

1. LOCATE A PARTICIPATING POLICE DEPARTMENT AT AWAYOUTLC.ORG
2. WALK IN THE MAIN DOORS
3. TELL THE FRONT DESK ATTENDANT OR DISPATCH VIA THE CALL BOX YOU WANT TO PARTICIPATE IN 'A WAY OUT'

A



LAKE COUNTY

FAST-TRACK USERS TO SUBSTANCE ABUSE TREATMENT SERVICES

WAY

THE ONLY REQUIREMENT OF PARTICIPATION IS SELF-MOTIVATION TO SEEK RECOVERY.

'ADDICTION IS A DISEASE. 'A WAY OUT' TREATS IT LIKE ONE. WE WANT TO HELP PEOPLE STRUGGLING WITH SUBSTANCE ABUSE, NOT ARREST THEM.'

CHIEF ERIC GUNTHER,
MUNDELEIN POLICE DEPARTMENT

OUT

'A WAY OUT' IS SET UP SO PARTICIPANTS WILL NOT BE CRIMINALLY CHARGED. THERE IS NO NEED TO FEAR ARREST OR PROSECUTION FOR SEEKING PARTICIPATION IN THIS PROGRAM.



awayoutlc.org



A WAY OUT PROGRAM TRAINING PROTOCOL

- Assess the person requesting assistance for suitability of “A Way Out” Program
 - Includes the following:
 - Physical Assessment
 - CQH
 - If a participant presents and has active warrants, the officers should review the warrant type and notify their Chief. The Chief will make a determination of contacting Mike Nerheim directly and having him review the case for possible continuation. (mike will look at refining the process as program progresses)
 - If the participant has any pending court dates the information should be forward to the treatment provider by the officer, but does not preclude the person from participating in the program.
 - In-house
- Punch complaint and initiate “Addiction Assistance Call”
 - UCR – Nature Code ASST (Citizen Assist)
 - CAD Dispo Code will be 9915 (Assistance Rendered)
 - CAPERS UCR of 9915 (Addiction Assistance). The closing UCR codes in CAD and CAPERS will be the same, 9915, however the description will be slightly different.
- Have the participant sign the waiver
- Contact your supervisor to advise them of “A Way Out” participant
- Call the Health Department – 1-847-377-8088
- Conduct screening with a Health Department official

- The participant may request specific treatment (Inpatient care) regardless of the determination during the screening. If there is an available bed the participant will be afforded that opportunity. If no available beds then the person will be directed to next available appropriate service.

- ***If Outpatient***
 - Make Transportation arrangements for the next available appointment. (Officer will transport if needed)
 - Ensure person is left in custody of sober/capable adult or call a volunteer advisor (contact sheet in dispatch)
 - Fax waiver to the Health Department at 847-984-5638

- ***If Inpatient***

- The participant must be transported by a law enforcement officer to the hospital and to Gateway. We should discourage the participant getting a ride from friends and/or family etc. once they have entered the program.
- Advise Health Department which hospital you will transport the participant to
- Give the Health Department your cell phone number
- Transport participant to the hospital emergency room – notify the emergency room of “A Way Out” participant
- Turn-over participant to Gateway representative when they arrive
- Leave the Gateway representative with contact information for transportation if needed later.



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 1-847-377-8088.
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:



