

SOP #199 Advocating Substance Abuse Program (ASAP)

MIDDLE TOWNSHIP POLICE DEPARTMENT <i>Standard Operating Procedure</i>			
SOP #199		# OF PAGES: 3	
SUBJECT: Advocating Substance Abuse Program (ASAP)			
EFFECTIVE DATE: February 4 th , 2016	ACCREDITATION STANDARDS: none	REVISION DATE	PAGE #
BY THE ORDER OF: Police Chief Christopher Leusner			
SUPERCEDES ORDER #: None- New Policy			

I. Purpose:

To establish a partnership to help the Middle Township Police Department assist persons with substance abuse disorders when they come in contact with a member of this Department.

II. Policy

The Middle Township Police Department recognizes the significant impact substance abuse can have on not only the abuser, but also the abuser's family, friends and society as a whole. Many times when officers come in contact with a substance abuser, there are limited options for the officers to give to assist the person in receiving treatment for their addiction. Now through a partnership with CURE, (Christians United for Recovery) and their Advocating Substance Abuse Program (ASAP), this Department will be able to provide access to recovery support services to a person requesting them 24 hours a day, 7 days a week. ASAP will provide phone support, mobile outreach and crisis services.

CURE Volunteers will be issued a Middle Township Police Department Volunteer Identification Card after signing and acknowledging the MTPD CURE Volunteer Pledge of Confidentiality and the MTPD CURE Volunteer Liability Release and Waiver Agreement.

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III. Procedures:

- A. An officer, upon having contact with any person at headquarters through either an arrest, victim of a crime or a walk-in request to speak with an officer, and the officer suspects or knows that person to have a substance abuse disorder shall do the following:
 1. The officer shall ask the person if they wish to receive support services to help with their substance abuse disorder and provide them an information pamphlet describing the ASAP Program.
 2. If the person expresses an interest in receiving support services, the officer will ensure the MTPD ASAP Program Participant Agreement is completed and call ASAP at (609)435-6272 and request that members of the Crisis Response Team respond to headquarters to meet with the officer and person requesting support services.
 - a. Any officers having contact with anyone entering the Middle Township Police Department who request help with their addiction will be professional, compassionate and understanding at all times.
 3. If the person wishing to receive support services only wishes to speak over the phone with a member of the Crisis Response Team, allow the person to use a department phone.
 4. If the person is under arrest and will be incarcerated after processing, and the person expresses an interest in receiving support services, the officer will obtain contact information for the person and forward the information to (609)435-6272.
 5. If the person at headquarters does not wish to receive support services, complete whatever is needed to complete the call for service and send them on their way.
 6. When a member of the Crisis Response Team responds to headquarters, the officer will check the identification of the CURE Volunteer and introduce them to the person requesting support services and give them privacy to talk unless either party requests the officer remain present.
 7. The Crisis Response Team member will ultimately be responsible for facilitating and decision-making processes related to intervention referrals.
 8. Upon the completion of the meeting complete whatever is needed to complete the call for service and send the subject on their way.
 9. Document the call for service accordingly.

Middle Township Police Department ASAP Volunteer Liability Release and Waiver Agreement

In consideration for my desire to serve as an ASAP Volunteer for the Middle Township Police Department's ASAP Program, I _____ do hereby assume all risk and responsibility for any and all property damage and/or bodily injury that I may sustain while participating in the ASAP Program.

Further, I, for myself, my heirs, executors, administrators and assigns do hereby release, waive and discharge the Township of Middle and all of its officers, directors, employees, agents and volunteers of and from any and all claims.

Further, I expressly agree that this release and waiver Agreement is intended to be construed as broadly and inclusive as permitted by New Jersey and federal law and that if any portion thereof is held to be invalid, shall remain binding with the full force and effect of law.

I currently have no known mental or physical condition that would impair my capability to serve in the ASAP Program.

I have carefully read this release and waiver Agreement and I understand the content therein and I sign this Agreement of my own, free will.

Date: _____ Signature: _____ Print Name: _____

Date: _____ Witness Signature: _____ Print Name: _____

Middle Township Police Department CURE Volunteer Pledge of Confidentiality

This is to certify that I, _____, a volunteer for the ASAP Program, understand that any information (written, verbal or otherwise) obtained during the performance of my duties must remain confidential including, but not limited to, all information pertaining to program participant, families, members of the Middle Township Police Department.

I understand that any unauthorized release of this confidential information is considered a breach of the duty to maintain confidentiality and a possible breach of state or federal law.

I further understand that any breach of the duty to maintain confidentiality may be grounds for immediate dismissal from the ASAP Program and/or possible legal action arising out of such breach.

I agree that there if there is any exchange of contact information (phone numbers, email addresses, physical addresses, etc.) with the program participant; this will be done only with mutual agreement between the program participant and the CURE Volunteer.

I further agree that any scheduled contact with the program participant outside of the Middle Township Police Department is a personal decision and will not be inclusive in any part of the ASAP program.

Signature of CURE Volunteer

Date

Signature of Witness

Date

Middle Township Police Department Program Participant Agreement

This is to certify that I, (participant name) _____, agree to allow an CURE Volunteer to accompany me during my intake.

I further understand that at any time I no longer feel comfortable with the CURE Volunteer I can request a new CURE Volunteer (if available) or to not have a CURE Volunteer assigned to me.

I also agree to be contacted in the future by the ASAP Program to learn about my experience in the program. I understand that the information I provide may be used by the ASAP Program and the Middle Township Police to help improve the program. My name will not be used.

I also agree to allow any and all treatment centers to update the Middle Township Police Department and/or the ASAP Program 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 agree that if there is any exchange of contact information (phone numbers, email addresses, physical addresses, etc.) with the CURE Volunteer, this will be done only with mutual agreement between the participant and the CURE Volunteer.

I further agree that any scheduled contact with the CURE Volunteer outside of the ASAP Program or the Middle Township Police Department is a personal decision and will not be inclusive in any part of the ASAP program.

Signature of Participant / Date

Signature of Witness / Date

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IV. Memorandum of Understanding with CURE:



ASAP II
MEMORANDUM OF UNDERSTANDING
BETWEEN
MIDDLE TOWNSHIP POLICE DEPARTMENT
AND
CURE

In an effort to advocate for people struggling with substance abuse and reduce addiction in Middle Township, the **Middle Township Police Department** and **CURE** volunteers will work together to facilitate counseling and support for those seeking assistance for substance use disorder.

Middle Township Police Department will:

- evaluate situations in the community;
- determine if a person may have a substance use disorder;
- call a designated **CURE** representative when situations arise that may be appropriate for **CURE**'s services; and
- perform any other tasks/services to be determined in the best interest of this program.

CURE will:

- provide trained volunteers/advocates to work confidentially one-on-one with individuals struggling with substance abuse;
- make appropriate referrals to community agencies and services; and
- perform any other tasks/services to be determined in the best interest of this program.

All **CURE** volunteers shall:

- be screened with background check to meet qualifications for service;
- complete a six-hour approved training course;
- complete the MTPD **CURE** Volunteer Pledge of Confidentiality and MTPD **CURE** Volunteer Liability Release and Waiver Agreement forms;
- follow all volunteer policies and procedures established by **CURE**; and
- perform any other tasks/services to be determined in the best interest of this program while under supervision by **CURE** leadership.

Middle Township Police Representative



CURE Representative

Date

AUG. 3, 2016

Date