Medical Aid and Response

428.1 PURPOSE AND SCOPE

Best Practice

This policy recognizes that members often encounter persons in need of medical aid and establishes a law enforcement response to such situations.

428.2 POLICY

Best Practice MODIFIED

It is the policy of the Auburn Police Department that all officers be trained to provide emergency medical aid and to facilitate an emergency medical response.

428.2.1 DEFINITIONS

Agency Content

Opioid: A medication or drug that is derived from the opium poppy or that mimics the effect of an opiate. Opiate drugs are narcotic sedatives that depress activity of the central nervous system; these will reduce pain, induce sleep, and in overdose, will cause people to stop breathing. First responders often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, Oxycodone (Oxycontin, Percocet,), and Hydrocodone (Vicodin).

Naloxone: A prescription medication that can be used to reverse the effects of an opiate overdose. Specifically, it displaces opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks, including Narcan.

Overdose Rescue Kit: At minimum should include the following:

(a) Two (2) prefilled luer-lock syringes, without needles, each containing 2mg of Naloxone in 2ml of solution, and within their manufacturer assigned expiration dates.

(b) Two (2) mucosal atomizer device (MAD) tips, compatible with standard luer-lock syringes.

(c) One (1) pair of disposable gloves.

428.3 FIRST RESPONDING MEMBER RESPONSIBILITIES

Best Practice MODIFIED NYSLEAP - 8.4 - 3.1 (B), 3.1 (C), 64.1 (D)

Whenever practicable, members should take appropriate steps to provide initial medical aid (e.g., first aid, CPR, use of an automated external defibrillator (AED) in accordance with their training and current certification levels. This should be done for those in need of immediate care and only when the member can safely do so.

Prior to initiating medical aid, the member should contact Dispatch and request response by Emergency Medical Services (EMS) as the member deems appropriate.

Members should follow universal precautions when providing medical aid, such as wearing gloves and avoiding contact with bodily fluids, consistent with the Communicable Diseases Policy. Members should use a barrier or bag device to perform rescue breathing.

When requesting EMS, the member should provide Dispatch with information for relay to EMS personnel in order to enable an appropriate response, including:

(a) The location where EMS is needed.

(b) The nature of the incident.

(c) Any known scene hazards.

(d) Information on the person in need of EMS, such as:

1. Signs and symptoms as observed by the member.
2. Changes in apparent condition.
3. Number of patients, sex, and age, if known.
4. Whether the person is conscious, breathing, and alert, or is believed to have consumed drugs or alcohol.
5. Whether the person is showing signs or symptoms of excited delirium or other agitated chaotic behavior.

Members should stabilize the scene whenever practicable while awaiting the arrival of EMS.

Member should not direct EMS personnel regarding whether to transport the person for treatment.

General Order 19-001 - Investigation and Notification on Drug Overdose Calls

428.4 TRANSPORTING ILL AND INJURED PERSONS

Best Practice | MODIFIED | NYSLEAP - 8.4 - 64.1 (D)

Except in exceptional cases where alternatives are not reasonably available, members should not transport persons who are unconscious, who have serious injuries or who may be seriously ill. EMS personnel should be called to handle patient transportation.

Officers should search any person who is in police custody before releasing that person to EMS for transport.

An officer should accompany any person in police custody during transport in an ambulance when requested by EMS personnel, when it reasonably appears necessary to provide security, when it is necessary for investigative purposes or when so directed by a supervisor.

428.5 PERSONS REFUSING EMS CARE

Best Practice | MODIFIED

If a person who is not in custody refuses EMS care or refuses to be transported to a medical facility, an officer shall not force that person to receive medical care or be transported.

However, members may assist EMS personnel when EMS personnel determine the person lacks the mental capacity to understand the consequences of refusing medical care or to make an

informed decision and the lack of immediate medical attention may result in serious bodily injury or the death of the person.

In cases where mental illness may be a factor, the officer should consider proceeding New York State Mental Hygiene Law §9.39, Emergency Admission and in accordance with the Emergency Admission Policy.

If an officer believes that a person who is in custody requires EMS care and the person refuses, he/she should encourage the person to receive medical treatment. The officer may also consider contacting a family member to help persuade the person to agree to treatment or who may be able to authorize treatment for the person.

If the person who is in custody still refuses, the officer will require the person to be transported to the nearest medical facility. In such cases, the officer should consult with a supervisor prior to the transport.

Members may sign as a witness to refusal-for-treatment forms and shall not sign forms accepting financial responsibility for treatment.

428.6 MEDICAL ATTENTION RELATED TO USE OF FORCE

Best Practice

Specific guidelines for medical attention for injuries sustained from a use of force may be found in the Use of Force, Handcuffing and Restraints, Control Devices and Conducted Energy Device policies.

428.7 ADMINISTRATION OF OPIOID OVERDOSE MEDICATION

State **MODIFIED**

Only members who maintain current training as established by the opioid overdose program director may administer opioid overdose medication (10 NYCRR § 80.138).

