



Onondaga County Legislature

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PUBLIC SAFETY COMMITTEE MINUTES - MARCH 12, 2014 **BRIAN MAY, CHAIRMAN**

MEMBERS PRESENT: Mr. Ryan, Mr. Holmquist, Mr. Jordan

MEMBERS ABSENT: Mr. Dougherty

ALSO PRESENT: See attached list

Chairman May called the meeting to order at 12:14 PM. *A motion was made by Mr. Jordan, seconded by Mr. Holmquist to waive the reading and approve the minutes of the proceedings of the previous committee. Passed unanimously; MOTION CARRIED.*

1. **SHERIFF:** John Balloni, Chief
Monthly Update on Status of:
 - a. **New Mental Health Unit at Justice Center**

Chief Balloni:

- County Executive's office placed the project on hold pending thoughts from new sheriff in January
- Current population 704, 1 inmate out of county, 70 housed at Jamesville that should be in the Justice Center; functional level is 604, still have major population problem; lowest population for the Justice Center is typically this time of year – once the temperature warms up population usually increases, would result in sending more inmates out of county at significant costs

Chairman May noted for clarification, that they aren't and probably will not be obtaining any revenue from federal or other out of county inmates, due to the population. Chief Balloni responded that this would be very safe to say. Chairman May stated that the decision has been made to forgo that opportunity. Chief Balloni responded that the decision has been made at a grade higher than he.

Mr. Holmquist stated that nothing would happen for nine months, to a year and asked if this was the intention of the County Executive. Chief Balloni responded that he couldn't speak for the intent; was told that the project is being temporarily placed on hold, pending the input of a newly elected sheriff.

Mr. Holmquist stated that they have received notification from the state saying that they over capacity and must do something to correct this. Chief Balloni agreed, noting all the things they have done to be under capacity; assigned people to Jamesville, removed federal inmates housed at Jamesville and sent people out of county. Mr. Holmquist asked how much revenue was being lost, imagines that it would be hard to say, and asked what happens if they get more letters. **Mr. Holmquist suggested that they should be updated on this information, at the very least. Chief Balloni responded that updates will be provided on the population and the number of persons located outside of the facility. Chairman May added that they would also need to update on the receipt of any citations or going over population.**

In answer to Mr. Jordan, Chief Balloni stated they were down to selecting an architect for the unit. Mr. Holmquist asked if the work completed would be of value, a year from now. Chief Balloni responded that the work should be valued through the beginning of next year; county has a list of approved architects, should be able to pick up and move forward, once given the approval.

Mr. Holmquist stated that the Legislature is the policy making branch of government. The County Executive is

making this decision and then notifying them, asked the Chairman if this seemed backwards. Chairman May responded that he is having the same thoughts or concerns; not so much who should be doing this, but what the prudence is for stopping this entirely, when architectural work is a stage of feasibility. This conversation leads to other questions. Chief Balloni responded that he doubted he would be able to answer them.

Chairman May stated that he is aware of state level legislation that could change how and where inmates are housed, and create implications for other facilities - namely 16 and 17 year old members of the population. This is one factor, but he is unsure how this affects what is happening today. In answer to Mr. Holmquist's original question, Chairman May stated that he is unsure. This is something that will have to be discussed internally.

Mr. Holmquist stated that he is concerned about who makes the decision, as he is not sure that the County Executive has the authority to make the decision. The Legislature is the policy making branch of the government, and the decision should be made here. To his knowledge, the County Executive has made this decision autonomously; questioned the proper channels, perhaps through legislative leadership. Chairman May responded that he would take responsibility for this and will have conversations regarding what it makes since to be doing now. Putting off a problem that isn't going away isn't helping anyone, least of all the taxpayers. The rational needs to be explored more deeply, if Chief Balloni doesn't know, Chairman May is sure there are many things that the legislature doesn't know and needs to learn about. This is a serious problem.

Mr. Jordan stated that the problem is overcrowding, he doesn't think a new sheriff could come up with a new solution that will change this fact. Unless judges send fewer people to jail or set lower bails, doesn't know that anyone can change this situation – a lack of space will still be, a lack of space.