Eric J. Guenther
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

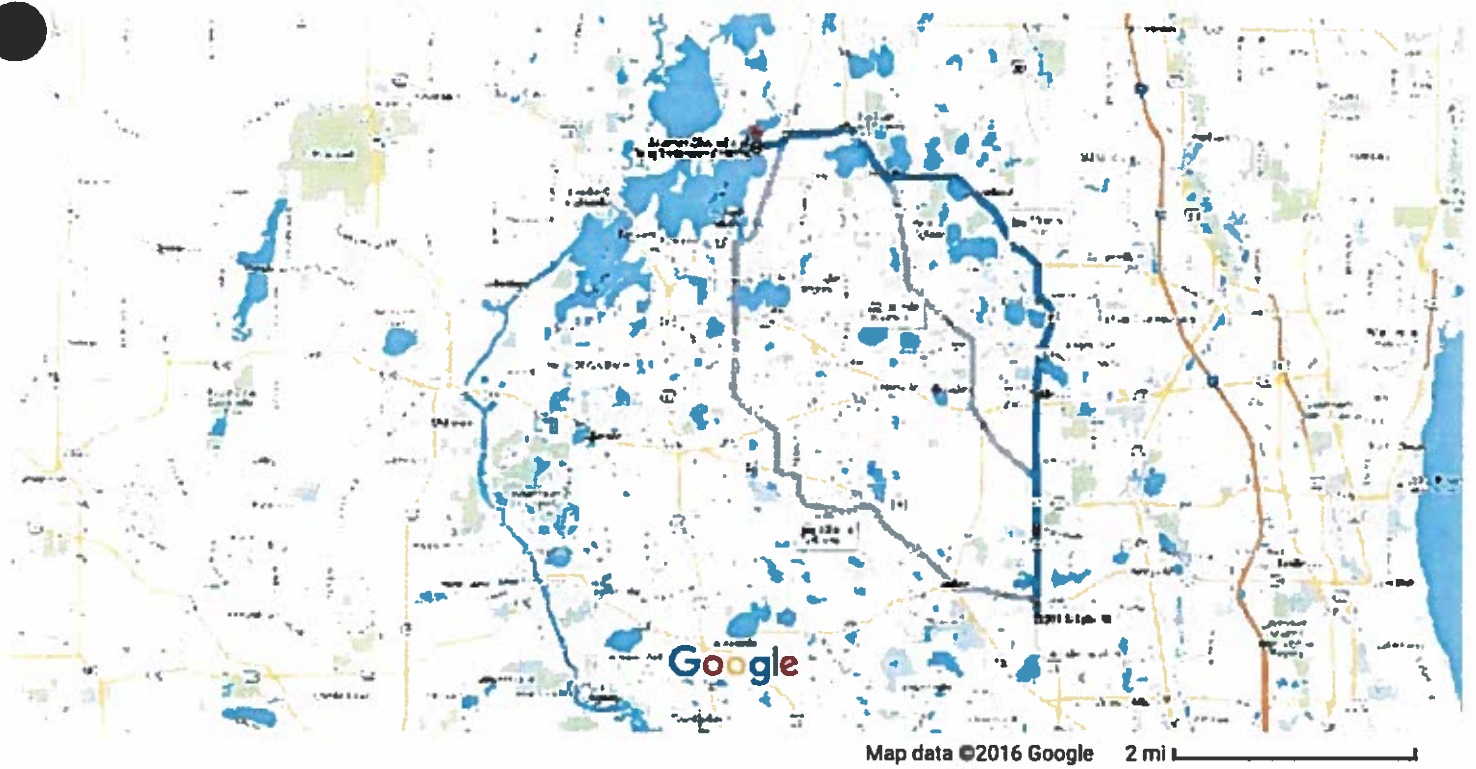
Date

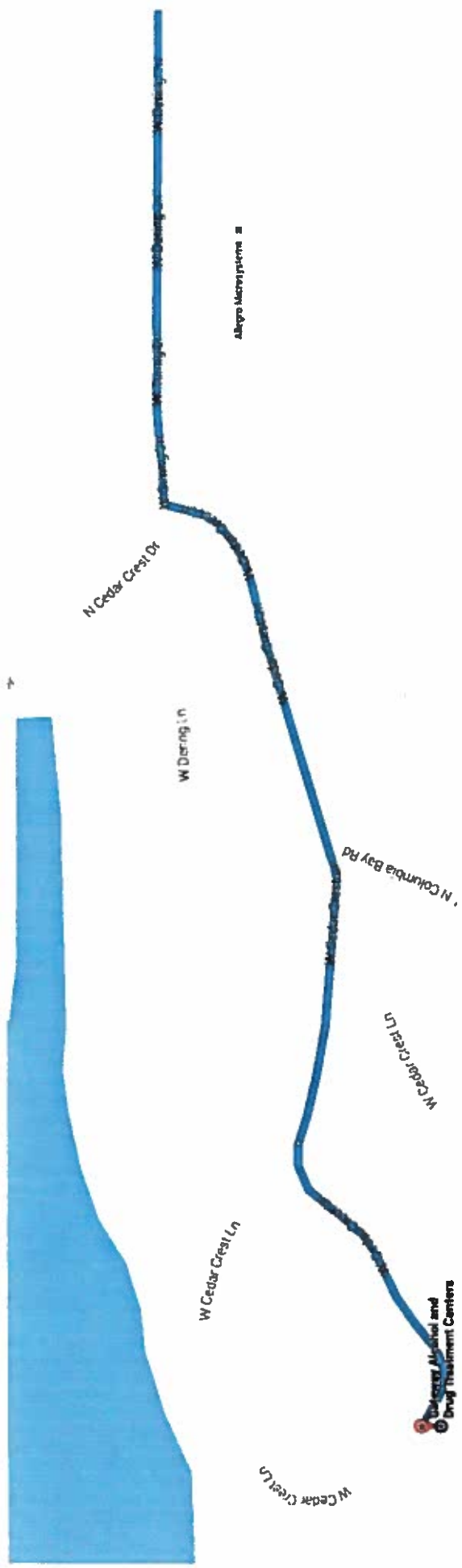
Please Fax this Form to Lake County Crisis Care Program at 847-984-5638

