MYRTLE BEACH POLICE DEPARTMENT
ADMINISTRATIVE REGULATIONS
& OPERATING PROCEDURES

Subject: ***Health Care Coordination Program***	**Number:** ***710***
Effective Date: ***May 15, 2025***	**Revised Date:**
Rescinds:	**Dated:**

Approved By:

I. PURPOSE

The purpose of this policy is to establish guidelines for officers of the Myrtle Beach Police Department (MBPD) to identify and refer program participants to the Health Care Coordination Program (HCCP) and employ deflection programming.

II. DISCUSSION

The City of Myrtle Beach is seeking to improve public safety and reduce future criminal behavior by diverting nuisance-related offenses that have a nexus to drug abuse and other related social issues in the community. The Health Care Coordination Program is a law enforcement deflection program focusing on a harm reduction approach that seeks to accomplish the goals of reduced criminal behavior and improved public safety by connecting program participants to treatment, social services, and other community resources. This approach has proven to save money with demonstrated success for reducing future criminal behavior as opposed to processing offenders through the criminal justice system.

III. DEFINITIONS

A. Harm Reduction – Harm reduction emphasizes public health and human rights, and harm reduction programs provide essential health information and services while respecting individual dignity and autonomy. For drug users, harm reduction recognizes that many drug users are either unable or unwilling to stop, do not need treatment, or are not ready for treatment at a given time.

B. Health Care Coordinator (HCC) - A person or persons employed by the City's program to coordinate all services for the program and those

participating. This includes intake and formulating the participants' Individual Intervention Plan (IIP). Acts as liaison between all interested parties to include Law Enforcement, 15th Judicial Circuit Solicitor's office, Municipal Court, Care Provider, and Case Workers. The HCC organizes and facilitates meetings of the Policy Coordinating Group and the Case Review Committee.

C. HCCP Case Review Committee - This group will meet every other month to review the progress of HCCP participants and discuss any pending issues. The HCCP Coordinating Group (Case Managers, MBPD, Myrtle Beach Municipal Court, Waccamaw Mental Health, Shoreline Behavioral, Health Care Coordinators and any party to the HCCP Memorandum of Understanding) will participate in staffing sessions as in which referral decisions and program participant progress is reviewed.

D. HCCP Policy Coordinating Group- This group will meet bi-monthly or as called, (MBPD, Case Managers, MBPD, Myrtle Beach Municipal Court, Waccamaw Mental Health, Shoreline Behavioral, Health Care Coordinators, the treatment providers, and any party to the Memorandum of Understanding) to discuss major policy changes, program evaluation, funding, and service capacity.

E. Individual Intervention Plan (IIP) – A treatment plan agreed upon by the HCCP participant along with the HCC and/or treatment provider. The plan is tailored to the unique needs of the individual.

F. Person in Medication-Assisted Recovery – A person with a substance use disorder who is undergoing medication-assisted treatments or therapies.

G. Person in Recovery or Long-Term Recovery – A person with a substance use disorder who has achieved abstinence.

H. Persons with Substance Use Disorder – Substance use disorder occurs when a person needs alcohol or another substance (drug) to function normally. Abruptly stopping the substance leads to withdrawal symptoms.

I. Program Administrator - A person employed by the City's program to oversee grant funding for the city over the Health Care Coordination Program.

J. Substance Use Disorder – substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure

to meet major responsibilities at work, school, or home. According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.

IV. PROCEDURES

A. MBPD patrol officers will be the primary decision makers for diverting an individual to HCCP pursuant to the criteria on which officers have been trained. Officers will coordinate with the HCC to evaluate an individual's eligibility to participate in the HCCP in lieu of arrest. The following information will be considered:

1. Is this individual disqualified from the HCCP due to their criminal history, exploitation of others, or dealing narcotics for profit? (Exclusion criteria are detailed below.) Is the offense the person is alleged to have committed an eligible offense for HCCP referral (defined below)?

2. Does the person have any medical conditions at the time of arrest that require immediate medical treatment, detoxification or referral to a hospital?

3. Is the person unable to provide informed consent and/or does the person pose a risk to self or others due to mental illness?

4. Does the person display any interest in being offered services through HCCP rather than being taken to and booked into jail, or do the person's words and actions indicate it would be futile to attempt a diversion strategy?