Chief Balloni added that this is a behavioral health unit that solves the space problem, but also deals more effectively with behavioral health issues, which is another facet to this. For the record, without the County Executive's signature on the contract, they cannot proceed; per the charter, the county executive signs contracts. The legislature could and probably should have those discussions, but from the Sheriff's prospective, once the County Executive says the projects is on hold, the project stops.

Mr. Holmquist stated that perhaps the Legislature should direct that all the work be done, they will have done their job and if the County Executive chooses not to sign the contract, it would be her choice; doesn't know the reason for waiting for a new sheriff, the problem exist, is urgent, will be an emergency at some point and has been in the past. It doesn't make any since to stop for a year. Chairman May stated that it was expensive and a liability issue. Mr. Holmquist added that there is also the loss of federal income.

Chairman May stated this needs to be discussed with the legislature's leadership. At the very least, there should be some enlightenment; can't understand why they wouldn't at least be able to present options, nine months to a year from now. Even if the options are the ultimate solution, it gets them that much closer to a solution. Mr. Jordan stated that if they go back to the drawing board a year from now, it will be 24 to 30 months before it's done.

b. Special Operations Facility

- VIP Structures conducting feasibility of county locations

c. Pistol Permits

- Currently booking for May 2014, almost at 2 month goal
- Testing software; commercial off the shelf systems need tweaking to fit into our systems and vice versa, exploring what doesn't work and are working with the company to resolve those issues
- Contacting people booked out into next year and rescheduling; no one should be booked further out than August - other than people they haven't been able to reach, will continue working this backwards until everyone is current

Mr. Holmquist congratulated them on an awesome job and stated this was fantastic.

Mr. Holmquist asked if the software would be able to handle a change in legislation that resulted in thousands

of people wanting pistol permits, and if the software could be easily amended to accommodate new legislation, once completely up and running. Chief Balloni responded that it was certainly possible, what he can say for sure is that it will help them to handle any large influx. This is how they got into trouble to begin with, and it was an old process. Hopefully, the new process will help them keep up with any onslaught; believes that people concerned about any changes have already gotten or are somewhere in this process already. In terms of handling any changes to the law, they are dealing with changes on a daily basis. There are things within the SAFE Act that they weren't aware they were part of.

Chief Balloni stated if a mental health official has a concern they notify the state, the state notifies them, they pull the pistol license and present it to a judge for review and temporary suspension. This is something that they have just started. There are several touches – the Sheriff's office serves the temporary suspension and the individual then has a right to a hearing before the judge. This is a very convoluted thing that creates stressors on the agency; additional work required, without personnel being provided. They are coping, but those types of changes are rapidly coming at them. They assumed that other people would be taking care of the suspensions. Mr. Holmquist noted that these are all unfunded mandates. Chief Balloni agreed that this was basically correct; it comes back to them and they have to perform. They have taken care of pistol suspensions for years, so there is some rationality to this. However, it is required additional work, without additional help.

Chairman Balloni asked if he saw this process increasing, as soon as everyone is better at it. Chief Balloni responded that he is hoping that at least the process will smooth out. Currently they are creating processes as problems occur. They are now meeting regularly with the liaison to the judges and are discussing how to get these items back and forth in a timely manner. Suspensions for Mental Health reasons have to be completed as quickly as possible, as they are part of the liability chain. Chairman May stated that there are new criteria for gaining and maintaining a permit and there is heightened sensitivity, which is a great aspect of this law, but it does create incremental work for which there is no funding. Chief Balloni agreed.

In answer to Mr. Jordan, Chief Balloni explained that the Sheriff's office will still have to meet with everyone requesting a permit. The difference is, in the past applicants would fill out the form at home, come in for their appointment and the form would be reviewed for correctness and completion, then the Sheriff's office would type all the information into their system. With the new software, applicants sit down at a kiosk in the front of the Sheriff's office or access the form from the internet. The applicant types in all the information and the form won't let mistakes happen, taking care of much of the personal intervention. Now, when the applicant is called in for verification and signature, everything will already be in the system and correct.

