



Coordination of Services in Maine's E-9-1-1 System and the 9-8-8 Mobile Crisis Services System

2025 Status Report

1/1/2025 to 12/31/2025

Required by:

Resolve 2023, c. 69; LD 162

Submitted by:

Maine Department of Health and Human Services
Office of Behavioral Health

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Executive Summary

The Maine Department of Health and Human Services (DHHS), Office of Behavioral Health (OBH), continues to partner with Maine's 9-1-1 system—including participation from Public Utilities Commission (PUC), Emergency Services Communications Board (ESCB), and the Department of Public Safety (DPS)—to advance a statewide initiative to strengthen the coordination between Maine's E-9-1-1 emergency communications system (911) and the 988 crisis system (988). This effort reflects the State's commitment to ensuring that individuals experiencing behavioral health crises receive timely care from trained professionals delivering quality care—while reducing unnecessary law enforcement and hospital emergency department involvement.

Beginning in 2021, legislative action directed state agencies (including DHHS, DPS, PUC and Emergency Services Communications Board) to examine the relationship between 911 and crisis response systems, develop protocols, and establish a cross-sector 988-911 Working Group. The resulting statewide Call Receipt, Transfer, and Assessment Policy standardizes how Public Safety Answering Points (PSAPs) identify, assess, conference, and transfer behavioral health crisis calls to Maine's 988 contact center.

Key achievements of the 988-911 Working Group include:

- **Development of the State's first behavioral health crisis-specific 911 call-handling policy**, informed by extensive partner engagement.
- **Statewide rollout of online training** presentations and tools to be accessed by Maine's PSAPs and Dispatch Only Centers, with 217 of 293 enrolled staff having completed the training for the behavioral health call transfer protocol.
- **Maine Emergency Medical Services (EMS) endorsed** the proposal to allow the transfer of calls processed with Protocol 25 to Maine's 988 contact center when 911 call-takers identified certain criteria
- **14 of the State's 24 PSAPs** already voluntarily adopting the new policy.
- **Implemented Protocol 41: Caller in Crisis**. The ESCB's emergency medical dispatch protocol provider, the International Association of Emergency Dispatch, added a new protocol, Protocol 41, to specifically guide Emergency Medical Dispatchers (EMDs) when handling callers experiencing a mental health crisis. Through the collaboration of the 988-911 Working Group, OBH and Maine's EMS partnered to offer the four-hour training course for Protocol 41. In July, Maine became the first state to have all EMD personnel certified in the protocol. It is now part of the required course work to be licensed as an EMD in Maine.
- **Quality Assurance pilot initiatives** underway between the 988 provider (Maine Crisis Line - MCL) and Portland Regional Communications Center to improve data sharing and workflow coordination for the purpose of quality assurance.

While these advancements have strengthened coordination between 988 and 911 there remains systemic challenges and opportunities that require continued collaboration and problem solving, including: addressing workforce shortages; varied service delivery across rural geography; limited data infrastructure; privacy and consent constraints for data sharing; and overlapping behavioral health crisis system reforms. These challenges and opportunities reinforce the need for a coordinated, long-term strategy of collaboration between Maine's 988 and 911 systems.

To address these systemic factors, the 988-911 Working Group continues to identify and support opportunities for future 988-911 collaboration focused on expanding access, public education, data planning, quality assurance, workforce training, and dissemination of best practices. Maine's 988-911 collaborative partnership is committed to building an integrated crisis care system that aligns behavioral health expertise with emergency communications, protecting public safety while improving outcomes for individuals experiencing behavioral health emergencies.

I. Introduction

The national rollout of the 988 Suicide & Crisis Lifeline in 2022 strengthened the State's commitment to diverting behavioral health cases from unnecessary involvement with criminal justice or hospital systems. OBH initiated a statewide planning effort, including a specific focus on the interaction of 988 and 911 systems that ultimately resulted in the creation of the 988-911 Working Group. This group's goal is to build collaborative partnerships between emergency responders and crisis care providers for the purpose of improving collaboration between both systems and ensuring appropriate and quality care for all help seekers.

Partners in the development of the collaboration between the two systems include key personnel from PSAPs, emergency medical services, law enforcement, community mental health providers, Maine's 988 contact center, Maine's State Mental Health Authority (OBH) and others engaged in related work.