428.7.1 OPIOID OVERDOSE MEDICATION USER RESPONSIBILITIES

Best Practice **MODIFIED**

Members who are qualified to administer opioid overdose medication, such as naloxone, should handle, store and administer the medication consistent with their training. Members should check the medication and associated administration equipment at the beginning of their shift to ensure they are serviceable and not expired. Any expired medication or unserviceable administration equipment should be removed from service and given to the Training and Planning Administrator.

Naloxone Use Procedure

Naloxone Quality Improvement Usage Report

428.7.2 OPIOID OVERDOSE MEDICATION REPORTING

State **MODIFIED**

Any member administering opioid overdose medication should detail its use on an appropriate form as specified by the Municipal Police Training Council (MPTC) and forward it to the Training and Planning Administrator.

The member shall report all responses to victims of suspected drug overdose on the current state-specified form and to the opioid overdose program director or his/her designee (10 NYCRR § 80.138(c)(3)).

The Training and Planning Administrator shall ensure that all administrations of an opioid antagonist and the number of trained overdose responders are reported to the MPTC quarterly (10 NYCRR § 80.138). The Training and Planning Administrator shall ensure the Records Supervisor has a current list of officers trained as overdose responders.

428.7.3 OPIOID OVERDOSE MEDICATION TRAINING

State

The Training and Planning Administrator should ensure initial training is provided and refresher training or competency verification occurs every two years for members authorized to administer opioid overdose medication as specified by the MPTC (10 NYCRR § 80.138).

428.8 ADMINISTRATION OF EPINEPHRINE AUTO-INJECTORS

State

The Patrol Commander may authorize the acquisition and storage of epinephrine auto-injectors for use by officers as provided by Public Health Law § 3000-c. The Patrol Commander shall ensure that a trained officer is assigned to be responsible for the storage, maintenance, control and general oversight of the epinephrine auto-injectors acquired by the Department (Public Health Law § 3000-c).

428.8.1 EPINEPHRINE AUTO-INJECTOR USER RESPONSIBILITIES

State

Officers who are qualified to administer an epinephrine auto-injector should handle, store and administer the medication consistent with their training. Officers should check the auto-injectors at the beginning of their shift to ensure they are not expired. Any expired medication should be removed from service and given to the Training and Planning Administrator.

An officer who administers an epinephrine auto-injector should contact Dispatch as soon as possible and request response by emergency medical services personnel.

428.8.2 EPINEPHRINE AUTO-INJECTOR USE REPORTING

State

Any member who administers an epinephrine auto-injector should detail its use in an appropriate report.

428.8.3 EPINEPHRINE AUTO-INJECTOR TRAINING

State

The Training and Planning Administrator should ensure that members authorized to administer epinephrine auto-injectors are provided with initial and refresher training that meets the requirements of Public Health Law § 3000-c.

428.9 SICK OR INJURED ARRESTEE

Best Practice MODIFIED NYSLEAP - 8.4 - 64.1 (D)

If an arrestee appears ill or injured, or claims illness or injury, he/she should be medically cleared prior to booking. If the officer has reason to believe the arrestee is feigning injury or illness, the officer should contact a supervisor, who will determine whether medical clearance will be obtained prior to booking.

If the jail or detention facility refuses to accept custody of an arrestee based on medical screening, the officer should note the name of the facility person refusing to accept custody and the reason for refusal, and should notify a supervisor to determine the appropriate action.

Arrestees who appear to have a serious medical issue should be transported by ambulance. Officers shall not transport an arrestee to a hospital without a supervisor's approval.

Nothing in this section should delay an officer from requesting EMS when an arrestee reasonably appears to be exhibiting symptoms that appear to be life threatening, including breathing problems or an altered level of consciousness, or is claiming an illness or injury that reasonably warrants an EMS response in accordance with the officer's training.

428.10 FIRST AID TRAINING

Best Practice MODIFIED

Subject to available resources, the Training and Planning Administrator should ensure officers receive periodic first aid training appropriate for their position.

428.11 ENGAGEMENT WITH COMMUNITY RESOURCES

Agency Content

General Order 19-011- Engagement with Community Resources

428.12 AUBURN INTERVENTION COURT

Agency Content

This mission of the Auburn Intervention Court (AIC) is to save lives by addressing the local heroin, opioid and synthetic drug epidemic through immediate intervention, linkage to evidence-based treatment, and intensive supervision for those at risk of overdose. For this program to be successful, cooperation must occur within a network of systems to facilitate and achieve the mission, challenge and vision of the AIC.

