For further, more detailed information, see Operation HOPE Policy Statement and Protocol for Angels in the Operation HOPE book.

**NOTE: The patrol supervisor is responsible for ensuring this policy is followed.**

**Voluntariness:** Participation in Operation HOPE is voluntary. If a potential program participant subsequently elects not to request assistance or continue with program screening, they will be allowed to depart and no force will be used to detain them or prevent them from doing so.

**Medical Concerns:** If at any time the participant is noted to be in medical distress or appears to be physically ill, EMS personnel will be assigned to respond as in any medical emergency.

Should EMS personnel deem it medically necessary, the program participant may be transported to a medical facility.

The participant should be informed that once they are medically stable and discharged from the hospital, they may continue their Operation HOPE intake process. Every attempt should be made (depending on call volume and availability of personnel) to transport the participant from the medical facility to the Police Department for intake completion.

☐ Scarborough Police Department contacts the Operation HOPE “Angel” by telephone and/or group text message and requests assistance for an Operation HOPE intake.

☐ The Angel responds to Scarborough Police Department, 246 US Route 1, Scarborough (Phone: 207-883-6361).

☐ The Operation HOPE “Angel” will wear their Operation HOPE “Angel” identification card at all times at the police station and while performing Operation HOPE duties.

☐ Upon arrival at police station, the Angel will go to window in lobby and tell the dispatcher that they are an Operation HOPE Angel.

☐ The Angel will meet with the police officer who conducted initial Operation HOPE intake and screening. He/she will provide a brief summary of the circumstances. They will also provide a copy of the participant’s completed Operation HOPE Program Participant Agreement (Form “A”) and Scarborough Police Department Operation HOPE Intake Form (Form “B”).

☐ The Angel should ask the police officer for the “Angel Book”. This book contains guidelines, instructions, resources and materials to assist the Angel in the performance of his/her duties.
☐ The officer will introduce the Angel to the program participant (by first name only) and transition the program participant to the care of the Angel.

☐ The Angel will assure the participant that it is our goal to assist them in exploring treatment options and attempt to identify a program or facility which can assist them. At all times, the participant will be treated with respect, care and compassion.

☐ The Angel will offer the participant “comfort items” from the Operation HOPE “Angel Kit” (i.e. a blanket, water, snack items).

☐ The Angel should provide appropriate support and encouragement to the program participant consistent with the recommendations made in the Operation HOPE Volunteer ANGEL “Tips” (Form “G”).

☐ The Angel should maintain a professional relationship with the program participant in accordance with Operation HOPE Volunteer ANGEL Guidelines (Form “F”).

☐ Verify with the program participant that they are willing to accept help from a treatment facility.

☐ The Angel should utilize the list of PAARI-cooperating facilities in the Angel Book to contact and explore treatment facilities and options.

☐ Contact treatment facilities in an effort to assist the participant in finding a placement at a treatment facility (NOTE: See Angel “script” for example of language).

- Should the program participant have health care insurance or coverage, the Angel will attempt to place the participant in a facility which has previously given Operation HOPE a “scholarship” placement for an uninsured person. Previous placements and the insurance status of previous placements are recorded in the Participant Placement Log (Form “J”) in the “Angel” Book.

- If a program participant is uninsured and does not possess financial means, placement will be dependent upon the availability and willingness of a facility to provide a “scholarship” placement. You can tell facilities willing to provide a scholarship placement that Operation HOPE will give their facility future priority in placement of an insured or paying program participant.

☐ Upon a facility agreeing to take an Operation HOPE participant, ensure the program participant is aware of what will be required of them to successfully complete the program. Only if the program participant is aware of treatment program expectations and expresses a willingness to comply with them, will they be allowed to enter the program in question.
☐ If temporary housing is needed for a participant prior to program placement, consider “Betty’s” (sober living facility for females in Gorham) or the York County Shelter in Alfred.

☐ Once a placement is made, document the information Participant Placement Log (Form “J”) in the “Angel” book.

☐ Contact Jaime Higgins for program participant transport, if needed.

☐ If the Angel is unable to place the participant 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.

  Recommend they contact the Portland Recovery Community Center (portlandrecovery.org), 468 Forest Avenue, Portland, (207) 553-2575 for support, assistance and guidance until a placement can be arranged. If it is during PRCC business hours, consideration should be given to assist the participant by providing transportation.

For Additional Assistance

In the event the Angel(s) have questions or require additional assistance, please request that a police officer or public safety dispatcher contact:

Angel Coordinator:       Steve Cotreau
Placement Coordinator:  Nichole “Niki” Curtis
Law Enforcement Liaison: Officer John Gill
                         Crime Analyst Jaime Higgins