

BANGOR POLICE DEPARTMENT  
POLICY  
General Order

**RESPONSE TO MENTAL ILLNESS**

This policy is effective December 31, 2021 and amends or supersedes all previous policies on this subject. This policy meets or exceeds the minimum standards as set by the Maine Criminal Justice Academy Board of Directors - as required by M.R.S.A. 25, Section 2803.

**I. POLICY:**

It is the policy of the Bangor Police Department to assist individuals who appear to be mentally ill or who are experiencing a mental health crisis. This assistance will include, as appropriate, placing individuals in protective custody and participating in the involuntary commitment process (also referred to as the “blue paper process”).

This State of Maine requires that 20% of all full-time law enforcement officers receive at least 8 hours of nationally recognized or best practice in-person training in Mental Health Identification Awareness (MHIA) for Law Enforcement Officers by January 1, 2018. It is however the policy of the Bangor Police Department to maintain an active staff of trained officers in either an eight (8) or forty (40) hour training course in MHIA at a level above the mandated 20% requirement.

This is a statutorily mandated policy; officers must abide by this policy as it applies to all standards of the Maine Criminal Justice Academy Board of Trustees.

**II. PURPOSE:**

The purpose of this policy is to provide guidance with respect to the options and resources available to assist individuals who appear to be mentally ill or who may be experiencing some level of mental health crisis. This policy is intended to satisfy the mandatory policy requirements set by the Maine Legislature regarding Deviant Behavior<sup>1</sup> and Response to Mental Illness and Involuntary Commitment.<sup>2</sup>

**III. DEFINITIONS:**

Advanced Healthcare Directive: an individual instruction form or a power of attorney for health care by an individual with capacity for use when the person appears to lack capacity.

CID: Criminal Investigation Division.

Crisis Intervention Officer (CIO): An officer specifically trained in the identification, handling, and disposition of individuals exhibiting signs of mental health crisis.

Crisis Intervention Team (CIT): A group of individuals, including officers, specifically trained in the identification, handling, and disposition of individuals exhibiting signs of mental health crisis.

Crisis Service System: A program provided by the Maine Department of Health and Human Services to provide mobile crisis services anywhere in the State on a 24/7 basis. DHHS can provide

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<sup>1</sup> 25 M.R.S. § 2803 (1-C)

<sup>2</sup> 25 M.R.S. § 2803(1-L)

triage for consumers, immediate responses to consumer needs when in crisis, and assist with a proper disposition of the situation. This may include hospitalization, placement in a “crisis bed,” in-home supports, referral for services, or no follow-up if it is not indicated. The statewide crisis system is accessed free by calling 1-888-568-1112.

Dangerous Weapon: A firearm. A device designed as a weapon capable of producing death or serious bodily injury. A device, material or instrument capable of producing or threatening to produce death or serious bodily injury.

Emergency Involuntary Commitment (“blue paper process”): Three-step process by which:

1. Any person (friend, relative, social services worker, officer, etc.) applies for admission of an individual to a mental hospital;
2. Clinician evaluates the individual, usually at a local hospital, and;
3. If the clinician certifies that the individual is mentally ill and because of that illness poses a likelihood of harm, a judicial officer reviews and, as appropriate, endorses the documentation reflecting the first 2 steps. These 3 steps are reflected on sections

1, 2, and 3 of the “blue paper form,” an application for Emergency Involuntary Admission to a Mental Hospital, form MH-100.

Least Restrictive Form of Transportation: The vehicle used for transportation and any restraining devices that may be used during transportation that impose the least amount of restriction, taking into consideration the stigmatizing impact upon the individual being transported.<sup>2</sup>

Mental Health Crisis: Behavior – such as loss of contact with reality, extreme agitation, severe depression, imminent suicidal or homicidal statements or actions, or inability to control actions – that creates a threat of imminent and substantial physical harm to the person experiencing the behavior or to others and that appears to be of sufficient severity to require professional evaluation.

Probable Cause: 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 presents a likelihood of serious physical harm to self or others 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 the person lacks capacity, the law enforcement officer may take the person into protective custody.