MOU - Auburn Intervention Court - 08-21-2020

Attachments

GO 19-001.pdf

CITY OF AUBURN

"Expect Excellence"

Department of Police
Shawn I. Butler
Chief of Police
Roger J. Anthony
Deputy Chief of Police

Paul F. Casper
Administrative Captain of Planning & Training

Mark Schattinger
Patrol Captain

James A. Moore
Captain of Detectives

Kristine M. Wilkinson
Administrative Assistant to the Chiefs of Police

General Order #19-001

TO: Sworn Police Personnel

FROM: Chief Shawn I. Butler

DATE: 03/25/2019

SUBJECT: Investigation and Notification on Drug Overdose Calls

To ensure we are thoroughly and efficiently investigating the potential criminality involved with drug overdose calls for service, these calls will not be deemed as simple medical calls. They will be treated and investigated with the same tenacity as other criminal investigations. The following additional steps will be followed in addition to P.P.M. 400 Preliminary Investigations with the overall goal of identifying and prosecuting the supplier of the narcotics to the individual.

1. Photographs will be taken to document the scene and location of all evidence prior to collection.

2. Physical and electronic evidence like drug packaging, cell phones and other materials commonly linked to the usage, sale and purchase of narcotics will be collected and logged as evidence if and when located at the scene of an overdose regardless if the OD is fatal or not.

3. If the OD is fatal the on-call detective will respond per P.P.M. 380.

4. A shift supervisor will respond to the scene.

5. An attempt will be made by the primary officer to interview the victim if they are not transported from the scene for medical treatment as well as any witnesses in order to gauge their cooperation with the current investigation. Follow-up interview with the victim will be made when their medical condition allows.

6. If any of the parties involved agree or wish to cooperate, both the Detective Bureau Captain (or on-call detective) will be contacted and advised of the investigation details to include the victim's name and names of any witness parties at the scene. The Detective Bureau personnel will then contact the NARCO Sergeant to collaborate and decide if a joint response to the scene will occur. The patrol shift supervisor will be advised of the decision made.

7. If a response by a NARCO/Detective Bureau member is deemed unwarranted at the time of the incident because of a lack of cooperation, a thorough preliminary investigative report will be forwarded to both unit commanders for a joint follow-up investigation by personnel from both units coordinated by their respective unit commanders.

Naloxone Usage Report-Revised Version 3-10-15.pdf

New York State Public Safety Naloxone Quality Improvement Usage Report

Version: 3/10/2015

Date of Overdose: ☐☐/☐☐/☐☐

Arrival Time of Responder: ☐☐:☐☐ ◯ AM ◯ PM

Arrival Time of EMS: ☐☐:☐☐ ◯ AM ◯ PM

Agency Case #: _____ Gender of the Person Who Overdosed: ◯ Female ◯ Male ◯ Unknown Age: ☐☐

ZIP Code Where Overdose Occurred: _____ County Where Overdose Occurred: _____

Aided Status Prior to Administering Naloxone: (*Check one in each section.*)

Responsiveness: ◯ Unresponsive ◯ Responsive but Sedated ◯ Alert and Responsive ◯ Other (specify): _____

Breathing: ◯ Breathing Fast ◯ Breathing Slow ◯ Breathing Normally ◯ Not Breathing

Pulse: ◯ Fast Pulse ◯ Slow Pulse ◯ Normal Pulse ◯ No Pulse ◯ Did not Check Pulse

Aided Overdosed on What Drugs: (*Check all that apply.*)

☐ Heroin ☐ Benzos/Barbiturates ☐ Cocaine/Crack ☐ Buprenorphine/Suboxone ☐ Pain Pills ☐ Unknown Pills

☐ Unknown Injection ☐ Alcohol ☐ Methadone ☐ Don't Know ☐ Other (specify): _____

Administration of Naloxone **Number of naloxone vials used:** ◯ 1 vial ◯ 2 vials ◯ 3 vials ◯ 4 vials ◯ > 4 vials

How long did 1st dose of naloxone take to work: ◯ < 1 minute ◯ 1-3 minutes ◯ 4-5 minutes ◯ >5 minutes ◯ Don't Know ◯ Didn't Work

Aided's response: ◯ Combative ◯ Responsive & Angry ◯ Responsive & Alert ◯ Responsive but Sedated ◯ Unresponsive but Breathing ◯ No Response

If 2nd dose given, was it: ◯ IN (intranasal) ◯ IM (intramuscular) ◯ IV (intravenous)

How long after 1st dose was 2nd dose administered: ◯ < 1 minute ◯ 1-3 minutes ◯ 4-5 minutes ◯ >5 minutes ◯ Don't Know

Aided's response: ◯ Combative ◯ Responsive & Angry ◯ Responsive & Alert ◯ Responsive but Sedated ◯ Unresponsive but Breathing ◯ No Response

Post-naloxone symptoms: (*Check all that apply.*)

☐ None ☐ Dope Sick (e.g. nauseated, muscle aches, runny nose and/or watery eyes) ☐ Respiratory Distress

☐ Seizure ☐ Vomiting ☐ Other (specify): _____

What Else was Done by the Responder: (*Check all that apply.*)

☐ Yelled ☐ Shook Them ☐ Sternal Rub ☐ Recovery Position ☐ Bag Valve Mask ☐ Mouth to Mask ☐ Mouth to Mouth

☐ Defibrillator (if checked, indicate status of shock): ◯ Defibrillator - no shock ◯ Defibrillator - shock administered