II. Background: Maine's Crisis System Model

The Maine behavioral health crisis system is an essential component of the larger continuum of behavioral health services overseen by DHHS's Office of Behavioral Health. Lead by OBH, with funding from OBH, the Office of MaineCare Services (OMS), and the Office of Aging and Disability Services (OADS), Maine's crisis system is designed to serve all Mainers and aligns with SAMHSA's best-practice guidelines and the Crisis Now model. The system ensures that anyone experiencing a behavioral health crisis has access to Someone to Contact, Someone to Respond, a Safe Place for Help, and coordinated Follow-up services.



Key components of Maine's Crisis Services Continuum include:

- A centralized, 24/7 statewide crisis contact center (answering calls, chats, and texts via the MCL and 988)
- The crisis contact center can activate a community-based in-person response from mobile crisis response teams in each public health district
- Crisis residential units are available for short-term stays in each public health district
- Crisis receiving centers are available for stays less than 24 hours (one currently in Portland)
- Behavioral health urgent care services for children and families (one currently in Bangor)

A schematic of the communication flow through Maine's crisis system is shown in Figure 1 below:

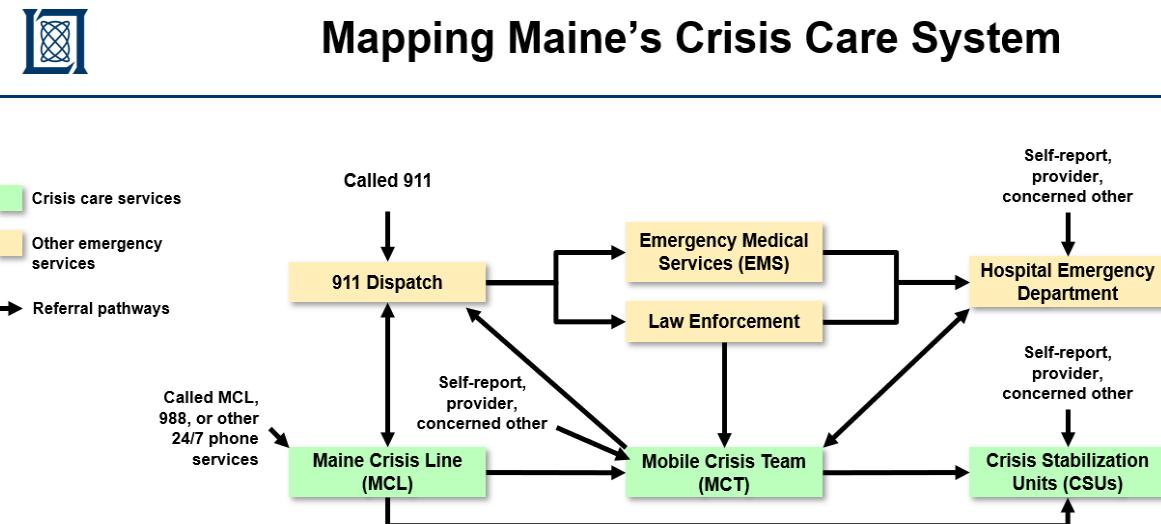


Figure 1 – Maine's Crisis System. Source: MIT Lincoln Laboratory

III. Legislative Framework

Several legislative actions related to statewide 988-911 collaboration include the following Resolves and Reports:

2021

H.P. 962 – L.D. 1306 (Resolves 2021, c. 29)

Resolve to Facilitate the Inclusion of Crisis Response Services in Emergency Services Offered through the E-9-1-1 System, signed by the Governor. This Resolve required the Public Utilities Commission's (Commission) Emergency Services Communication Bureau (ESCB) to submit a report to the Joint Standing Committee on Energy, Utilities and Technology outlining protocols and procedures necessary to ensure the delivery of crisis response services under the State's E-9-1-1 system, including any recommendations and proposed legislation necessary to implement such protocols and procedures by February 1, 2022.

2022

February, 2022, Report on Protocols and Procedures Necessary to Ensure the Delivery of Crisis Response Services

, was submitted to the Joint Standing Committee on Energy, Utilities and Technology as directed by H.P. 962 – L.D. 1306. This report outlined the process and findings from Maine stakeholder engagement and made seven primary recommendations for improved interactions between PSAPs and behavioral health specialists during a crisis call as well as three supplemental recommendations for future consideration.