Google Maps

221 North Lake Street, Mundelein, IL to
Gateway Alcohol and Drug Treatment Centers

Drive 16.7 miles, 29 min

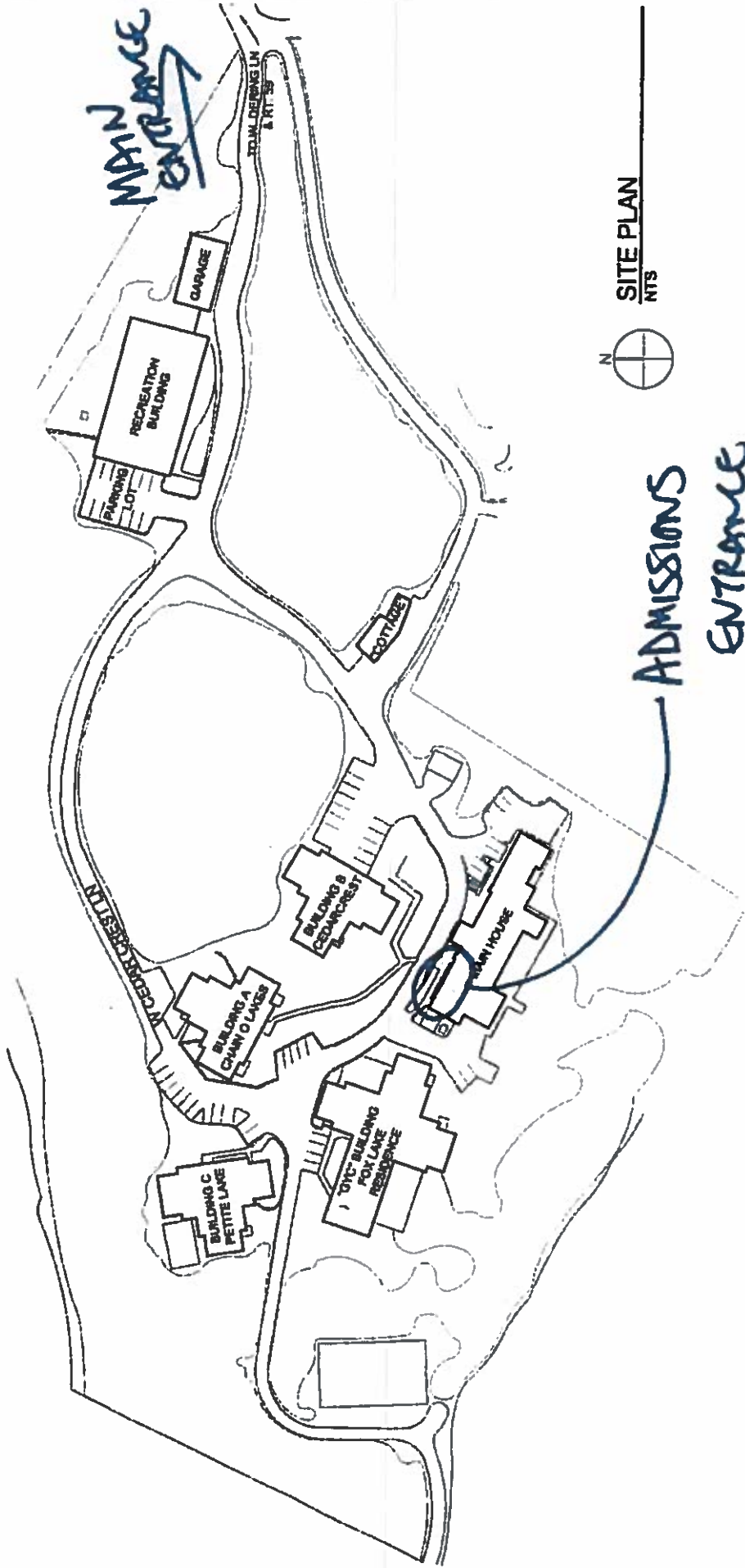




West Dering Lane
left on West Cedar Crest Lane
at the first fork keep right on West Cedar Crest Left
at the second fork go left

GATEWAY LAKE VILLAG

PHASE 1 DEVELOPMENT PLAN



SITE PLAN
NTS



GREEN AWNING

Name	Phone Number 1	Phone Number 2	Town	Notes
Chelsea Laliberte	847-814-3988		Palatine	Always call first
Staci Allan	847-769-9993		Wheeling	Always call second
Kevin Kaminski	262-891-7663		Bristol, WI	Always call third
Amy Voss	847-858-5551	847-634-9991	Buffalo Grove	
Charla Waxman	847-471-7950		Waukegan	
Donna Burress	847-668-0254	262-885-5062	Silver Lake, WI/Round Lake Heights	
Andy Duran	847-373-9700		Lake Bluff	
Christy Marinic	847-922-8580		Lake Bluff	
Caryn Goldberg	847-707-4458		Arlington Heights	
Chris and/or Tina Franco	847-343-5235		Mundelein	
Laura Fry	847-636-7162		Wauconda	
Lisa O'Kray	630-306-3434		Grayslake	
Kathleen Kelly	708-336-8680		Beach Park	
Missy Gibrick	847-980-8771		Hawthorn Woods	Late night is fine
Nancy Hertz	630-404-6179		Addison	
Jody Daitchman	847-494-4991		Arlington Heights	
Stuart Kessler	847-668-2564		Buffalo Grove	
Chandra Czerniejewski	847-630-3286		Rolling Meadows	
Lisa Casey	630-399-4834		Downers Grove	
Terri Bartlett	224-323-1008		Lakemoor	Cannot start until July 1st
Terry Shapiro	773-414-3022		Florida/Chicago	Will let us know when he is available to be on-call

**A WAY OUT PROGRAM
Memorandum of Understanding**

SECTION ONE

Purpose of Agreement

The purpose of the Memorandum of Understanding (MOU) is to document the interplay between the units of local government, public agencies, 501(c) corporations and private businesses and hospitals participating in **A Way Out**. The **A Way Out Program** is part of the Lake County Opioid Initiative. The program objective is to facilitate treatment and rehabilitation of individuals suffering from a substance use disorder or addiction.

This MOU provides a broad framework for cooperation between the various parties to this agreement to provide assistance and support services to individuals with a drug addiction who voluntarily submit to this program. Each representative of the various parties who sign this MOU has and does express its intent to participate in this program as circumstances permit and in accordance with the terms of this MOU. The specific intent of this MOU is to keep individuals with a substance use disorder or addiction out of the court system and into an environment where the individual can work towards treating and overcoming a substance use disorder or addiction.

This MOU made and entered into the date set forth next to the signature of the respective parties, by and between the units of local government, public agencies, 501(c) corporations and private businesses and hospitals subscribed hereto ("Unit(s)") that have approved this MOU and adopted same in manner as provided by law and are hereafter listed at the end of the MOU. The parties understand that this MOU is not a binding contract and it is not enforceable in a court of law.