B. An individual eligible for HCCP referral will be engaged by the on-duty Health Care Coordinator or at the request of the responding officers. The Health Care Coordinator will:

1. Provide an immediate individual assessment to determine what factors contributed to the individual engaging in the illegal activity;

2. Provide comprehensive services to address those factors and reduce the harm the individual is causing to themself and the community; and

3. Be available to respond immediately during designated periods when they are open for referrals.

a. If the HCC is not available at the time of the incident, the responding officer will submit a referral for screening and follow-up within 24 hours. A hard copy should be placed in the HCC mailbox at dispatch, with a copy sent via email.

C. HCCP INTERVENTION PROTOCOL

1. Criminal Referrals: Prior to arrest, the referring officer will determine whether the individual is eligible for HCCP:

    a. The officer will access and review the individual's RMS history prior HCCP referrals and then criminal history if applicable. If the individual is currently in HCCP, the officer should notify the individual's case worker. HCCP participants will be listed in RMS.

    b. The officer shall determine if an individual will be referred to HCCP based upon the stated eligibility criteria and their assessment of the individual's amenability to the intervention model.

2. The officer will explain the HCCP participant criteria to the individual.

3. An individual can either accept or decline the offer to participate in the HCCP. If the individual declines, they can be formally booked, and the process ends with incarceration. If the individual accepts, then proceed to #4.

4. The referring officer must complete the incident report narrative and forward it within 24 hours of the referral. The incident narrative must clearly state that the individual has been recommended to HCCP.

5. Once the officer confirms the individual is eligible, they will call the on-duty HCC to respond to the scene, if available, and verify that the individual is eligible for HCCP. The HCC will sign the HCCP Participant Screening form. If the HCC is not available, the on-duty supervisor will respond to assess eligibility for the HCCP and initial HCCP Participant Screening Form.

6. The officer and HCC will explain the process of the program, including the conditions of bond necessary to participate in the program.

7. After the participant agrees to participate and provides written consent, the officer will transport the participant to the detention center for processing and further screening by the HCC.

8. The HCC will attend bond hearings when possible. The Clerk of Court and the presiding bond Judge will be provided with a copy of the HCCP Participant Screening Form and a recommendation for the conditions of bond.

D. CASE MANAGEMENT AND INDIVIDUAL INTERVENTION PLANS

1. The Health Care Coordinator will work with each participant in one or more meetings to design an Individual Intervention Plan (IIP), which will form the action plan for the participant. The plan may include assistance with housing, treatment, education, job training, job placement, licensing assistance, small business counseling, childcare, or other services. The HCC will follow up with the participant to implement the intervention plan.

2. Many elements of the intervention plan will be participant-identified and driven, and though participation is voluntary, the IIP will draw on the professional judgment of the HCC. If the Health Care Coordinator identifies needs for treatment or other services, they will either provide referrals to the appropriate programs with available capacity or identify needed services using project funding.

3. In cases where substance use dependency or mental health services are needed, program participants will be requested to sign a release of information form allowing the HCC to consult with other professionals and with HCCP partners.

4. IIPs will be designed to maximize the potential of a participant for achieving self-sufficiency independent of program funding. For some participants, this may require a plan for vocational or higher education or obtaining a GED. Some may involve job placement based on current skills. For others who are not likely to be able to support themselves through work, it may entail applications for public benefits.

5. HCCP funding and staffing may be used to address any factor or set of factors driving the participant to engage in problematic activities.

6. The objective is to modify individual behavior, and all participants will respond as individuals. The Health Care Coordinator will use

their judgment to evaluate if the participant is continuing to make good use of the resources the HCCP is dedicating to him/her.

E. HCCP HEALTH CARE COORDINATOR PROTOCOL

1. The Health Care Coordinator will complete a review of the HCCP Participant Screening Form within 3 working days of the referral date. Basic needs for the potential participant can be addressed using HCCP program funds as needed (i.e. food, clothing or hotel) prior to the review with participant.

    a. After the review, the participant will be contacted by the HCC. The participant will then have 3 working days to return to the HCC's office to complete the IIP.

    b. If the individual does not return, the referring officer may refer the case to the prosecutor. The HCC may determine at the point of referral or intake that the individual is unlikely to make good use of the program's resources.

2. Over the next few meetings, the HCC, with the help of the HCCP participant, will develop an Individual Intervention Plan (IIP).

    a. Once any acute needs have been addressed, the HCC will work with each participant in one or more meetings to design an IIP, which will form the action plan for the individual. This plan development will not exceed 14 days.

3. The HCCP participant will work with the Health Care Coordinator on goals established in the IIP.

4. Participant cases are monitored through regular staffing sessions with the HCCP Case Review Committee.

F. MANAGING PROTOCOL

1. The HCC and Program Administrator will receive all screening forms generated department-wide.

2. The HCC will maintain copies of Participant Screening Forms and all other HCCP-related documents via the Administrative Drive.