April 2022: H.P. 1498 – L.D. 2016 (Resolves 2021, c. 162)

To Implement the Crisis Response Services Recommendations Identified Pursuant to Resolve 2021, Chapter 29, signed by the Governor. This Resolve directed ongoing work including convening a 911-Crisis Working Group and defined the roles for respective stakeholders as recommended in the February 2022 report.

2023

February 2023 Report on Crisis Protocol and Policy Working Group and Draft Legislative Language Pursuant to Resolves 2021, Chapter 162

, was presented to the Joint Standing Committee on Energy, Utilities and Technology describing the policy development work completed pursuant to the Resolve. The report includes the framework of the Maine Call Receipt Transfer and Assessment Policy. The purpose of the policy is to provide PSAPs with a minimum standard for a uniform response when receiving, assessing, conferencing, and/or transferring calls from persons in crisis (first-party caller) or other callers for mental and/or behavioral health-related assistance, including substance use disorder.

April 2024 H.P. 1420 - L.D. 2214 (P.L. 2023, c. 643) An Act to Make Supplemental Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds and to Change Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2024 and June 30, 2025

Sec. DDDD-2. E-9-1-1 and 9-8-8 coordination. By January 30, 2026, the Department of Health and Human Services shall submit a status report related to the coordination of services, including suggested legislation, to the joint standing committee of the Legislature...

IV. Policy Development

In 2022, the 988-911 Working Group created Maine's first statewide behavioral health call-handling policy to provide PSAPs with a minimum standard for receiving, assessing, conferencing, and/or transferring calls from persons experiencing a behavioral health crisis—ultimately delivering the [Maine Behavioral Health Call Receipt Transfer and Assessment Policy](#). Essential elements of the policy include:

- The receipt, acknowledgment, and transfer of crisis response service calls.
- The identification of the appropriate agency to receive calls.
- The transfer of a caller to higher levels of behavioral health care, including safeguards such as obtaining the caller's telephone number and location prior to transfer in the event of a disconnected call.
- The assessment of scene safety and the coordination of responsibilities of PSAPs and agencies providing crisis response services to the MCL, or conferencing with those persons, via including primary and backup procedures.
- Providing services for universal access, such as voice, text message, teletypewriter, or other technologies, language interpreters, hearing carryover/voice carryover for the deaf and hard of hearing, including the entity with financial responsibility when calls are relayed or transferred to an interpreter.

Related training initiatives were developed and shared with PSAPs and Dispatch Only Centers to support adoption of the policy. Training objectives include:

- Facilitating an introduction and general understanding of the statewide 988-911 behavioral health call-taking policy—Policy for Call Receipt, Acknowledgement, and Transfer of Behavioral Health Calls.
- Facilitating an understanding of how to apply the new policy to behavioral health requests for assistance.

- Facilitating an understanding of the use of the Behavioral Health Caller – Policy Decision Tree (Appendix B) for use during calls to 911 for behavioral health incidents.

To date, 14 PSAPs have voluntarily adopted the policy. The Maine Behavioral Health Call Policy Training has been transferred to [Maine EMS' new online learning management platform \(MEMSED\)](#) and is now available for all users to take or retake the program. To date, 303 staff have completed required training. Proposed legislation to address confidentiality concerns will support ongoing efforts to increase the number of Maine PSAPs adopting the policy (see page 10: proposed amendment to Sec. 2. 25 MRSA § 2929, sub-§2, ¶D).

Additionally, to support continuing training and development of Maine's emergency responders, OBH provided funding for licensed and practicing EMDs to receive training for a new mental health protocol (Protocol 41) through the existing training system. As of May 2025, approximately 484 EMDs have completed the training.

V. Ongoing 988-911 Collaboration Activities

From 2024 to 2025, the 988-911 Working Group met monthly to evaluate resources, build relationships, gather information on both systems, and monitor adoption of the call-handling policy. A pilot project between Maine Crisis Line/988 (MCL/988) and the Portland Regional Communications Center is exploring improved data-sharing and communication models for future statewide adoption of quality assurance for calls transferred between 911 and 988.

