Maine Public Utilities Commission

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

Presented to the
Joint Standing Committee on
Energy, Utilities and Technology
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EXECUTIVE SUMMARY

In 2020, the Federal Communication Commission (FCC) adopted rules that established 988 as the National Suicide Prevention Lifeline and Veterans Crisis Line,[1] which, like 911, will be accessed by either dialing or texting the nationwide three-digit phone number.[2] In response, nationwide stakeholders in the public safety and crisis response groups are exploring options to provide alternate support and referral of individuals in crisis.

On June 8, 2021, Resolves 2021, chapter 29 was enacted.[3] The 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 (Committee) outlining protocols and procedures necessary to ensure the delivery of crisis response services under the State's E-9-1-1 system. This report was submitted on February 1, 2022. In an effort to continue the work on integrating crisis response services into 911, on April 18, 2022, the Governor signed into law Resolves 2021, chapter 162[4].

To meet the requirements of this most recent legislation, the ESCB contracted the services of Mission Critical Partners' (MCP) consultants, who were initially engaged for the development of the report outlining protocols and procedures necessary to ensure the delivery of crisis response services. MCP developed a collaborative process to create the *Call Receipt, Acknowledgement, and Transfer Of Behavioral Health Calls* policy and this report, which the Resolve required be submitted to the Committee by February 1, 2023.

This report details the results of the established working group's activities under the Resolve.

I. INTRODUCTION

Resolves 2021, chapter 162, specifically provided ESCB staff with direction on the following:

- Convene a working group staffed with a variety of relevant stakeholders to develop policies and procedures related to calls for crisis response services.
    - The working group will determine the appropriate procedures for communicating and integrating each component of the delivering crisis response service, using specific criteria (see Section III)

[1] https://www.federalregister.gov/documents/2020/09/16/2020-16908/implementation-of-the-national-suicide-hotline-improvement-act-of-2018.

[2] When dialing 988 from the 207 area code, it routes callers to the Maine Crisis Line (MCL). MCL is Maine's primary 988 Lifeline center, and the state's centralized behavioral health crisis line. The MCL is staffed 24/7 by clinically trained crisis counselors who provide crisis intervention support by telephone, text, and chat. Callers can be connected with services in their area including community resources and referrals to outpatient services, mobile crisis response, local crisis units, and inpatient services.

[3] LD 1306, Resolve, To Facilitate the Inclusion of Crisis Response Services in Emergency Services Offered through the E-9-1-1 System

[4] LD 2016, Resolve, To Implement the Crisis Response Service Recommendations Identified Pursuant to Resolve 2021, Chapter 29

- The ESCB, in collaboration with the Department of Public Safety, will develop proposed legislation to implement the protocol and procedure recommendations under the State's E-9-1-1 system, providing proposed legislation to the working group convened and the public and allow at least 30 days for the submission of comments.
- On or before February 1, 2023, the Commission is required to submit a report that details the results of the working group's activities and includes proposed legislation along with comments received on the proposed legislation. The Committee is authorized to report out related legislation to the 131st Legislature.

As authorized in the Resolve, to address these tasks, during the third and fourth quarters of 2022, the ESCB sought additional support from MCP to build on the information gathered in the aforementioned report and assist staff in two main areas:

- Participate in a Substance Abuse and Mental Health Services Administration (SAMHSA) sponsored – 988 Policy Academy, where five states (California, Colorado, Georgia, Maine, and Minnesota) were selected to discuss and define their individual initiatives examining the relationship between 911 and 988.[5]
- Facilitate a series of work group sessions to assist the ESCB in the State's 911 crisis response policy development to guide Maine's 911 public safety answering points (PSAP) and dispatch only centers (DOC) in the call receipt, acknowledgement, and transfer of behavioral health calls.

The Resolve required but did not limit the established working group to develop procedures for the following and, ultimately, the working group compiled all six into a single policy.