3. The HCC will prepare staffing sheets for the bi-monthly Case Review Committee meetings.

V. ELIGIBILITY

A. Adult offenders who have committed a victimless misdemeanor criminal offense and/or nuisance-related offenses that have a nexus to drug abuse and/or other related social issues in the community may be eligible for and referred to HCCP, except when:

1. The individual does not appear amenable to the program (i.e. violent upon initial contact, psychotic, threat to self or others);

2. The individual is under the age of 18;

3. The individual is suspected of promoting prostitution; and/or

4. The individual has a disqualifying criminal history such as: any conviction for homicide, vehicular homicide, aggravated arson, aggravated burglary, all robbery, all kidnapping, all human trafficking, all sex offenses (excluding prostitution), exploitation of a minor, and any conviction involving firearms or deadly weapons (or attempt of any crime listed here).

B. HCCP eligibility is not a fundamental right, subject to litigation.

C. Subsequent Charges - HCCP participants who incur additional criminal charges while participating in HCCP will not necessarily be discharged from the program. Their involvement and progress in HCCP may be considered by the HCC, arresting officer, prosecutor, or the court in subsequent charging, plea offer or sentencing decisions.

VI. CAPACITY

A. Adequate resources must be in place to appropriately serve all individuals who might be eligible and will dictate the number of participants that the program can accept. In order to allocate resources in a transparent and fair manner, the days and times for HCCP to take place will be determined according to treatment provider availability. On the appropriate day, the service provider will notify the Health Care Coordinator at MBPD they are accepting new HCCP participants and how many slots are open. The service provider will make ongoing determinations of program capacity.

B. For purposes of program evaluation, names, date of birth, and incident number of all those arrested who are otherwise HCCP eligible and who would have been diverted if not for resource limitations will be recorded by HCC(s).

VII. WARRANTS

Warrants will be served according to applicable policies and protocols. Individuals will not be immediately referred to HCCP in lieu of booking if they would otherwise be booked on a warrant. However, if an individual is eligible for HCCP, warrant notwithstanding, the arresting officer may make the HCCP referral with approval from a supervisor.

VIII. PROGRAM OVERSIGHT

A. HCCP Case Review Committee – every other month, the HCCP Case Coordinating Group (Case Managers, MBPD, the 15th Judicial Circuit Solicitors Office, Myrtle Beach Municipal Court, Waccamaw Mental Health, Shoreline Behavioral, Health Care Coordinators and any party to the HCCP Memorandum of Understanding) will participate in staffing sessions in which referral decisions and program participant progress is reviewed.

B. HCCP partners will use the staffing meetings to share information about a program participant's situation and progress, to discuss possible withdrawal of program support from participants who are not making effective use of the opportunity and resources, to discuss referral criteria, program capacity and compliance with the protocol, and to focus the attention of HCCP staff and MBPD on particular cases. Individual cases may be staffed more frequently via phone conference as needed.

C. HCCP participants will be required to sign a participation consent form including a liability release in favor of the City of Myrtle Beach, Myrtle Beach Police Department, HCC and HCCP partners, supporting providers and HCC staff to discuss their cases and progress with the Case Coordinating Group and other supporting partners of this program. Consent waivers are a condition of participating in HCCP, and if not completed or if consent is withdrawn, the individual will no longer be eligible for program participation.

D. The City of Myrtle Beach Municipal Court or the 15th Judicial Circuit Solicitor's Office has final authority for making filing decisions in all criminal cases.

E. Criteria for Removal/Withdrawal of Services - Receipt of ongoing services is conditioned on the participant making, in the judgment of the HCCP Case Review Committee, good use of the resources provided, and good progress toward reducing the harm their drug-involved behavior has brought to the community and themselves. The possibility that services might be withdrawn should not be invoked lightly, but it does act as a powerful motivator for participants to take the opportunity seriously and make good use of HCCP resources.

F. Policy Coordinating Group- This group is separate from the HCCP Case Review Committee. The Policy Coordinating Group (Case Managers, MBPD, the 15th Judicial Circuit Solicitors Office, Myrtle Beach Municipal Court, Waccamaw Mental Health, Shoreline Behavioral, Health Care Coordinators and any party to the HCCP Memorandum of Understanding) will hold meetings on an as needed basis to discuss major policy changes, program evaluation, funding, and service capacity