Mr. Ryan stated that this a little bit of a silver lining, as the process is now better. Chief Balloni responded that there are always two ways of looking at things and every crisis brings opportunity. There was an opportunity to improve the process and this was started with the crisis that occurred. In the end, this process will be less manpower intensive. Mr. Holmquist stated that the software was implemented before the SAFE Act, and was immediately antiquated because of the SAFE ACT.

d. Correctional Health

Chief Balloni introduced Ruth Ann Riposa and Dr. Anne Calkins, adding that Karen Buck is the Onondaga County contract administration and is also present to answer any questions they may have.

Ms. Riposa:

- Dr. Calkins stated with CCS 1.5 months ago
- Ms. Riposa worked with previous company CMC, as the director of Mental Health, was part of the transition from CMC to CCS; excited to see what a strong company CCS is – helped develop the medical and Mental Health services provided to Jamesville, Justice Center and Hillbrook
- Was asked to speak about the Electronic Record Management Application (ERMA) and the infirmary, will provide updates on both
- Since the start of the contract on Nov. 15, 2013, have been using a portion of ERMA for care management; provider referrals for offsite appointments are entered into ERMA for approval and are approved electronically, also used for any type of non-formulary medication request, emergency room trips and hospital admits; are able to generate reports from this component – helps them track and be financially responsible in advance for any

appointment, provides real time fees and costs for items accrued due to those things

- Currently in Phase 1 of ERMA – future will allow for a browser based application management of inmate medical records, paper records currently; CCS electronic medical record (EMR) forms will mimic the current paper forms so that providers, nursing and mental health staff will already be familiar with form format

Dr. Calkins stated that the beautiful thing about this is that the information will be in everyone's computer. When an inmate suddenly needs to be seen in the medical clinic, rather than trying to locate a paper chart from booking, Mental Health, or any of the many places it might be, the information will be on the computer for easy access; can't begin to tell them how much easier this will be, in terms of care flow, once all the information is electronic.

- Application process will be fully integrated with the jail management system (CNY IIS); in real time will show whom is admitted and discharged – all part of Phase 1; CCS and County IT departments will work together to make this happen
- Held 2 meetings and identified key players from Jamesville, Justice Center, County IT, and CCS - project sponsors, project owners, interface leads, hardware and networking leads, application leads, and a project manager from CCS Corporate; communication has been wonderful with everyone knowing their role in the project; nearing end of Phase 1
- Phase 2 is the development phase

In answer to Mr. Ryan, Ms. Riposa confirmed that the meetings were held with regard to the implementation of ERMA. Dr. Calkins added that she is like the child in the back seat, asking "Are we there yet, are we there yet". Ms. Riposa noted that Dr. Calkins comes from facilities that already have ERMA. They are excited for Dr. Calkins, as they know this will improve efficiency and quality.

Mr. Ryan stated that there would be an improved efficiency, right off the bat. In real time they could quickly determine if an inmate has a mental health condition that may need to be treated, avoiding wasted time and possible misdiagnosis or treatment. Dr. Calkins absolutely agreed. Mr. Ryan stated this was great news, including the fact that everyone was being brought together for the implementation.

Chairman May stated that once the program has been implemented it will track the lifecycle of each inmate/patient. Ms. Riposa agreed. Chairman May asked if the historic records would be available to access, should an inmate return after being discharged. Ms. Riposa responded that each inmate receives an ID number. All the information will be readily available if an inmate were to return; won't have to retrieve an archived paper chart.

Dr. Calkins stated that ultimately they will be able to interface with the countywide medical record for the patient. If they have been to other facilities within the county, they will be able access that data. Currently the flow of information between hospitals and them is tenuous. They receive pertinent information, though not always exactly what she would like to see. Ms. Riposa noted that they would still need the patient's release of information to obtain these records. This is outside of the phase, they want to get their ERMA implemented first and the future ultimate goal would be for Regional Health Information Organization (RHIO); linking with all local healthcare providers.

Chairman May asked for an estimated timeline for each phase. Ms. Riposa responded that they have completed the Phase 1. The development phase is next. ERMA will be up and running electronically by August 2014. Dr. Calkins added that it would fully implemented and in use in the clinic. Ms. Riposa stated that there are three different stages to this.