From the inception of the transfer policy in September 2023 through October 2025, Maine's 988 contact center received 209 transfers from PSAPs. Of those 209 calls, 53 were elevated to a mobile crisis response by the MCL/988 Crisis Support Specialist. The majority—156—were resolved with the MCL/988 Crisis Support Specialists with telephonic intervention. Of the 209 transferred calls, 33 of the transfers received phone support from MCL/988 Crisis Support Specialists while emergency responders traveled to the scene.

VI. Challenges and Opportunities

Maine has several challenges in delivering comprehensive and sustainable crisis services, noted in the February 2023 report, that will continue to be addressed:

- Behavioral health mobile crisis response providers have struggled to recruit and retain staff in the face of severe workforce shortages which can impact response times and service hours in certain locations.
- Centralized and coordinated data collection and analysis have historically been hampered by limited data infrastructure.
- Rural geography results in large geographic areas being covered by mobile crisis teams. The weather, lack of cell phone reception, and unmarked and unmaintained roads can create challenging travel conditions resulting in response delays in remote areas.

- Comprehensive crisis system reform and advancement initiatives create opportunities for systems change and development. Ongoing and concurrent initiatives in Maine include:
 - Comprehensive revision of the statewide crisis services certification curriculum and training model
 - Design and implementation of a qualifying mobile crisis response model as defined by the Center for Medicaid Services
 - Corresponding implementation of a values-based crisis services reimbursement model for MaineCare
 - Integration of peer services across the crisis system
 - Design and implementation of the state's Certified Community Behavioral Health Clinic (CCBHC) model, inclusive of crisis services
 - Implementation of pilot programs for behavioral health urgent care
 - Recent legislative mandate to build two new regional crisis receiving centers

Additionally, Maine has the opportunity to contribute to addressing the following gaps seen nationally in the development of 911 and 988 system interactions:

- The Health Insurance Portability and Accountability Act (HIPAA) has varying degrees of applicability between public safety entities (e.g., telecommunicators, paramedics, or law enforcement officers) and behavioral health entities (e.g., OBH and MCL); it demands awareness of right to privacy versus informed consent laws. The degree to which these laws affect the overall process remains in discussion with the State Attorney General's Office to determine precisely what information can be shared between MCL/988 and PSAPs and Dispatch Only Centers.
- Data collection to evaluate and improve system performance poses challenges in many states and regions. Collaborative efforts to collect and track statewide 988 data are necessary to align procedures. Maine will continue to work on identifying the important pieces of data, developing common terms for their use, identifying how to gather, store, and share the data (with respect to the consent laws above), and then reporting and sharing data with partners.
- Funding, communications, staffing, and training are needed to expand services and meet expectations.

VII. Future Actions and Initiatives for 988-911 Partnership

With grant funding provided by SAMHSA, the 988-911 Working Group worked together with a facilitator to identify and develop priorities and potential future initiatives for Maine's 988-911 partnership. After meeting for six months, the following key areas of work emerged as top priorities for future engagement:

Access and Public Education

- Creating and ensuring access for all 988-911 populations

- Public education campaign to further public awareness about how to access crisis services and to reduce the stigma of mental health

Data

- Data protection and planning

Quality Assurance and Research

- Quality assurance for all transferred calls between 988 and 911 systems (both directions).

Training

- Ongoing development of training and support for interested PSAP and Dispatch Only Center personnel on adopting and implementing the call transfer policy

Best Practices and Outreach

- Outreach and partnerships with PSAPs to encourage broad adoption statewide (engage early adopters in quality control and messaging)
- National exchanges; learning from 988-911 communities in other states

VIII. Suggested Legislation

The following recommended legislation was originally part of the “Report on Crisis Protocol and Policy Working Group and Draft Legislative Language Pursuant to Resolves 2021, Chapter 162,” (February 1, 2023). It would amend the definition of “emergency medical dispatch services” to include emergency mental health assistance (also defined in the draft legislation). This would address concerns regarding the liability of public safety answering points (PSAPs) and dispatch centers serving as Emergency Medical Dispatch Centers, as it would include the authorization and required usage of screening criteria in the form of call taking protocols and procedures that allow for the transfer of 911 behavioral health crisis calls to a non-traditional resource such as a mental health crisis line or alternative crisis response with medical direction.