1. The receipt, acknowledgment, and transfer of crisis response service calls.
2. The identification of the appropriate agency to receive calls.
3. 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.
4. The assessment of scene safety and the coordination of responsibilities of public safety answering points and agencies providing crisis response services.
5. Transferring persons with disabilities to the Maine Crisis Line, or conferencing with those persons, via voice, text message, teletypewriter, or other technologies, including primary and backup procedures.
6. Accommodations such as interpreters to ensure universal access to services, including who is responsible for providing such accommodations and, when used, financial responsibility when calls are relayed or transferred.

[5] The policy academy's goal is "ensuring successful 988/911 coordination through the development of guidance and local implementation strategies to support statewide rollout efforts." The policy academy was held in June 2022 and Policy Academy teams asked to provide details about progress they have made and the status of their work at the end of the six-month period in return for their participation.

II. STAKEHOLDER ENGAGEMENT AND POLICY METHODOLOGY

The policy development effort began with the ESCB conducting outreach to establish the working group membership in alignment with the Resolve. The working group representatives included:

- Maria Jacques, Director of the ESCB
- Brianne Masselli, Mental Health Division Manager, On behalf of Director of Office of Behavioral Health (OBH)
- Sam Hurley, Director of Maine Emergency Medical Services (MEMS)
- Chief Jarod Mills, Augusta Police Department -- Law Enforcement
- Christopher Fox, Penobscot County -- Emergency Medical Services (EMS)
- Kevin Dickenson, Portland PD-- Municipal PSAP
- Robert Coombs, Knox Regional Communications Center -- County PSAP
- Brody Hinkley, Director, Department of Public Safety (DPS) Bureau of Communications -- State PSAP
- Sgt Jen Weaver, Waterville PD (Replaced by Sgt. Aaron Stewart, Wells PD on October 12, 2022) -- Dispatch Only Center
- Dale Hamilton, Community Health and Counseling Services -- Provider of Mental Health Crisis Services
- Ben Strict, Spurwink -- Provider of Community Mental Health

Ad-hoc members with key stakeholder interests were also invited to participate:

- Melissa Adams, Licensing Agent - MEMS
- Christina Cook, Clinical Supervisor - Maine Crisis Line (MCL)
- Kyle Ellis, Training Manager - ESCB
- Cory Golob, Technical Services Manager - ESCB
- Brooke Pochee-Smith, Program Director, Project Manager, 988

The working group was presented with a comprehensive iterative process that extended over a period of three months. The process was designed to develop well-researched, well-written policies and procedures that, when complete, would provide PSAPs with a minimum standard for a uniform response when receiving, assessing, conferencing, and/or transferring calls from persons in crisis (1st party caller) or other callers for mental and/or behavioral health-related assistance, including substance use disorder. While not required by DOCs, it is anticipated that they will voluntarily adopt this standard and integrate the procedures into their daily delivery of services to ensure consistent service throughout the State.

The agreed upon policy development methodology consisted of the following:

- Maine Crisis Response Policy Development Working Group working sessions were held a minimum of every two weeks—to promote inclusivity and regular participation. The purpose of these sessions was for the working group to collectively work on the policies as listed in the Resolve.

    - Customized agendas were developed for each session so that participants had the opportunity to prepare for the content to be covered and the time was used effectively.
    - Minimally, each agenda included a review of the previous session's call summary, review of the previous session's draft updates, and building on draft content for the following section. For example,
        - Review September 14, 2022, Call Summary
        - Review updated draft "Call Screening and Classification" (Acknowledgement)" content based on feedback received
        - Build on draft "Call Processing" (Transfer, continuum of mental health care) content

- A policy outline was developed using research from existing in state policies, out of state program policies, industry documents such as National Emergency Number Association's (NENA) draft "911-988 Interactions Standard 20221107" SAMHSA policy academy documents (e.g., DRAFT Action Plan Maine 7-19-22) and the MCP-developed workflow graphic.
    - The outline was broken down into workable segments that aligned with the bi-weekly working group sessions, allowing for focused discussion resulting in needed data to enhance existing content or develop new content during the subsequent working session.

- Following review of the draft content of each segment, the content was edited and distributed to the group, regardless of their attendance at the meeting, so they could review, suggest edits, correct content, provide feedback and ask questions in writing.

- Feedback was collated by the consultant who considered everyone's input resulting in the collective's draft, which was presented back to the group and reviewed as a group at the following meeting.
    - Each segment was finalized as draft before the next segment was pursued.