☐ Chest Compressions ☐ Oxygen ☐ Other (specify): _____

Was Naloxone Administered by Anyone Else at the Scene: (*Check all that apply.*)

☐ EMS ☐ Bystander ☐ Other (specify): _____

Disposition: (*Check one.*) ◯ Transported by EMS ◯ EMS Transport Refused ◯ Other (specify): _____

Did the Person Live: ◯ Yes ◯ No ◯ Don't Know

Hospital Destination: _____ **Transporting Ambulance:** _____

Comments: _____

Administering Responder's Information:

Agency: _____ ◯ Police ◯ Fire ◯ EMS Badge #: _____

Last Name: _____ First Name: _____

Please send the completed form to the NYS Department of Health using any one of the three following methods:

E-mail: oper@health.ny.gov

Fax: (518) 402-6813

Mail: Shu-Yin John Leung
OPER, AIDS Institute, NYSDOH
Empire State Plaza CR342
Albany, New York 12237

PD_General_Order_19-011_Engagement_with_Community_Resources.p

CITY OF AUBURN

"Expect Excellence"

Department of Police
Shawn I. Butler
Chief of Police
Roger J. Anthony
Deputy Chief of Police

ames A. Moore
'aptain of Detectives

Iark Schattinger
'atrol Captain

ames T. Slayton
dministrative Lieutenant of
'lanning & Training

Kristine M. Wilkinson
dministrative Assistant to the
'hiefs of Police

General Order #19-011

TO: Sworn Police Personnel

FROM: Chief Shawn I. Butler

DATE: 12/10/2019

SUBJECT: Engagement with Community Resources

Much like the success our local law enforcement community has had with utilizing the "Mental Health Mobile Crisis Team", we are looking to expand the same types of services relative to contacts we have with individuals suffering from chemical dependency. The law enforcement community is often the first contact someone in crisis has relative to an opportunity to seek help for their addiction. It is imperative that we do are part in making those connections and referrals to local resources.

Effective immediately, whenever an officer comes into contact with an individual who admits a chemical dependency and is willing to seek help, the contacting officer will make an immediate referral to either a Nick's Ride or Helio Health Representative. The Officer will:

- Attempt to contact a Peer at Nick's Ride by calling Joel Campagnola @ 315-246-6485
- Attempt to contact Helio Health at 315-401-4288 between 8a-8p

This referral should be made in all applicable instances to include; simple street encounters when handling a call for service or interaction, or when information is gleaned, prior history is known or while the subject is being processed on an arrest. These referrals can also be made to the family members of subjects in crisis as well as to subjects we deal with that may have just suffered an overdose whereby a connection and warm hand-off to a peer could be beneficial either at the ER or the home depending on their receptiveness or level of awareness.

This office also encourages officers to give individuals in need transportation to local treatment facilities like the hospital ER or Nick's Ride at 12 South Street if the situation warrants.

Referral cards for both agencies are available in the command center for your use/distribution.

SERVICES OFFERED: PEER SERVICES • FAMILY SERVICES • DETOX PLACEMENT • INPATIENT PLACEMENT • OUTPATIENT REFERRAL • HOUSING NAVIGATION • JOB AND EMPLOYMENT EVALUATION REFERRALS • CLOTHES AND HYGIENE ITEMS • SUPPORT AND SELF HELP MEETINGS

HOURS OF OPERATION: OPEN AT 9AM • MONDAY THROUGH FRIDAY • OPEN FOR ALL SERVICES • FREE HOT COFFEE • FREE WIFI • COMPUTERS TO USE FOR JOB SEARCHING OR RESUME WRITING OR APARTMENT SEARCHES • SAFE AND SOBER PLACE TO CONNECT TO A COMMUNITY OF PEOPLE

24 HOUR CERTIFIED PEER SUPPORT AVAILABLE! COME IN OR USE OUR APP BY TEXTING "FRIENDS" TO 36260

SHANNON: 315-209-5591 • CASEY: 315-209-5528 • JOEL: 315-246-6485

NICK'S RIDE 4 FRIENDS

12 SOUTH STREET

AUBURN, NY

13021

315-253-3945

WWW.NICKSRIDE4FRIENDS.ORG

Center of Treatment Innovation (COTI) is a mobile health program providing outreach and peer support services to those struggling with substance use disorders. Multidisciplinary teams consisting of counselors and peers travel throughout the area to assess the needs of individuals and connect them with the appropriate level of treatment. Hours of operations are 8:00am to 8:00pm and referrals can be connected with a peer in as little as 24 hours.