Chairman May stated as far as intermigration, once this is set it, is a matter of pre agreements. Ms. Riposa agreed. Dr. Calkins stated that from hospital experience, there is also the whole server piece. It will be interesting to see how the entire infrastructure interfaces with RHIO. Chairman May responded that there will be an agreement to share the information and the rest will be figured out. Ms. Buck stated that they went forward on the county side; RHIO is supported on their servers and electronic records will exist for CCS, with an agreement that will allow full access. One of the cost saving measures that they have not fully been disclosed is all the archiving fees that will no longer be necessary; a significant amount of records are sent

out to achieve, on an annual basis, and will now be available via iCloud.

Ms. Riposa stated once ERMA is up and running if an inmate from a previous year comes in, the medical records staff will scan all the previous information so that their entire paper chart will become electronic and will no longer exist as a paper chart. The records will be available for all; not just new inmates.

Chairman May noted that they were doing all of this in nine months. Dr. Calkins responded that they are highly motivated.

- Development phase is the implementation between CNY IIS and ERMA, will develop, deploy and customize implementation; IT department will handle this phase and will provide CCS with updates
- Phase 3 implementation – ERMA will be deployed with CCS providing onsite training and transitional support; 3 stages to implementation:
 - Stage 1 – EMR, August of 2014
 - Stage 2 - Physician Order Entry; prescriptions sent directly to pharmacy, limits errors and time loss; medical administration records (MAR's) will be populated electronically from this
 - Stage 3 - Point of Care Companion (POCC), LPN's and RN's administering medication in the pods will have a computer on their lab cart, will electronically initial every med pass for each inmate; can run reports before leaving the pod and see anyone missing medication, reducing human error, more efficient

Chairman May stated that everything discussed is new to the process of care giving in the jails. Ms. Riposa agreed, adding in this county. In answer to Chairman May, Ms. Riposa stated that the POCC process is currently manual, but it is going to be electronic; all documentation will be identical, but done electronically. The transition will be easier, as the forms will be something they have already seen and used before.

Chief Balloni stated that during the RFP review, they actually went to sites. One of the major selling points for CCS was that ERMA was up and running; staff at these sites loved it, felt it improved patient care and efficiency. Good patient care is the number one priority and efficiencies always improve the final dollar figure. Other companies were working on this at various sites, and had been for years. ERMA will not be a new thing for CCS; they have done this in other places using paper forms and have made it successful. They have the experience to bring this home.

Ms. Riposa and Dr. Calkins:

- Initial design of the jail had pod 5A setup to be an infirmary; has been used as medical housing for 20 years - goal is to use this space as an infirmary
- Examples of current use for medical housing – inmate in final weeks of pregnancy, inmate requiring CPAP machines come in for the night, a diabetic to monitor that they are following their diet and not eating commissary; very basic uses for medical housing
- Infirmary will likely become model for CCS – taking it to the highest level possible within the jail setting, providing advance levels of care e.g., providing extended IV antibiotics, monitoring a central venous access; had 2 medical emergencies today, was able to keep 1 out of the hospital but once infirmary is up and running would not have to send person with chest pain to the ER, will perform bedside testing, eliminating the need to use custodial support to send them to the ER - currently have no choice but to send them to the ER
- Patients requiring critical care will still be sent them to the hospital
- Dr. Calkins has taken ownership of this project and the onerous number of patients going out to facilities; screening every patient prior to being sent out, dramatically reducing the number; today's events provide another example - reduced the number by 50%; much better to keep patients in-house for quality and continuity of care as well as cost savings
- Maximum capacity is 14 - 4 individual rooms, 2 individual negative pressure rooms, and 2 wards housing up to 4 patients each; some beds could be used for medical housing, if need be
- Working on infirmary manual, specifying criteria, protocol and documentation; Monday-Friday daily provider rounds, each patient will receive an RN assessment for each shift or more often if ordered by the provider; RN stationed in the infirmary 24/7

Chairman May asked how inmate categories would be addressed for the infirmary. Ms. Riposa responded that they currently have both male and female patients in medical housing, handled by wards. If the need is there, they could be in their own individual room or if there were multiple males or females they could place them in a

male or female ward. Chairman May asked if there was an ability to have this scalable in the event that they were heavy on one side or the other. Dr. