

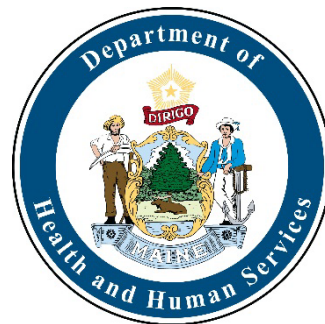
Intersection of Crisis Response and Substance Use

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Department of Health and Human Services

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Department of Health and Human Services

Maine's Crisis System: Continuum of Care



Created by Adapted Content from the Stress Program
Someone to Call

Maine Crisis Line / 988

Peer Support Line

Wabanaki Care Line
(run by Wabanaki Public Health & Wellness for all Indigenous Peoples)



Someone to Respond

Mobile Crisis Response Teams (in every district)

Walk-in hours at Mobile Crisis Provider (minimum 8am-5pm)

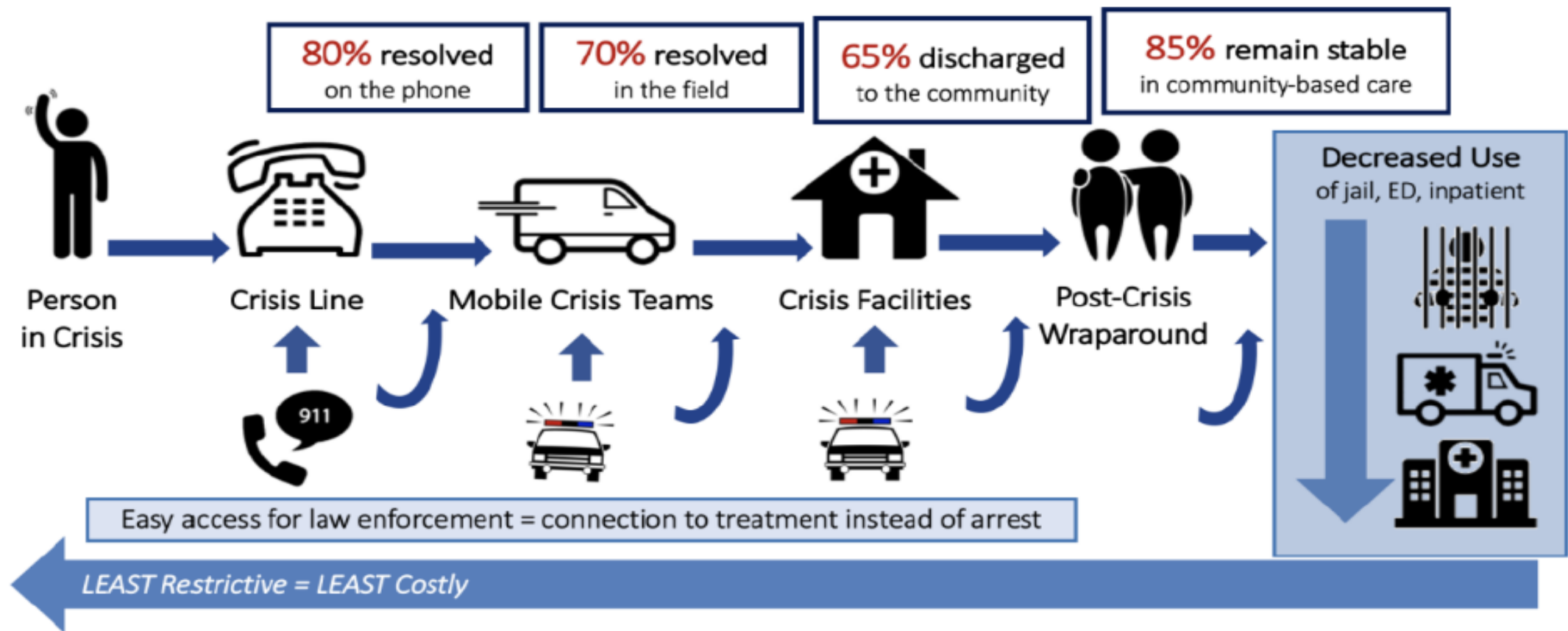


Somewhere to Go

Cumberland County Receiving Center (ages 14+)

Crisis Residential (in every district- for both children & adults)

Model Crisis Service Continuum: Alignment of services toward a common goal



Balfour ME, Hahn Stephenson A, Winsky J, & Goldman ML (2020). *Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies*. Alexandria, VA: National Association of State Mental Health Program Directors. <https://www.nasmhpd.org/sites/default/files/2020paper11.pdf>

Maine's Crisis Reform

- SAMHSA's National Guidelines for Behavioral Health Crisis Care- calls for a significant role for peer supporters
- Addition of new credential for peer supporters- Certified Intentional Peer Support Specialist- Crisis Service Provider (CIPSS-CSP)
- New training for all current MHRT-CSPs
- Stakeholder Engagement- Community members, providers, staff
- Consultant, Curriculum Developer- Jess Stolhmann-Rainey
- 100+ (depending on role) hours of online training- Cutler Institute

Core Values of Crisis Support

- Avoiding Harm and Promoting Dignity
- Person-Centered Support
- Mutual Responsibility
- Establishing Feelings of Personal Safety
- Strength-based and Hope-based
- Trauma-informed and Culturally Relevant
- Healing, Empowerment, and Natural Supports

Support Considerations- Referrals & Follow Up

- Very few referrals are followed up on- 33%- 50%
- 70% of participants may never attend an appointment
- Referrals should be relevant to the person and their experience of crisis
 - Ongoing HR needs
 - Community support- groups, meetings, communities of choice
 - OPTIONS
 - Medically Managed Withdrawal
- Follow up contact greatly increases felt safety – 90% of high-risk callers report that check-ins helped keep them safe

Understanding Substance Use

- Not all use is problematic- continuum of use from beneficial to addiction/dependency
- Substance use may not be part of the person's crisis
- Substance use is morally neutral- support is non-judgmental
- Reasons for using substances is deeply personal and often complex
- Substance use can be a comfort/coping strategy
- Withdrawal symptoms of alcohol and benzodiazepines can be lethal

Challenges in SU Support

- We can still provide in the moment support to people who are intoxicated- exploring their reasons for reaching out for support
- The presence of substance use only in one's life doesn't necessitate mandatory reporting
- Concerned Others- family, friends, community members may have very different feelings about substance use and need support themselves

In The Moment Support

Connection to long term treatment isn't the goal, but providing support that increases opportunity for engagement is.

- Harm reduction only interventions
- In the moment support- follow up contacts support longer term engagement
- Want people to have an experience with support that they would reach out again
- Relationship is the bridge to longer term supports

Possibilities of Our Work

- Services and programs can work together to best support people and ensure that we truly operate within “no wrong door” philosophy
- Crisis reform work supports a robust, co-occurring capable system-addressing both MH and SU crisis, and recovery needs
- What we do in the moment matters long term-
 - Believing in people’s capacity for change
 - Destigmatizing and non-judgmental
 - Growing trust and connection
 - Offering presence, collaboration, drawing on strengths

Thank you! Questions?

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