COTI services include: mobile, on-site assessments •medication assisted therapy •telepractice •transportation to initial treatment services •peer engagement •counseling •patient education •family support services •community education presentations

COTI IS NOT A SUBSTITUTE FOR EMERGENCY MEDICAL SERVICES

315.401.4288 www.helio.health

Helio Health

MOU Finalforsignature PDF 082120 (3).pdf

MEMORANDUM OF UNDERSTANDING
AUBURN INTERVENTION COURT

The following is an agreement by and between Auburn City Court, Cayuga County Court, Cayuga County Magistrates Association, the Cayuga County District Attorney (DA), the Cayuga County defense bar, Cayuga County Assigned Counsel program (CCAC), Auburn Police Department, Cayuga County Sheriff's Office, New York State Police, Cayuga County Probation Department, treatment/peer support providers (CHAD/Nick's Ride 4 Friends), Cayuga County Office of Mental Health.

WHEREAS, the mission of the Auburn Intervention Court (AIC) is to save lives by addressing the local heroin, opioid and synthetic drug epidemic through immediate intervention, linkage to evidence-based treatment, and intensive supervision for those at risk of overdose. For this program to be successful, cooperation must occur within a network of systems to facilitate and achieve the mission, challenge and vision of the AIC; and

WHEREAS, this Memorandum of Understanding outlines the process, procedures and policy of the AIC; and

WHEREAS, the parties agree to work together to implement, sustain and improve the AIC in accordance with this Memorandum of Understanding.

1. The parties agree to endorse the mission and goals of the AIC, including: immediate referrals to the Intervention Court program; rapid clinical assessment and treatment engagement; linkage to evidence-based treatment; and frequent judicial supervision and compliance monitoring.

2. The parties agree that Intervention Courts represent a non-traditional approach to criminal offenders who are addicted to drugs, with the ultimate goal of saving lives.

3. The parties agree that substance using individuals have the greatest potential for successful intervention when they are in the crisis of initial arrest and/or incarceration, so intervention must be immediate and treatment must be evidence-based.

4. Any decisions made in relation to the AIC shall be made without bias or prejudice.

5. The parties agree to be guided by the 10 Essential Elements of Opioid Intervention Courts released in 2019 by the Center for Court Innovation, which set forth that intervention courts should strive to incorporate the following elements: a) broad legal eligibility; b) immediate screening for risk of overdose; c) informed consent after consultation with defense counsel; d) suspension of prosecution or expedited plea; e) rapid clinical assessment and treatment engagement; f) recovery support services; g) frequent judicial supervision and compliance monitoring; h) intensive case management; i) program completion and continuing care; j) performance evaluation and program

improvement.

6. The parties agree that the following policies and procedures will apply to all matters referred to the AIC:

   a. Identification, Screening and Referrals. Referrals may be made by any stakeholder, including police agencies, defense attorneys, the DA's office, judges, probation, parole, court personnel, treatment agencies, community service agencies, and family and friends of defendants. At the time of arrest, the arresting agency or, if a party is held at the County Jail, the booking officer, will use a simple screening tool developed by the AIC, attached as Exhibit A, to identify individuals who are in an acute or chronic opioid, heroin or synthetic drug dependent state or at high risk of overdose. The screening tool will also be used by judges, court staff, treatment providers, defense attorneys, or other individuals working with the AIC. The police agency, booking officer, or judge may also make a referral to the AIC based upon personal knowledge of an individual's past or present history of opioid, heroin or synthetic drug use, or knowledge of circumstances tending to indicate that such individual may be in an acute or chronic opioid, heroin or synthetic drug dependent state or be at high risk of overdose.

      i. Appearance Ticket. If a defendant is identified as being high risk of overdose at time of arrest and an appearance ticket is required by law to be issued, the arraignment date shall be set for the next AIC date. The arresting agency shall also provide the defendant the contact information for AIC staff and shall notify the AIC and DA that a referral has been made.

      ii. Exception to Appearance Ticket. It is understood that CPL§150.20 sets forth exceptions to the requirement of an appearance ticket for certain offenses and that the exception in CPL §150.20(1)(b)(viii) may be applicable to those at risk of overdose and states as follows: "if it reasonably appears to the arresting officer, based on the observed behavior of the individual in the present contact with the officer and facts regarding the person's condition that indicates a sign of distress to such a degree that the person would face harm without immediate medical or mental health care, that bringing the person before the court would be in such person's interest in addressing that need; provided, however, that before making the arrest, the officer shall make all reasonable efforts to assist the person in securing appropriate services." Where applicable, the arresting officer will assist the person in getting medical and/or hospital care and/or connect the person with the AIC staff.

      iii. Immediate Arraignment. Where immediate arraignment is required pursuant to law, the arraigning judge, whether at the court of jurisdiction or at the Centralized Arraignment Part (CAP), after hearing from both

parties, will determine whether the defendant appears to be in an acute or chronic opioid, heroin or synthetic drug dependent state or at high risk of overdose. If the arraigning judge finds such risk to be evident, the matter shall be placed on the next AIC calendar date. If a defendant is released on his/her own recognizance, released on non-monetary conditions, or released after posting monetary bail, the arraigning judge shall also provide the defendant with the contact information for AIC staff and shall notify the AIC and DA that a referral has been made.

