



Subject: A Way Out program

General Order: 16-23R

Section Code: P-38

Issued: May 23, 2016

Effective Date: May 23, 2016

Rescinds:

Termination Date:

Reference CALEA Standards: None

Amended Date: April 24, 2017

This order supersedes all previous written and unwritten guidelines and policies of the Mundelein Police Department on the above written topics.

TO: All Personnel

PURPOSE: Drug overdose is one of the leading cause of accidental death in Illinois. To help reduce the number of fatal and nonfatal overdoses in Lake County, we are changing the way we handle substance users who request help with their substance use disorder to narcotics. There are many resources available in Lake County, Illinois to help with this disease, but many people do not know how to access these services. With strong community support, the Mundelein Police Department will be adopting the following policy effective June 1, 2016 to address the needs of any person who comes into the station requesting help with their substance use disorder.

POLICY: Any person who enters the police station and requests help with their substance use disorder will be immediately screened into the A Way Out program. If such a person who has requested help with their substance use disorder is in possession of drugs or their drug equipment (needles, etc.), they will not be charged. The officer will immediately notify the watch commander that a potential A Way Out program candidate is requesting help with their substance use disorder.

I. Procedure

A. The watch commander / officer will take the following steps:

1. All officers having contact with anyone requesting help with their substance use disorder will be professional, compassionate and understanding at all times.
2. If the initial contact is made on the street, officers will use their discretion that we exercise on a daily basis. This program is specifically for and exclusively applies to persons who voluntarily seek assistance.
3. Assign an officer to remain with the patient, and contact the Lake County Health Department hotline at [REDACTED].
4. Ensure that the A Way Out program Waiver (Addendum A) is completed.
5. Once an assessment has been conducted by an officer and Health Department employee then recommendations should be made to participant. (Inpatient requests will be evaluated and honored if appropriate.)

6. If out-patient care is needed, provide participant with an appointment date (received from the Lake County Health Department) and arrange transportation.
7. If any drugs and/or drug equipment are turned over they shall be documented in the case report and upon completion of documentation, properly disposed of.
8. If in-patient care is needed, the officer will transport the participant to the hospital for medical screening if necessary. The participant must be transported by a law enforcement officer to the hospital and to Gateway. We should discourage the patient getting a ride from friends and / or family, etc. once they have entered the program.
9. The Health Department may assign a volunteer to meet the officer at the hospital.
10. Inform the hospital that we have a person who is requesting help with their substance use disorder through the Lake County A Way Out program and that we are requesting them to be evaluated. The nurse in-charge will communicate specific instructions of where they want the patient to go at the ER; and the officer will communicate as to whether there is any history or concern of potential violence with the patient.
11. Once assigned to the participant, the officer will monitor them until properly relieved by a volunteer.

The officer will introduce the volunteer to the patient and to the emergency room nurse assigned to that patient.
12. The officer may be called back to assist the volunteer with transportation to the treatment center.
13. If medical screening is not needed, the officer may transport the participant directly to the treatment provider.
14. If the participant is unable to be placed after exhausting all possible methods, the participant is not to leave without being given a plan to continue with help. The participant shall be afforded every courtesy to find them a safe place upon departure.
15. Officers will make the Watch Commander aware of any issues or concerns.
16. Once cleared, the officer will return to the station and debrief the Watch Commander of any issues or concerns.

B. Exceptions

A person seeking help with their substance use disorder to opiates may be deemed ineligible to participate in the Lake County Volunteer A Way Out program if:

1. The subject has an outstanding arrest warrant. (This should be screened with the States Attorney for minor warrants, at Watch Commanders discretion.)
2. The subject has three or more drug-related convictions on their criminal record; if at least one of those convictions was from a possession with intent to distribute, or trafficking, or drug violation in a school zone.
3. The officer or watch commander express the reasonable belief that the participant should be deemed ineligible.
4. The subject is under the age of 18 and does not have parent or guardian consent.
5. If the subject presents with any signs or symptoms of severe withdrawal or any other clear medical conditions or simply request at the time of intake, he or she will be immediately transported to Condell Medical Center.

BY ORDER OF:



Chief of Police
Village of Mundelein

A WAY OUT PROGRAM WAIVER

- This is to certify that I, _____, am over the age of 18 **AND I DO NOT HAVE ANY PENDING CRIMINAL CHARGES AGAINST ME.**
- This is to certify that _____ is under the age of 18 and participant's parent/legal guardian _____ hereby authorizes the minor's participation in the A Way Out program and, further, said parent/legal guardian agrees to be bound by this waiver both individually and on behalf of the minor.
- I further agree and understand that I am voluntarily turning over any drugs (legal and illegal) as well as any drug paraphernalia in my possession to the participating police agency, which shall immediately be destroyed. And that in exchange for working towards my sobriety through the A Way Out program, the participating police agency and/or the Lake County State's Attorney's office will not file criminal charges against me for use and/or possession of these items.
- I agree and understand that I remain responsible for any and all charges and expenses related to the treatment I may receive as a result of this program.
- I agree that an officer from the participating police agency may contact the Lake County Health Department on my behalf to start the intake program for the A Way Out program.
- I agree to allow a volunteer screener to accompany me during my intake to a hospital and to discuss my care and treatment at the facility with hospital staff and physicians.
- I agree that if there is any exchange of contact information (phone numbers, email addresses, physical addresses, etc.) with the screener, this will be done only with mutual agreement between myself and the screener.
- I further understand that at any time I no longer feel comfortable with the volunteer screener I can request a new volunteer screener (if available) or to not have a volunteer screener assigned to me.
- I also agree to be contacted in the future by the participating Police Department and Lake County Health Department to tell them about my experience in the program. I understand that the information I provide may be used by these agencies to help improve the program.
- I also agree to allow any and all treatment centers that I attend as part of this program to update the _____ Police Department and/or the Lake County Health Department on the status of my treatment and/or any other issues deemed relevant. This is done purely for statistical reasons and will be used for follow up on the program. These updates will be secure and strictly confidential.
- I understand that I am assuming all risk for any and all claims arising from my participation in the A WAY OUT program and that on behalf of myself and my heirs, I do hereby RELEASE the Lake County Health Department, the Lake County State's Attorney's Office, the participating police agency as well as the volunteer screener, and their assigns, successors, employees,**

volunteers, participants, and any other person(s) or entity involved in the operation, organization, sponsorship, supervision, training or participation in the A WAY OUT program from any and all liability, losses, claims, demands, suits, damages and/or causes of action for personal injuries and/or property damage I may have, suffer or sustain while I am participating in the A WAY OUT program, whether arising from my own acts, actions, activities, and /or omission or those of others.

- I agree that Illinois Law will govern any and all legal disputes arising from this Release and further agree that any and all litigation arising from said dispute(s) will be filed and litigated in the 19th Judicial Circuit of Lake County, Illinois.
- I have read the foregoing and I agree to be bound by the terms and conditions of the Release.

Printed Name

Signature

Printed Name of Guardian if under 18

Signature

Address

Date of Birth

Date

Please Fax this Form to Lake County Crisis Care Program at 847-984-5638