SECTION TWO

Recitals

WHEREAS:

- a) The Lake County Health Department is a state-certified public health department that works to promote physical, mental and social well-being, prevent disease, injury and disability, and protect the environment.
- b) One particular public-health effort involving the Health Department, the Lake County State's Attorney's Office, and many other local organizations is the Lake County Opioid Initiative, which seeks to develop, implement, evaluate, and sustain a multi-strategy county-wide effort to prevent opioid abuse, addiction, overdose, and death.
- c) **A WAY OUT** is a program sponsored by the Lake County Opioid Initiative. The goal of the program is to help individuals suffering from a substance use disorder or addiction by offering a county wide network of encouragement and support provided by key community stakeholders to assist the person through the rehabilitation process.

- d) **A WAY OUT** program targets substance users (with no pending criminal charges) who are ready to take the first step to work towards sobriety.
- e) **A WAY OUT** program encourages individuals who are ready for substance use rehabilitation to present to any of the police agencies who are part of this agreement. The individual may turn over any and all drugs (prescription or street drugs) as well as any drug paraphernalia to the police agency without fear of prosecution for use of possession of those items. The police agency will then assign an officer to assist the participant in taking the first steps towards sobriety with the goal that through the support of the community, the individual will recover and live a substance-free life.

SECTION THREE

Agreement to Effectuate the MOU

1. An individual seeking refuge under the A Way Out program agrees to voluntarily turn over any and all drugs (prescription or controlled substances) as well as any drug paraphernalia in his/her possession. In order to participate in the program, the individual must first sign a Release which is attached hereto as Addendum A.
2. Any police agency which is part of this understanding agrees that it will not bring criminal charges against any individual who seeks refuge under the A Way Out program for any drug(s) or paraphernalia that individual turned over to the participating agency. Any drug(s) or paraphernalia turned over by the individual shall be destroyed by the police agency.
3. The Lake County State's Attorney's office agrees that it will not bring criminal charges against an individual seeking refuge under the A Way Out program for any drug(s) or paraphernalia that individual turns over to a participating police agency.
4. The A Way Out program is designed to assist individuals who do not have pending criminal charges against him/her. Should an individual seek refuge under A Way Out, and it later turns out that individual is ineligible for the program, the police agency agrees that it will not seek criminal charges against that individual for any drug(s) or paraphernalia the individual turned over to the police agency in anticipation of acceptance into the program.
5. The Lake County State's Attorney agrees that it will not file criminal charges against any individual for the drug(s) and/or paraphernalia that individual turned over to a participating police agency in order to participate in the A Way Out program, even if it later turns out that the individual was not eligible for the program.
6. Once a participant presents to a participating police agency, that agency shall first collect and destroy the contraband. Next, the agency shall review the program with the individual and have him/her sign the Release. After collecting information from the individual, the police agency shall assign the matter an agency case report number and then contact the Lake County Crisis Line (LCCL), which is sponsored by the Lake County Health Department. A member of the Lake County Health Department shall conduct an

initial screening via telephone to determine whether the participant requires immediate medical stabilization or Outpatient Services.

7. If LCCL determines that outpatient services are required, then LCCL shall provide the individual with the contact information for a participating service provider. The contact person from the police agency agrees that he/she will assist the individual in facilitating an evaluation by that service provider.
8. If the LCCL determines that immediate medical stabilization is needed, the police agency will arrange for transport to the nearest hospital and will further contact Gateway for assessment for residential placement.
9. Once the individual has an outpatient appointment scheduled or the individual is admitted to a hospital or treatment center, the police agency has completed its function.
10. Following the initial screening, the police agency shall make its agency report available to the Health Department.
11. For those individuals admitted to a hospital, a volunteer known as a "screener" will be assigned to the individual and the screener will work with the hospital to help facilitate the process for the individual.
12. The hospital(s) joining this memorandum of understanding agree that to the extent the hospital has capacity and to the extent the hospital deems admission medically necessary, the hospital will give the participant priority and will fast track admission to the best of its ability.
13. If the individual is admitted to an outpatient facility or an inpatient rehabilitation facility, the screener's work is complete.
14. The treatment center(s), including inpatient and outpatient rehabilitation, which join this memorandum of understanding agree that to the extent the center has capacity and to the extent the center deems it medically necessary, the center will give the participant priority and will fast track admission into program or facility.
15. The parties understand and agree that the participant is responsible for any costs associated with hospitalization and treatment, but will do everything in their power to find affordable services.
16. The parties understand and agree that communications to the media or otherwise involving any aspect of the A Way Out Program shall go through the Communications Subcommittee of the Lake County Opioid Initiative.