- At the point when the group began developing substantive PSAP operational content, a PSAP sub-group was formed to address specific PSAP workflows and operational content so that proposed draft content aligned with current practices.

- A "parking lot" was created allowing for content-at-hand to be developed, while temporarily sidelining pertinent questions, comments, or discoveries so that they were not lost and could be addressed at the appropriate time.

    - Relevant outstanding items are listed in Section IV.

Following each working session, the consultant prepared progress notes that were distributed by email and reviewed at the beginning of the next working session. The result of this process was a fully vetted, thoughtful, and inclusive draft policy that, in its entirety, was distributed to stakeholders for a holistic review on November 14, 2022.

To capture all perspectives and identify potential policy gaps, a tabletop exercise session took place on December 1, 2022. This activity introduced different real-life scenarios where

role-players followed the policy direction while interacting with hypothetical callers so that observers were able to note any inconsistencies and unintended outcomes. These processes, as well as the stakeholder's engagement provided a thorough approach to the policy's development and allowed stakeholders to understand the potential impacts on callers, persons in crisis, PSAPs, field responders and crisis workers receiving calls to and from 911. This exercise reemphasized the need for initial and ongoing structured training for both 911 and 988 personnel so that they understand each other's roles in providing crisis services and begin the process of becoming proficient and confident in the use of available tools.

It is important to note that this policy provides guidance to Maine's PSAPs and DOCs, that extends the call continuum to the MCL. For agencies in the State that have mobile response teams (MRT) or clinicians on staff, this policy does not pre-empt or replace departmental policies to activate those resources.

III. POLICY DEVELOPMENT

As stated in *the Report On Protocols and Procedures Necessary To Ensure The Delivery Of Crisis Response Services Pursuant To Resolves 2021, Chapter 29* (report), not transferring a caller to an appropriate level of psychiatric care (if one exists and/or is available) increases Emergency Telecommunicator (ETC) risk by defaulting to the existing standard (e.g., a police/fire dispatch).

In alignment with existing policies, the policy for *Call Receipt, Acknowledgement, and Transfer Of Behavioral Health Calls* is formatted as follows:

- *Section I. Purpose Statement:* A proposed statement was reviewed and clarified to articulate the intent of the policy, which is to "provide public safety answering points (PSAPs) with a minimum standard for a uniform response when receiving, assessing, conferencing, and/or transferring calls from persons in crisis (1st party caller) or other callers for mental and/or behavioral health-related assistance, including substance use disorder."

- *Section II. Policy statement:* "It is the State of Maine's (State) policy to provide the highest quality response to all requests for assistance for mental and/or behavioral health-related incidents. Incidents will be processed and assessed to determine if or when the caller can be safely transferred or conferenced with the Maine Crisis Line (MCL) (888-568-1112)".
    - This language was established to further clarify and fortify the policy's intent.

- *Section III. Definitions:* The definitions section was developed to reduce risk and provide clarity in terminology used. It was established for reader reference, with the awareness that words and phrases used in the policy may not be understood by those who do not work in the 911 or MCL environment. This list is extensive but serves the reader well in understanding the policy's context.

- *Section IV. General:* This section identifies a set of axioms and their definitions, which are commonly referred to during the application of emergency medical

dispatch (EMD) protocol but, for the purposes of this policy, extended into mental/behavioral health situations. For example, early in the policy development process, it was recognized that 988 would be referred to as the MCL until such time the State and 988 implement a formalized agreement. It was also understood that the main audience of this policy is the State's 911 community, while considering that by using common terminology, transferring, or conferencing the caller from 911 to 988 could be seamless.

- *Section V. Procedure:* Aligning with the Resolve, this section contains four main operational segments that incorporate all six of the policies required by the Resolve. The procedures detail the technical tasks ETC's should or must follow. Highlights are provided below:

  A) Call Receipt – call receipt was defined to include methods of how calls are received in the PSAP (911, 10-digit calls) and what minimum information call takers will gather prior to taking the next step in the procedure. Minimum data to be collected, if possible, includes caller location, callback number, chief complaint, time of occurrence, known hazards, the caller's name and if others (and their names) are involved (specifically if a third party is calling for a person in crisis). Also included is the procedure to follow should a PSAP receive requests from field responders and how to connect them to the MCL. This content aligns with existing State policy and PSAP and DOC practices.