iv. Immediate transfer following arrest or arraignment. All defendants screened to be in an acute or chronic opioid, heroin or synthetic drug dependent state or at high risk of overdose, shall have their cases immediately transferred to the AIC and placed on the next AIC calendar date.

b. Clinical Eligibility. All individuals assessed as being at high risk of overdose shall be eligible to participate in the AIC. Drugs of use shall include opioids, heroin and synthetic drugs.

c. Legal Eligibility. AIC shall accept the broadest range of charges possible, including felony, misdemeanor and violation charges, and CD and probation violations. AIC will also accept other individuals, who may or may not have a pending charge, for supervision and treatment upon consent of the AIC Judge, DA, defense attorney and the individual. AIC will accept referrals of matters pending in the City of Auburn and Cayuga County Supreme and County Courts. Eligibility shall rest primarily on the defendant's clinical needs rather than the crime charged. Individuals with a pending sex offense or prior conviction for a sex offense will not be eligible unless upon consent of the AIC Judge, DA, defense attorney, and defendant. Individuals with a pending charge or prior conviction that resulted in death will not be eligible. If federal funding is used to support AIC, the Court will except from eligibility violent offenders, as defined in 34 USC §10613. If, after transfer to the AIC, a defendant is determined to be ineligible for participation in the program, the matter will be transferred to the court of original jurisdiction for prosecution. Eligibility determinations shall be made within three business days of transfer to the AIC.

d. Town and Village Courts. It is the goal of the AIC to provide immediate intervention and treatment to those individuals in need within Cayuga County. However, the parties acknowledge that further discussion is needed between the parties to resolve legal and administrative issues before the AIC can accept the transfer of cases from the Town and Village Courts. Until these issues are resolved, the AIC will accept referrals of matters pending in the Town and Village Courts for treatment purposes only. The originating Town or Village Court will maintain jurisdiction of the matter and any stay of prosecution, if any, will be determined through the Town and Village Court and the associated parties.

Transfers to the Auburn Drug and Alcohol Treatment Court will not be impacted by this agreement or provision.

e. Informed Consent. All defendants determined to be eligible to enter the AIC shall be offered the opportunity to enter the program. The CCAC will ensure that a defense attorney is present at all stages of the criminal process and program, beginning with arraignment. Defense attorneys will inform defendants of their option to participate in the program, as well as all waivers and stays of prosecution as set forth below. Defendants will be permitted to retain private counsel, who must be present with them at every program appearance date. Retained private counsel may arrange with the assigned counsel to act in their place at any program appearance date.

f. Stays.

i. To fulfill the mission of the program, the clinical needs of participants should be prioritized over the traditional legal process. Staying the prosecution of the pending matter is necessary to allow the participant, the Court, the treatment providers and other service providers to focus on clinical stabilization.

ii. Following arraignment, the parties shall execute a written Stay of Prosecution, which shall include a Stay of Discovery Obligations and Disclosure, Stay of Speedy Trial Rights, Stay of a Preliminary Hearing, and Stay of Grand Jury Presentment, in a form agreed upon by the Court, the DA and a representative defense attorney from the Cayuga County Assigned Counsel program. Before executing any documents, defense counsel shall advise defendants of their rights, including their right to a speedy trial and to timely disclosure of discovery.

iii. Prosecution shall be stayed for at least ninety (90) days, unless a defendant's participation in the program ends prior thereto or upon agreement of the parties. The stay of prosecution may be extended upon agreement of the parties as needed to meet the clinical needs of the defendant. The stay of prosecution shall only apply to the matter before the AIC and not any other pending matter, unless the other pending matter was transferred to the AIC or upon consent of the parties and the judge overseeing the other pending matter. Due to the length of the program, the stay of prosecution shall include a stay of the time periods set forth in the CPL for speedy trial, disclosure of discovery, and pretrial motions. The parties agree that entry into the AIC constitutes good cause for altering the time periods for discovery imposed by the CPL.

g. Program Length. Participants will be required to stay in the program for at least ninety (90) days, unless participation ends prior thereto. The length of time in the program may be extended to meet the clinical needs of the participant.

h. Clinical Assessment and Treatment Engagement.

i. As set forth above, every effort will be made to immediately screen defendants for risk of overdose following arrest.
ii. During the first AIC appearance, if not done prior thereto, defendants will be linked with a treatment provider who will perform a comprehensive clinical assessment and engage defendant in individualized, evidence-based treatment services, which may include inpatient or outpatient services.

i. Peer Support/Case management/Recovery Support Services- The Court will utilize peer support services and case management through treatment agencies and other community service providers who offer such services, as well as available court programming. Defendants will be connected with recovery support services to assist with housing, insurance, medical needs, transportation, and other needs.