SECTION FOUR

Independence of Operations

1. Each party to this MOU will maintain its own identity in providing service. Each party is separately responsible for establishing its own policies and financing its own activities.
2. Each party shall assume sole responsibility for indemnifying its own employees, as provided by state or federal law and/or local ordinance, and for providing personnel benefits, including benefits that arise due to injury or death, to its own employees as required by state or federal law.
3. Each party agrees that each party will be responsible for defending its own respective entity in any action or dispute that arises in connection with or as the result of this Agreement and that each agency will be responsible for bearing its own costs, damages, losses, expenses, and attorney fees.

SECTION FIVE

Term and Termination

1. The parties hereto agree to attempt, in all respects, to coordinate efforts between each other in accordance with the terms of this MOU and the responsibilities enumerated herein to best serve the community.
2. This MOU does not create a partnership or a joint venture, and no party has the authority to bind the other.
3. Representatives of the parties will meet as appropriate.
4. This Memorandum of Understanding shall be effective immediately upon the signature of the last party of the MOU.
5. This Memorandum of Understanding is for an indefinite period, and any party may be terminated upon giving a seventy- two (72) hour written notice by any party and may be amended by mutual agreement at any time.
6. No party to this Memorandum of Understanding has the authority to act on behalf of any other party or bind the other party to any obligation.
7. Resolution for non-performance under this Memorandum of Understanding shall be termination, with no damages or penalty.
8. Counterparts. The parties may sign this agreement in several counterparts, each of which will be deemed an original but all of which together will constitute one instrument. Receipt of a signed agreement by facsimile or electronic mail shall be the same as receipt of a signed original.

Signed:

Lake County State's Attorney's Office By: _____ Date: _____	Live4Lali By: _____ Date: _____
Grayslake Police Department By: _____ Date: _____	Advocate Condell Hospital By: _____ Date: _____
Gurnee Police Department By: _____ Date: _____	Advocate Good Shepard By: _____ Date: _____
Libertyville Police Department By: _____ Date: _____	Northwestern Memorial Health Care By: _____ Date: _____
Mundelein Police Department By: _____ Date: _____	Vista Health System By: _____ Date: _____
Lake Forest Police Department By: _____ Date: _____	Gateway By: _____ Date: _____
Round Lake Beach Police Department By: _____ Date: _____	NICASA By: _____ Date: _____
Round Lake Park Police Department By: _____ Date: _____	Rosecrance By: _____ Date: _____
Lake County Health Department By: _____ Date: _____	Omni Youth Services By: _____ Date: _____

Lake County Sheriff's Department By: _____ Date: _____	Antioch Police Department By: _____ Date: _____
Zion Police Department By: _____ Date: _____	

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (hereinafter "MOU") is between the Mundelein Police Department ("MPD") and Gateway Foundation, Inc., an Illinois not for profit corporation ("Gateway").

RECITALS

- A. Gateway is a provider substance abuse and co-occurring mental health treatment to individuals in both residential and outpatient environments, based on their specific needs.
- B. Gateway, the Lake County Health Department (sponsor of the Lake County Crisis Line ("LCCL")) and MPD are among the participants in the "A Way Out Program" which is part of the Lake County (IL) Opioid Initiative, a program to help individuals suffering from a substance use disorder or addiction.
- C. This MOU establishes an operating understanding that the parties intend to collaborate to their mutual benefit and that of their respective participants and clients.