Protective Custody: A law enforcement officer taking a person into custody when the officer determines that probable cause exists that the person is mentally ill and because of that illness presents a threat of immediate and substantial physical harm to that person or other persons, or when the officer knows that a person has an advance healthcare directive authorizing mental health treatment and the officer has probable cause that the person lacks capacity.<sup>3</sup>

Likelihood of Serious Physical Harm: A substantial risk of serious harm to someone, taking into consideration the likelihood of the potential harm, the seriousness of the potential harm, and the likelihood that harm will occur. Harm threatened may include:

1. Suicide or serious self-injury;
2. Violent behavior or placing others in reasonable fear of serious physical harm; and
3. Reasonable certainty of severe impairment or injury because a person is unable to avoid harm or protect himself or herself from harm.

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<sup>3</sup> 34-B M.R.S. § 3862

#### **IV. PROCEDURES:**

- A. Officers shall be familiar with the law of protective custody. The officer will assess the situation and determine if the person appears to be experiencing a mental health crisis.
- B. If the person appears to be experiencing a mental health crisis, the officer will assess the need for protective custody taking into consideration whether the individual is willing to accept immediate voluntary commitment.
- C. If the officer determines that protective custody is not appropriate, the officer may refer the person to a medical or mental health practitioner, call on a department mental health case manager or employ other services; leave the person in the care of relatives or service providers, or take other steps necessary to maintain public safety. Referral resources include:
  - 1. Local mental health agencies, with contact information.
  - 2. Local hospital with voluntary inpatient capacity, with contact information.
  - 3. Regional DHHS staff, with contact information.
  - 4. Licensed mental health professional in private practice, with contact information.
  - 5. Local DHHS contract crisis provider. Call toll free (1-888-568-1112) to connect with the local DHHS contract crisis provider.
- D. If the person requires protective custody and the requisite standard is met, or if the person has an advance healthcare directive and it is determined that the directive is applicable, the officer may take the person into custody and deliver the person for examination. The officer shall complete the Bangor Police Department – Crisis Intervention Information form and provide it to the examining clinician. The officer should retain a copy of the form and include it with his/her report.
- E. The examination may be performed by a licensed physician, a licensed clinical psychologist, physician's assistant, nurse practitioner, or certified psychiatric clinical nurse specialist.
- F. If the person in protective custody is alleged to have committed a criminal act for which a warrantless arrest may be made, the officer, in consultation with a supervisor and the licensed practitioner examining the person, shall determine the most appropriate confinement condition to satisfy the protection of the public and the person's treatment.
- G. If the clinician determines that the person does not satisfy the criteria for emergency involuntary hospitalization or that the person's advance healthcare directive is inapplicable under the particular circumstances, the officer will release the person from protective custody and, with the person's permission, either take the person home (if that is in the officer's territorial jurisdiction) or return the person to the place from which the person was taken into custody, except that if the person is also under arrest, the officer will keep the person in custody until the person is released in accordance with law.
- H. If the examining clinician determines that the person satisfies criteria for emergency involuntary hospitalization, unless the law enforcement agency has a custody agreement with the health care facility to which the person is to be transported for examination, the officer shall seek judicial endorsement as soon as possible and cause to be transported in the least restricted form of transportation the person to the hospital authorized by the judicial officer. However, if the examination is completed between the hours of 11:00 p.m. and 7:00 a.m., the officer may transport the person to a hospital that has agreed to an admission, and the hospital will secure a judicial endorsement as soon as reasonably possible.

- I. If a medical practitioner determines that the person in protective custody presents a likelihood of foreseeable harm, and notifies law enforcement of same, the officer shall, as soon as reasonably practicable seek endorsement by a Superior Court Justice, District Court Judge, judge of probate or justice of the peace, of the medical practitioner's determination and the officer's declaration that the person was taken into protective custody and that the officer has probable cause to believe that the person possesses, controls, or may acquire a dangerous weapon.
- J. If a judicial officer determines the facts, as outlined in §I (above), support action the law enforcement officer is authorized and shall, as soon as practicable – but not later than 24 hours after the judicial finding, notify the restricted person that they are prohibited from possessing, controlling, acquiring or attempting to possess or acquire a dangerous weapon pending the outcome of a judicial hearing. The notification shall also advise the restricted person that they are required to immediately and temporarily surrender any dangerous weapon possessed, controlled or acquired to an law enforcement agency in the jurisdiction where the weapons are located pending the outcome of a judicial hearing (which must be held within fourteen (14) days).
- K. Officers making the required notifications, as part of §I and J, will report the restricted person's status to the CID lieutenant or sergeant via the officer's supervisor. The CID lieutenant or sergeant will notify the Office of the District Attorney and the State of Maine Department of Public Safety.
- L. When a person is transported by an officer to a hospital for examination under this section and not admitted, the chief administrative officer, or his/her designee, of the hospital shall notify the officer or the police department of the release.<sup>4</sup>