  B) Call Screening and Classification – outlines the various ways requests for services enter the PSAP and steps to take in each scenario. It is important at this step that ETCs distinguish a request for an ambulance for a medical condition versus a mental/behavioral health situation. Scenarios are identified here, which include a customized *Caller Condition* and *Scene Safety* Information matrix so that ETCs can rule out the potential for dangerous conditions that would impact the caller or those in their proximity. Answers to the matrix questions determine if moving the call to the MCL is an alternative or if a field response is most appropriate.

  C) Call Processing – is the action(s) taken by the ETC once call screening is complete, providing guidance on the appropriate agency and/or agencies to safely transfer or conference the caller/person in crisis. Important here is that the policy distinguishes a transfer from a conference, which is determined by a balance of caller demeanor and ETC availability to remain on the line. The goal is to provide a safe transition from 911 to MCL so that the caller receives higher levels of care and the rapport between caller and MCL has been established.

  D) Universal and Convenient Access – this segment provides ETCs with direction when working with special groups. A comprehensive suite of tailored services includes accommodations for those requiring interpreter services and/or coordinated care to provide universal and convenient access to services. Foreign language barriers, telecommunication relay services, Text-to-9-1-1 and Short-message-services (SMS) along with Tele-typewriter (TTY) access are amongst the existing policy and procedures in place at the State's PSAPs. While these

processes exist, some limitations such as technology in disparate locations are not compatible for interoperability, so procedures were developed to optimize call processing and accommodate callers as best possible.

As previously stated, at the end of the policy development process, the consultant prepared an up-to-date draft that was developed collaboratively and inclusively by stakeholders who had the opportunity to review the content before exercising and finalizing the policy.

Identifying project milestones and what they looked like early on provided a consistent pathway throughout the development of the policy, and holding routine meetings where assignments were clearly explained and delegated promoted engagement and completion. The assignments, also referred to as homework, provided continuous stakeholder input, and the policy's development in segments allowed more scrutiny and thorough review. Finally, the tabletop exercise conducted in December 2022 provided the opportunity to identify procedural gaps and where emphasis was needed to ensure the prescriptive steps are taken for the benefit of caller care.

IV. FUTURE CONSIDERATIONS

Early in the process, it was agreed that this policy would provide fundamental guidance to ETCs regardless of the influences that could change its course during development.

Following adoption of the policy and all requirements of the Resolve are complied with, the stakeholder working group will complete a periodic review and update process. This process will include agency input on policy revisions or additional policy development as stated in the report. The ongoing involvement of this working group will ensure that future policy updates and creation of additional policies, as may be needed, will build on the collaborative efforts of the involved stakeholders.

At the conclusion of the working group's efforts, several policy elements remain outstanding, such as:

- ETCs currently access Medical Priority Dispatch Software (MPDS) Protocol 25 (Psychiatric/Mental Health Conditions/Suicide Attempt/Abnormal Behavior) to process requests for mental/behavioral health situations. In response to 988's rollout, Priority Dispatch Corporation (PDC) updated the MPDS in November 2022. In December 2022, Maine EMS medical directors endorsed a proposal to allow the transfer of certain calls processed with MPDS Protocol 25 to MCL in accordance with the policy drafted by the stakeholder group. Full vetting of the protocol changes and the policy will require revision to the Medical Director Protocol Authorization to include identifying callers who are eligible for transfer or conference to MCL in order to speak with a crisis counselor. Following approval by the Medical Director, training of PSAP and interested DOC personnel on the use of this policy and procedure will be necessary prior to implementation.

- Performance metrics need to be developed and applied to Protocol 25 outcome data. This data may improve Maine's behavioral health response. Formulation of

metrics may be derived from sources such as call answering and transfer statistics, quality assurance outcomes, and other sources yet to be identified.