j. Court Appearances. Frequent judicial supervision and compliance monitoring is an essential part of an intervention court program. This will be accomplished as follows:

i. All AIC participants, unless attending an inpatient treatment program or other residential treatment program outside of Cayuga County, will be required to report to AIC daily on weekdays at the time set by the Court.
ii. The CCAC shall assign an attorney of the day to appear at every session of the AIC.
iii. The DA's office will appear at AIC sessions where practicable and in accordance with their staffing levels. In matters where the presence of an assistant district attorney is required, the Court will notify the DA's office at least one day in advance where possible.
iv. All communications between the Court and the defendant shall take place on the record unless the parties request and agree to a matter being heard off the record. The Judge shall use motivational interviewing techniques to encourage discussion about progress and concerns. No statements made by a defendant in connection with his or her entry or participation in AIC shall be used against him or her in any legal proceeding, including the pending matter, except in connection with sanctions, discharge or other AIC proceedings.
v. Upon consent of the AIC Judge, the appearance of any party may be virtual where permissible by the rules, orders or directives of the Chief Judge of the State of New York, Chief Administrative Judge of the New York Courts, Deputy Chief Administrative Judge for the Courts outside New York City, Administrative Judge of the 7th Judicial District, Governor of the State of New York, or any of their authorized

representatives.

k. Program Compliance.

i. At a minimum, participants will be required to attend all treatment sessions, court appearances, and other services as directed by treatment, any pretrial service agency, probation, parole, or the Court.
ii. Participants will be required to follow all treatment recommendations.
iii. Participants shall avoid injurious behavior.
iv. Where permissible by law, the Court may issue a bench warrant for failure to appear in court, in treatment, or in a pretrial release program.
v. Participants will be required to submit to frequent drug tests during their participation in AIC. Drug test results will be used to work with treatment providers to adjust the treatment plan to achieve stabilization.
vi. Recognizing the goal of stabilization, the Court will avoid imposing sanctions for positive drug tests during the 90-day stabilization period. Likewise, the Court will impose sanctions for program noncompliance sparingly, instead working with treatment providers, peer support specialists and case managers to guide and encourage participants toward the supports needed to achieve stabilization. Where used, sanctions will be graduated in accordance with best practices used for drug courts and may include remand to the County Jail where permissible by law. The parties understand that due to current bail laws and the pretrial nature of the program, remand to jail may not be permissible by law in all cases.
vii. Participants who repeatedly fail to comply with program requirements will be given an opportunity to be heard as to why they should not be sanctioned and/or terminated from the program for noncompliance. Where permissible by law, participants may be remanded to the County Jail pending completion of any noncompliance hearing.

l. Program Completion.

i. Participants who have reached clinical stabilization will be completed from the program after 90 days, unless participation in the program ends prior thereto. If a participant needs additional time for stabilization, he or she may remain in the program for an additional period of time upon agreement of the Court, district attorney, defense attorney and defendant.
ii. Recognizing the challenges associated with substance use and recovery, the AIC judge will have the sole discretion as to unsuccessful termination from the program.
iii. Upon completion or termination from the program, the Court shall terminate the stay and return the matter to the court of original jurisdiction. For purposes of the termination of the stay, including speedy trial, preliminary hearings, grand jury presentment, disclosure of

discovery, and pre-trial motions, the commencement date of the pending matter shall be defendant's first appearance date after the matter has been returned to the court of original jurisdiction.

m. Transfer to a Problem-Solving Court.

i. Upon the consent of the Court, district attorney, defense attorney and defendant, the case may be transferred to another problem-solving court, including Auburn Drug and Alcohol Treatment Court (ADATC), Cayuga County Felony Alcohol and Drug Treatment Court (CCFADTC), and Auburn Behavioral Health Court (ABHC). Cases being transferred to CCFADTC will also require the consent of the CCFADTC judge. No credit for time in the AIC will be given towards participation in another problem-solving court unless agreed upon by the problem-solving court judge, DA, defense attorney, and defendant.

ii. Participation in AIC, be it successful or unsuccessful, will in no way impact a participant's eligibility for another problem-solving court.

n. Office of Court Administration (OCA) Standards and Goals. All time attributable to the Standards and Goals set forth by OCA shall be stayed for the period of time a defendant is participating in AIC.

7. The parties agree and understand that they are bound to the highest standards defined by law (including 42 U.S.C. §290dd-2, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Pts. 160, 164.524, NYS Mental Hygiene Law 33.13) to maintain the confidentiality of the information presented to the court and to not discuss and/or disclose that information outside the scope of the court without written consent unless otherwise provided for in the regulations. The parties agree to adhere to all such federal and state confidentiality laws. The parties understand that participants will sign consents to release information to the AIC. The consent will specify to whom information is to be shared, for what purpose information will be shared, the exact nature of the information to be shared, and for what time frame the information is to be shared. The information will be used for the express purpose of making referrals, monitoring compliance with treatment, and assessing further needs.

8. The parties agree and understand that the rules, policies and procedures of the AIC in relation to the recording, storing, sharing, and disseminating of information shall apply to all information related to an individual's participation in the AIC. All such information shall be treated with the same level of confidentiality as information that is protected by applicable Federal and State laws and regulations, including Federal 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 "HIPAA," 45 C.F.R. Pts. 160, 164.524, and NYS Mental Hygiene Law 33.13.

