer that is at Leonard Middle School was involved in the implementation of the safety plan after the Chief of police shared the plan and the school department held a safety meeting.
- The child's outpatient team, special education teacher, principal, and guidance counselor were all a part of the meeting to come together and put supports in place so the child could have a successful day at school and maintain in the community.
- This has carried over to some of their officers calling us and bringing clients to the office instead of the ED for assessment, level of care, referrals, and resources.

RASS (Rapid Aftercare Stabilization Services)

- RASS is a 45-day post crisis program directed at supporting youth up to age 18 and their families in building a supportive and safe environment for youth to maintain in their home setting
- **What can RASS offer?**
 - RASS support staff work with the youth to build skills in a variety of areas such as: Coping skills, anger management skills, mindfulness skills, emotional regulation skills
 - RASS staff can make referrals for community supports for the family as needed
- **Who qualifies for RASS?**
 - Any youth who has experienced a mental health crisis who has utilized the ER, residential, inpatient, or crisis services
 - Referrals can come from case management, crisis workers, or other staff involved in youth's care
 - Sustainable through CCBHC
 - Initially providing services local to Bangor

When will RASS reopen?

- Clinical Supervisor started 6/2/25, actively hiring for support staff.
- Due to extensive training, anticipate client delivery in July

Questions?