



# OAKLAND COUNTY SHERIFF'S OFFICE

## Policies and Procedures

	<b>NUMBER</b> 321	<b>DATE</b> June 22, 2017
<b>SUBJECT:</b>	<b>RIDES FOR RECOVERY PROGRAM</b>	
		<b>Distribution:</b> A,L.
<b>REFERENCE:</b>		

### POLICY

An individual addicted to heroin, opiates, or any other controlled substance may request assistance with obtaining treatment at the Sheriff's Office headquarters or any of its substations.

The Sheriff's Office will promptly screen the individual to determine eligibility for transport. If eligible, the Sheriff's Office will transport the individual to the Oakland County Community Mental Health Authority's Resource and Crisis Center (1200 N. Telegraph, Bldg. 32 E., Pontiac, MI 48341) for further assistance.

### PROCEDURES

#### **1.0 SCREENING**

- 1.1 The Sheriff's Office personnel having initial contact with the individual will notify the Sheriff's Office Operations Center. The Operations Center will assign a deputy to respond to the individual's location.
- 1.2 The deputy will be assigned an incident number and use CLEMIS code # L3549 - Rides for Recovery.
- 1.3 Deputies shall request to search the individual. If the individual does not consent to a search, then he or she is not eligible for the Program.
- 1.4 During the course of the search, if the deputy finds any illegal substances in the amount sufficient only for personal use, criminal charges shall not be pursued in accordance with MCL 333.740.
- 1.5 Any controlled substances, drug paraphernalia, weapons, contraband, or property with evidentiary value will be handled in accordance with PP# 239, "Handling and Storage of Property".
- 1.6 The deputy will complete the "Eligibility Form", attached. The deputy will determine if any of the circumstances listed in the form exist that would make the individual not a candidate for the program. These are:
  - 1.6.1 Under 18 years of age.
  - 1.6.2 In medical distress.
  - 1.6.3 Outstanding confirmed warrants
- 1.7 The deputy will provide and request medical assistance if the individual appears to be in medical distress or experiencing severe withdrawal symptoms.

- 1.8 The deputy will check for warrants. If the individual has as an outstanding warrant, he or she will be taken into custody to determine the status of the warrant. If arrested on the warrant, the deputy will inform the individual that he or she may again seek help from the Program upon completion of the legal obligations associated with the warrant.

**2.0 IF THE INDIVIDUAL IS ELIGIBLE FOR TRANSPORT**

- 2.1 The deputy **will call** the Resource and Crisis Center (248-464-6363 or 800-231-1127) and advise that he or she will be transporting an individual seeking treatment for addiction. The deputy will ensure that the individual has read, understood, and signed the "Request and Consent for Transportation" form, attached.
- 2.2 The deputy will transport the individual to the Resource and Crisis Center - 1200 N. Telegraph, Bldg. 32 E., Pontiac, MI 48341.
- 2.3 The individual will sit in the back of a patrol vehicle to be transported, but shall not be handcuffed. The individual may terminate the transport and request that the deputy stop the vehicle so that the individual can get out and leave at any time when safe to do so.
- 2.4 Upon arrival to the Resource and Crisis Center, the deputy will walk the individual inside and obtain the name of the Resource and Crisis Center personnel who will be assisting the individual.

**3.0 IF THE INDIVIDUAL IS NOT ELIGIBLE FOR TRANSPORT**

- 3.1 The deputy may provide the individual with the following information:
- 3.2 Toll-free number for the Resource and Crisis Helpline (800-231-1127).
- 3.3 Address and directions to the Resource and Crisis Center (1200 N. Telegraph, Bldg. 32 E., Pontiac, MI 48341).

**4.0 SUSPECTED CRIMINAL ACTIVITY**

- 4.1 If the deputy has probable cause that the individual has committed, or is going to commit, a crime (other than possessing a controlled substance in an amount sufficient only for personal use), the deputy shall investigate the suspected criminal activity and enforce the laws of the State of Michigan as appropriate under the circumstances, including arrest.

**5.0 REPORT SUBMITTAL**

- 5.1 A CLEAR Report shall be completed, and the completed "Eligibility Form" shall be attached to the report. If the individual is transported, a completed "Request and Consent for Transportation" form shall also be attached to the report.



Michael J. Bouchard  
Sheriff

## OAKLAND COUNTY SHERIFF'S OFFICE RIDES FOR RECOVERY ELIGIBILITY FORM

I. General Information			
CR#	Date	Time	
II. Participant's Information			
First Name	Last Name		
Address	City	State	ZIP Code
Telephone Number	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Does the person need anyone contacted? If yes, please include that individual's information below. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Contact Person	Telephone Number	Relationship	
Does the person appear to be in medical distress or experiencing severe withdrawal symptoms? *If yes, call for medical attention. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the person have any outstanding warrants? * <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the person under age 18.* <input type="checkbox"/> Yes <input type="checkbox"/> No			
* If any of the above answers is "Yes," <b>STOP</b> here. The individual is not eligible for the program.			
When was last time the person used an illegal substance? What type(s) and how much?			
Was the participant successfully transported to the:  <b>Resource and Crisis Center 1200 N. Telegraph, Bldg. 32 E. Pontiac, MI 48341 (248) 464-6363 or (800) 231-1127</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reason:			
Name(s) of Resource and Crisis Center staff that assisted the individual:			
III. Signature			
Printed Name of Sheriff's Office Personnel	Signature	Date	

OAKLAND COUNTY SHERIFF'S OFFICE

RIDES FOR RECOVERY

REQUEST AND CONSENT FOR TRANSPORTATION

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I, \_\_\_\_\_, freely and voluntarily agree to the following:

1. I request and consent to be transported by the Oakland County Sheriff's Office to the **Resource & Crisis Center at 1200 N. Telegraph Rd., Bldg. 32 E, in Pontiac, MI.**
2. I understand that I may sit in the back of a patrol vehicle to be transported, but I can request that the deputy transporting me stop the vehicle so that I can get out and leave at any time when it is safe to do so.
3. I agree to hold harmless all persons who are acting upon this *Request and Consent for Transportation* in good faith.

I have read, understood, and agree to all the terms of this *Request and Consent for Transportation*, and I agree that no other oral representations, statements or inducements have been made to me.

Signed: \_\_\_\_\_

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

Date: \_\_\_\_\_