9. Any party wishing to modify this agreement must notify the AIC Judge, the district

attorney and the defense attorney of the issues. Any modifications must be approved by the AIC Judge.

10. Any party wishing to terminate its participation in the Agreement shall first notify the AIC Judge, the district attorney and the defense attorney of its intent. The AIC Judge, the district attorney and the defense attorney will attempt to resolve any issues to ensure the continuation of the AIC program. If the issue is unable to be resolved, the party may exercise its right to terminate this agreement by notifying all other parties in writing of its intent to terminate a minimum of 30 days prior to such termination.

11. This agreement shall remain in effect until terminated upon mutual agreement of the parties. The termination of one party shall not affect the obligations of the other parties to this agreement.

The undersigned authorized representatives agree to implement this Memorandum of Agreement with their respective offices/agencies/departments.

Honorable David B. Thurston Auburn City Court/Acting County Court Judge	Honorable Kristin L. Garland Auburn City Court Judge
Dated	Dated
Honorable Thomas G. Leone County Court Judge	Honorable Mark H. Fandrich Surrogate/Acting County Court Judge
Dated	Dated
Honorable Craig J. Doran Administrative Judge/7th Judicial District	Hon. Mark DiVietro Cayuga County Magistrates Association
Dated	Dated

Honorable Jon. A. Budelmann
Cayuga County District Attorney

Dated

Rome Canzano, Esq.
O/B/O Cayuga Cty Defense Bar, felony

Dated

Charles Thomas, Esq.
O/B/O Cayuga Cty Defense Bar, misdemeanor

Dated

Lloyd Hoskins, Director
Cayuga County Assigned Counsel

Dated

Jay DeWispelaere, Director
Cayuga County Probation Department

Dated

Chief Shawn Butler
Auburn Police Department

8-27-2020
Dated

Sheriff Brian Schenck
Cayuga County Sheriff's Department

Dated

New York State Police
By:

Dated

Ray Bizzari, Director
Cayuga County Mental Health

Dated

Kevin Hares, Director
Confidential Help for Alcohol and Drugs

Dated

Matthew Chalanick, Board President
Nick's Ride 4 Friends

Dated

Carol J. Colvin, Sr. Resource Coordinator
Auburn Drug and Alcohol Treatment Court

Dated

Laurie A. Michelman, Esq.
Associate Court Attorney

Dated

Deborah L. Robillard, Chief Clerk
Auburn City Court

Dated

Kelly Wejko, Chief Clerk
Supreme and County Court

Dated

EXHIBIT A
AUBURN INTERVENTION COURT
OVERDOSE RISK TOOL

Defendant's Name:_____
Defendant's preferred method of contact and contact information:_____
_____
Completed by: _____ Date:_____

A. QUESTIONS FOR THE JUDGE OR OTHER CRIMINAL JUSTICE PROFESSIONAL.

	Yes	No	Unknown
Is the arrest for possession of: heroin, opioids, benzodiazepine, Molly, synthetic drugs, methamphetamine, cocaine or any other mood-altering substances, or hypodermic needles?			
Are you aware of whether defendant has used heroin, opioids, Molly, benzodiazepine, synthetic drugs, methamphetamine, cocaine or any other mood-altering substances, or has been an intravenous drug user in the past?			
Are you aware if defendant has overdosed in the past?			
Based upon your knowledge of defendant, are you of the opinion that he or she is at risk for overdose?			

If the answer to any of the questions above is yes, STOP HERE- no further questions need to be asked. Please refer the defendant to the AIC.

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B. QUESTIONS FOR THE DEFENDANT. THESE QUESTIONS ARE VOLUNTARY AND ARE TO BE USED SOLELY TO ASSESS OVERDOSE RISK AND NOT FOR ANY OTHER PURPOSE.

	Yes	No	Unknown
Have you ever overdosed?			
Are you currently using heroin?			
Other than as prescribed by a medical professional, are you currently using prescription opioids (such as hydrocodone, oxycodone, codeine, morphine or fentanyl)?			
Are you currently using other mood-altering or sedating prescription, recreational or street drugs besides opioids, such as Molly, synthetic drugs, cocaine, methamphetamine, or benzodiazepine?			
Have you ever used drugs intravenously (i.e. injecting drugs with a needle)?			
Have you been released from a detox program, inpatient rehabilitation program, residential substance use program, jail, prison, or a hospital within the last six weeks?			
Have you ever been administered naloxone or Narcan?			
Are you currently receiving or have you ever received medication (such as methadone, buprenorphine, Subutex/Suboxone or Naltrexone/Vivitrol/Revia to help with your opioid dependence or other drug use?			
Have you recently abstained from drug use following a period of using?			
Have you ever taken other drugs or medications at the same time you were using opioid pills, heroin, or fentanyl?			

If the answer to any of the questions above is yes, please refer the defendant to the AIC.
Send by email or fax to: ccolvin@nycourts.gov; fax- 315-237-6431