NOW, THEREFORE, the parties hereto, agree as follows:

- 1. MPD agrees to refer individuals who self-refer to MPD as potentially in need of substance abuse and co-occurring mental health treatment to the LCCL to conduct an initial screening.
- 2. If LCCL determines that treatment may be required, the contact persons at LCCL and/or MPD shall contact Gateway Foundation to arrange a level-of-care screening by Gateway at either a hospital, police station, or Lake Villa campus if staff are available. MPD agrees to pay Gateway for after-hours or off-site screening that may occur at a hospital or police station, at the rate of Fifty Dollars (\$50.00) per hour beginning with the initial contact with the on-call Gateway staff person and ending when that staff person returns home from the screening. In the event Gateway later collects payment for the screening from the a third party, including the individual's insurer, Gateway will reimburse MPD any amount collected, up to \$50.00 per hour.
- 3. Subsequent to the level-of-care screening, Gateway shall provide each individual with a list of service providers, including Gateway and its several facilities, for assessment and substance abuse and co-occurring mental health treatment.
- 4. The parties acknowledge that Gateway shall not be obligated to provide any further treatment services until it is satisfactorily assured that any individual referred by MPD that (1) he or she has private insurance to cover treatment, (2) he or she has a means to self-pay for treatment services, or (3) for individuals

who upon completion of the level-of-care screening indicate they cannot afford treatment, that there are available federal or state funds to pay for those services and those individuals have taken or with Gateway's assistance will take the necessary steps to ensure their eligibility for federal or state funds, or (4) Gateway elects on its own, to consider the referral as a "charity care" client.

5. Gateway acknowledges that for all eligible individuals who elect to be treated by Gateway, Gateway is prepared to provide residential or outpatient treatment as determined by the ASAM-criteria, subject to approval of appropriate treatment by any insurer or the Illinois Department of Alcohol and Substance Abuse. In addition to compliance with all federal and state laws and regulations, any treatment will be governed by Gateway policies and procedures.
6. The parties agree to comply with all relevant federal, state, and local laws and regulations, including but not limited to HIPAA and Hi-Tech, pursuant to which both parties are "covered entities" and are otherwise responsible to meet all obligations of a covered entity.
7. The parties agree to hold in strict confidence all protected health information, and to disclose such information only to persons and entities authorized by HIPAA and pursuant to 42 CFR, part 2, or as permitted by written consent of a Gateway client or a client's representative.
8. The term of this MOU shall commence on June 1, 2016 and continue until terminated by either MPD or Gateway on not less than ninety (90) days prior written notice.
9. Neither MPD, nor the Lake County Health Department nor LCCL shall be compensated for any referrals to Gateway.
10. None of the provisions of this MOU is intended to create nor shall any be deemed or construed by the parties to create any relationship between the parties hereto other than that of independent entities contracting with each other solely for the purpose of effecting the provisions of this MOU.
11. This MOU contains the entire understanding of the parties with respect to the subject matter hereof and will supersede all prior understandings, oral or written, and all other communications between the parties.
12. The parties may elect to enter into a more formal definitive agreement at any time. Until they do, they shall operate under this Memorandum of Understanding.

Mundelein Police Department

Gateway Foundation, Inc.

Its: _____

Its: _____

Dated: _____

Dated: _____

**Acknowledged by the Lake County Health
Department for and on behalf of the Lake County
Crisis Line (solely with regard to paragraph
2 of this MOU)**

Its: _____

Dated: _____

Date:	Time:
Police Officer Name:	
Police Department:	
Contact Phone:	

Client Name:
Client DOB:
Client Phone:
Client Town of Residence:
Family/Friend Contact Person:
Family/Friend Phone Number:

Questions for Police Officer	
Do you have any reason to believe this person is a danger to themselves or someone else?	<input type="checkbox"/> NO <input type="checkbox"/> YES. If YES, advise that client be sent to the hospital. Proceed to Disposition section.
Does this person seem intoxicated to the point that they need supervision to be in the community safely? (for example: slurred speech, pinpoint pupils, nodding out, acting very hyper or aggressive)	<input type="checkbox"/> NO <input type="checkbox"/> YES. If YES, advise that client be sent to the hospital. Proceed to Disposition section.
Questions for Client	
Are you having any thought of hurting or killing yourself?	<input type="checkbox"/> NO <input type="checkbox"/> YES. If YES, advise that client be sent to the hospital. Proceed to Disposition section.
Are you having any thoughts of hurting or killing someone else?	<input type="checkbox"/> NO <input type="checkbox"/> YES. If YES, advise that client be sent to the hospital. Proceed to Disposition section.