- Impacts of HIPAA[6] requirements versus right to privacy and informed consent laws. HIPAA has varying degrees of applicability between public safety entities (e.g., ETCs, paramedics, or law enforcement officers) and behavioral health entities (e.g., OBH and MCL). The degree to which these laws affect the overall process remains in discussion with the State Attorney General's office. Further conversations to determine precisely what information can be shared from MCL back to PSAPs and DOCs should include representation from the Maine Department of Health and Human Services (DHHS).

- With the rollout of 988, stakeholders identified it is important to improve public education regarding the roles, capabilities, and which program (911 or 988) the public should access. To assist with this task, OBH is planning a public education campaign.

As documented in the previous legislative report, several items influence policy and procedure application at the PSAP's and an ETC's ability to be efficient and effective while controlling the caller conversation. While all of the recommendations in the previous report remain relevant, based on the policy development process, the following warrant restating.

A. Explore Procurement of a Commercially Available Standardized Emergency Medical Health Dispatch (EMHD) Protocol System

Implementing the EMHD Protocol System—which integrates into the existing EMD system—would provide ETCs with the automated tools necessary to efficiently address behavioral health requests and close the continuity and accountability gap that exists across all stakeholder groups. Requiring the use of the EMHD protocol as part of the EMD Protocol and adding this requirement to EMD statute (32 M.R.S. §85-A) will provide consistency and standardization across 911 centers. PDC's recent update to Protocol 25 serves as a bridge between the current state and an update to 32 M.R.S. §85-A. A modification to 25 M.R.S. §2927 will also be required to allow E-911 surcharge monies to fund related activities. The proposed legislative language provided in Appendix A addresses these issues.

B. Require Standardized Statewide Training of Existing and New PSAP and Dispatch Only Center Staff in EMHD and Other Crisis Response Related Skills

In addition to the original recommendations, it is suggested that a tabletop exercise be repeated every six months for the first two years and then annually after that to validate the policy during the initial training and implementation period of EMHD protocols.

C. Require Tracking of Behavioral Health Event Calls and Submission of Statistical Data to the ESCB and MEMS

[6] Health Insurance Portability and Accountability Act

Operational decisions in the public safety realm rely on data and metrics captured from various sources, such as the computer-aided dispatch system, call handling equipment, and quality assurance reviews. These data or metric points allow agency management to track processes over time to determine if the current course of action is the correct course or if current policies and procedures need to be adjusted to achieve a new result.

D. Identify Technology Needs

The MCL does not have the same wireless or cellular location technology (e.g., automatic location identification [ALI], integrated GIS mapping, or advanced location systems such as RapidSOS) as a PSAP. When a caller reaches the MCL outside of a 911 call, they must contact the local PSAP or DOC for assistance in locating a caller. This may require asking the caller to hang up and dial 911, which increases the risk that the caller may not call 911 or may reach a different PSAP that has not spoken to the MCL.

Additionally, several elements that were identified and explored during the policy development process remain to be resolved. These elements will require further discussion or direction, which may lead to policy revisions. As suggested, the working group is encouraged to maintain a communications rhythm that promotes ongoing discussions and opportunities to make suggestions regarding administrative rules and policies regarding the following.

VI. CONCLUSION

Pursuant to the Resolves 2021, chapter 162, this report fulfills the legislative requirements stated thereof, by providing detailed direction to PSAPs and DOCs when requests for mental/behavioral health requests for service are received.

While some PSAPs may have internal policies and have provided introductory training to mental/behavioral health situations and conditions, the fact remains that statewide, ETCs currently do not possess the training, skills, and abilities to confidently and accurately screen calls and determine which may be better served by MCL rather than dispatching traditional police, fire, or EMS resources.

The developed policy is the first step towards shoring up these gaps by providing direction to the ETCs to improve response to callers in crisis. The remaining recommendations from the previous report, while not yet implemented, do not lose their validity, and still warrant future implementation. Constant improvement of the 911 and 988 interface will serve the best interests of citizens, public safety personnel and behavioral health practitioners and clinicians alike.