It would also make necessary changes to allow a PSAP to disclose confidential information to mental health service providers for the purpose of processing emergency calls and providing mental health services and provides that same authorization to the director of the Public Utilities Commission’s Emergency Services Communication Bureau in order to implement and manage the 911 system.

DRAFT LEGISLATION

1. Title: Behavioral and Developmental Services, Chapter 1: General Provisions, Subchapter 1: Definitions

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

Title 34 B §1001 is amended to read:

10. “988” means the telephone number designated as the universal telephone number within the United States for the purpose of the national suicide prevention and mental health crisis hotline system operating through the 988 Suicide & Crisis Lifeline.

11. “988 Suicide & Crisis Lifeline” means a national network of local crisis services that provide free and confidential emotional support to people in suicidal crisis, behavioral health crisis, or emotional distress 24 hours a day, 7 days a week in the United States. The 9-8-8 suicide and crisis lifeline, or its successor, is the national suicide prevention and mental health crisis hotline system maintained by the Office of the Assistant Secretary for Mental Health and Substance Use under the Public Health Service Act, 42 United States Code, Sections 290bb-36c.

2. Title: Behavioral Health and Developmental Services, Chapter 3: Mental Health, Subchapter 3: Community Mental Health Services, Article 2: Crisis Intervention Program, Section 3521. Crisis Intervention Program established

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

Title 34 B Sec 3621 (3) is amended to read:

3. Telephone hot-line services. A community-based telephone crisis intervention hot-line, in coordination with the statewide 988 Suicide & Crisis Lifeline, offering 24-hour, 7-days-a-week support, consultation, evaluation, treatment and referral services.

SUMMARY

This proposed legislation updates Maine law to formally define the 988 Suicide & Crisis Lifeline and the “988” telephone number within Title 34-B, aligning state statute with the federal national suicide prevention and mental health crisis hotline system. It also amends provisions governing community mental health crisis intervention programs to require coordination with the statewide 988 Suicide & Crisis Lifeline, ensuring that community-based telephone crisis hotlines provide continuous, 24/7 support, consultation, evaluation, treatment, and referral services in alignment with the national system. Overall, the legislation strengthens integration between Maine’s local crisis response services and the federally maintained 988 network to improve access to timely behavioral health crisis support.

DRAFT LEGISLATION

1. Title: An Act To Require Dispatch Protocols for Emergency Mental Health Assistance

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

Sec. 1. 25 MRSA § 2929, sub-§2, ¶A is amended to read:

A. A public safety answering point may disclose confidential information to public or private safety agencies, mental health service providers and emergency responders for purposes of processing emergency calls and providing emergency and mental health services;

Sec. 2. 25 MRSA § 2929, sub-§2, ¶D is amended to read:

D. The bureau director may disclose confidential information to public safety answering points, public or private safety agencies, mental health service providers, emergency responders or others within the 9-1-1 system to the extent necessary to implement and manage the 9-1-1 system.

Sec. 3. 32 MRSA § 83, sub-§9-A is enacted to read:

9-A. Emergency mental health assistance. “Emergency mental health assistance” means assistance offered to individuals experiencing mental health crises, behavioral health crises, crises relating to substance use disorder or other crises for which fire, emergency medical or law enforcement agency services are determined not to be required.

Sec. 4. 32 MRSA § 85-A, sub-§2-A is amended to read:

2-A. Requirement to provide emergency medical dispatch services. A public safety answering point or other licensed emergency medical dispatch center must provide emergency medical dispatch services on all medical and emergency mental health assistance 9-1-1 calls directly or by transferring the call to another licensed emergency medical dispatch center.

SUMMARY

This bill amends the definition of “emergency medical dispatch services” to include emergency mental health assistance. It makes necessary changes to allow a public safety answering point to disclose confidential information to mental health service providers for the purpose of processing emergency calls and providing mental health services and provides that same authorization the director of the Public Utilities Commission’s Emergency Services Communication Bureau in order to implement and manage the 9-1-1 system.