**V. BILLING/DOCUMENTATION:**

- A. This agency may bill the Maine Department of Health and Human Services (DHHS) for transportation expenses of a person to and from an examination that follows protective custody. The total cost for protective custody transportation billing includes mileage and the fully impacted hourly rate of the officer(s).
- B. This agency may bill DHHS for transportation expenses of a person to and from a psychiatric hospital for admission authorized under the involuntary commitment (blue paper process). The total cost for blue paper process transportation billing includes mileage and the fully impacted hourly rate of the officer(s).
- C. If an officer who encounters a person in a mental health crisis takes any formal action, the officer will document the action in an incident report (Crisis Intervention Contact Report). The officer will document any contact that results in protective custody with sufficient specifics and detail outlining the probable cause for the particular action.

**VI. CRISIS INTERVENTION TEAM/MENTAL HEALTH FIRST AID:**

- A. The Crisis Intervention Team (CIT), and/or the officers specifically trained in crisis intervention techniques, was established for the purpose of providing qualified personnel who are skilled in the handling of individuals experiencing a mental health crisis. The primary goal of the CIT officer is to de-escalate persons suffering from a mental health crisis and ensure the proper and safe disposition of individuals who encounter officers while in crisis. This is accomplished by

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<sup>4</sup> 34-B M.R.S. § 3863 (6-A)

identifying the various types of crisis and employing skills, techniques (and when possible other sources) to attempt the de-escalation of the individual with the goal of a safe resolution. CIT officers complete a forty (40) hour training course.

- B. The Mental Health First Aid (MHFA) training is an eight (8) hour course designed to establish the basics of de-escalation for the purpose of providing an officer with the core understanding of how to address a person in mental health crisis.
- C. Officers are encouraged to maintain their skills. The police department training division will provide, as possible and when reasonably available, updated and/or refresher training in both CIT and MHFA.

Approved: December 23, 2021

Effective: December 31, 2021

Mark J. Hathaway  
Chief of Police

**Bangor Police Department**  
**Crisis Intervention - Contact Report**

Name: \_\_\_\_\_

Case #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Time of Contact: \_\_\_\_\_

Location of Contact: \_\_\_\_\_

Referred By: \_\_\_\_\_

Race: Caucasian Black  
Native American Hispanic  
Other: \_\_\_\_\_

Gender: Male Female  
Mental Illness: Yes No Unknown  
Diagnosis: \_\_\_\_\_

Threat Assessment: None  
Suicide Ideation: Yes No  
Suicide Attempt: Yes No  
Threat to Harm Others: Yes No

Medication: \_\_\_\_\_

Unable to care for self: Yes No

Provider: \_\_\_\_\_

Weapon/Method: None  
Firearm Traffic  
Edged Weapon Overdose  
Hanging Police  
Jumping Other \_\_\_\_\_

Arrest: None  
Felony Misdemeanor  
Protective Custody Currently in Police Custody  
Diverted from Arrest

Injuries: None  
Prior to Police Contact: Yes No  
Due to Use of Force: Yes  
No (see narrative)

Disposition:  
Transported to ED Specify \_\_\_\_\_  
Unknown Referred to MH Liaison  
Unknown Stabilized with No Transport

Injury to Other Person: Yes No Unknown  
Injury to Police: Yes No  
UOF: Yes No

Referrals Given (see narrative)  
Other (see narrative) Medical Necessity  
Voluntary Involuntary

Substance Use: None  
Alcohol Marijuana  
Cocaine Other: \_\_\_\_\_  
Heroin Accidental Overdose  
Methadone

Charge (s): \_\_\_\_\_

Narrative: (Give specific statements, details and include sources of information and contact information)