APPENDIX A – PROPOSED EMHD LEGISLATIVE LANGUAGE

As the required, the ESCB, in consultation with the Department of Public Safety, developed the proposed legislation necessary to implement the protocol and procedure recommendations for the delivery of crisis response services under the State's E-9-1-1system as identified in the ESCB report issued pursuant to Resolve 2021, chapter 29. The ESCB put the draft language out for comment for 30 days by posting it prominently on its website and sending it to the following groups and/or individuals:

Members of the Crisis Protocol Working Group
Members of the Enhanced 9-1-1 Council
PSAP Directors and Supervisors
Dispatch Only Center Supervisors
Maine Chiefs of Police Association
Maine Board of EMS
Maine Fire Chiefs Association
Maine County Commissioners Association

Comments Received

The sole comment received was from William Tower, Sanford Regional Communications Center. In his email[7], Mr. Tower said he hopes that this will come with funding if dispatchers need additional training. If the legislation simply expands the EMD definition and include additional EMD cards, he is good with that.

[7] Received 1/17/23

DRAFT LEGISLATION

As Required by Resolves 2021, chapter 162

Date: December 15, 2022

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 § 2927, sub-§3-E is enacted to read:

3-E. Support of a position to coordinate emergency medical dispatch services. Revenues in the E911 fund may be used to fund a legislatively authorized position relating to the coordination and oversight of emergency medical dispatch services provided by Maine Emergency Medical Services.

Sec. 2. 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. 3. 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 E-9-1-1 system to the extent necessary to implement and manage the E-9-1-1 system.

Sec. 4. 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. 5. 32 MRSA § 83, sub-§13-B is enacted to read:

13-B. Entities of the Board. "Entities of the Board" means boards, subcommittees, advisory committees, committees, and ad-hoc committees of the Board.

Sec. 6. 32 MRSA § 85-A, sub-§1, ¶C, sub-¶3 is amended to read:

(3) Management of requests for emergency medical or emergency mental health assistance; and

Sec. 7. 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.

Sec. 8. 32 MRSA § 88, sub-§2, ¶M is enacted to read:

M. The Board may establish subcommittees, advisory committees, committees, and ad-hoc committees of the Board. These entities of the Board, including related Boards, may use video conferencing and other technologies to conduct its business but is not exempt from the requirements of Title 1, chapter 13, subchapter 1. Members of the entities of the board or its staff may participate in in a meeting of the entity via video conferencing, conference telephone, or similar communications equipment by means of which all persons participating in the meeting can hear each other, and participation in a meeting pursuant to this subsection constitutes presence in person at such meeting.

Sec. 9. Stakeholder group. In coordination with the Maine Emergency Medical Services Bureau within the Department of Public Safety, the Public Utilities Commission shall convene a stakeholder group to ensure proper communication is maintained while emergency mental health dispatch protocols are being implemented across the State. The stakeholder group shall address any issues that arise as emergency mental health dispatch protocols are being implemented and improve any policies or procedures that have been developed to address the screening and transferring of calls for emergency mental health services.

1. The stakeholder group established under this section must include, but is not limited to, the following stakeholders:

A. The director of the Emergency Services Communication Bureau within the Public Utilities Commission or the director's designee;

B. The director of the Office of Behavioral Health within the Department of Health and Human Services or the director's designee;

C. The Director of Maine Emergency Medical Services within the Department of Public Safety or the director's designee;

D. One member representing law enforcement;

E. One member who provides emergency medical services;

F. One member from a municipal public safety answering point;

G. One member from a county public safety answering point;

H. One member from a state public safety answering point;

I. One member from a dispatch-only center;

J. One member who provides mental health crisis services; and

K. One member who provides community mental health services.

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 E-9-1-1 system.

It establishes a stakeholder group, convened by the commission, to address any issues that arise as emergency mental health dispatch protocols are being implemented and improve any policies or procedures that have been developed to address the screening and transferring of calls for emergency mental health services.

It allows revenues in the E911 fund to be used to fund a position relating to the coordination and oversight of emergency medical dispatch services at the Maine Emergency Medical Services.

This bill also defines "entities of the Board" to include boards, subcommittees, advisory committees, committees and ad-hoc committees of the Emergency Medical Services' Board and allows the Board to establish any such entity. Lastly, it allows the use of video conferencing and other technologies to be used at the meeting of these entities.