IX. Report Summary

This report describes activities under the second Resolve (LD 2016) to strengthen and enhance collaboration among public safety and behavioral health crisis care systems in Maine. In close partnership with the PUC, ESCB, crisis services providers, the Department of Public Safety, and other stakeholders—OBH is addressing the national need for expansion of quality services for people experiencing behavioral health crisis. This innovative work bridges the narrow divide between behavioral health and the emergency services continuum, creating a foundation of quality care for all Mainers experiencing behavioral health crisis.

Appendix A – 988-911 Working Group

2022-2024

Policy development work began with the ESCB conducting outreach to establish the working group membership in alignment with Resolve 2021, chapter 29. The mandated working group representatives included:

Representing	Name, Title, Agency
Director of ESCB	Maria Jacques, Director, ESCB
Director of OBH	Brianne Masselli, Mental Health Division Manager, OBH
Director of MEMS	Sam Hurley, Director of Maine Emergency Medical Services (MEMS)
MEMS	Melissa Adams
Law Enforcement Rep	Chief Jarod Mills, Augusta Police Department
Dispatch Only Center	Sgt Jen Weaver, Waterville PD (Replaced by Sgt. Aaron Stewart, Wells PD on October 12, 2022)
EMS Provider Rep	Christopher Fox, Penobscot County -- Emergency Medical Services (EMS)
Municipal PSAP	Kevin Dickenson, Portland PD-- Municipal PSAP
County PSAP	Robert Coombs, Knox Regional Communications Center -- County PSAP
State PSAP	Brodie Hinkley, Director, DPS, Bureau of Emergency Communications
Provider of Mental Health crisis services	Dale Hamilton, Community Health & Counseling Services
Provider of Community Mental Health	Ben Strick, Spurwink
Provider of Community Mental Health	Dale Hamilton, CHCS
911 Technical Services	Cory Golob, ESCB, Technical Services Manager
Training	Kyle Ellis, ESCB, Training Manager
MCL-Primary 988 Center	Michelle Hansen/Christina Cook
Ad Hoc	Brooke Pochee-Smith, Project Manager, OBH

2024-2025

The following individuals participated in the development of priority initiatives for Maine's 988-911 partnership:

Representing	Name, Title, Agency
Director of ESCB	Maria Jacques, Director, ESCB
Director of OBH	Brianne Masselli, Mental Health Division Manager, OBH
Director of MEMS	Melissa Adams, Director's appointee, Maine EMS
Law Enforcement Rep/Dispatch Only Center	Capt. Kevin Chabot, Wells PD
EMS Provider Rep	Dakota Turnbull
Municipal PSAP	Sarah Batteese, Waterville PD
County PSAP	Tammy Barker, Director, Somerset RCC
State PSAP	Brodie Hinkley, Director, DPS, Bureau of Emergency Communications
Provider of Mental Health crisis services	Dale Hamilton, Executive Director, Community Health & Counseling Services
Provider of Community Mental Health	Ben Strick, VP of Outpatient and Community Services, Spurwink & Megan DuEst, Senior Director of Adult Behavioral Health, Spurwink
911 Technical Services	Cory Golob, ESCB, Technical Services Manager
Training	Kyle Ellis, ESCB, Training Manager
MCL-Primary 988 Center	Michelle Hansen, Senior VP Crisis Services, The Opportunity Alliance
MCL-Primary 988 Center	Christina Cook, Director, Maine Crisis Line/988, The Opportunity Alliance
Ad Hoc	Brooke Pochee-Smith, Project Director: 988 & Crisis System Reform, OBH
Ad Hoc	Nick Farrad, Statewide Crisis Services Program Manager-OBH

Appendix B. Public Safety Answering Points Currently Implementing Maine's Behavioral Health Call Receipt, Transfer and Assessment Policy

PSAP	Adoption Date
Cumberland RCC	12/5/2024
CMRCC	10/12/2023
DPS Bangor	10/10/2023
DPS Houlton	10/6/2023
Franklin RCC	2/6/2024
Oxford RCC	3/15/2024
Piscataquis RCC	12/20/2023
Portland RCC	2025
Sagadahoc RCC	12/8/2025
Sanford RCC	10/12/2023
Scarborough PD	12/27/2023
Somerset RCC	12/7/2023
Waterville RCC	8/1/2024
York PD	12/9/2023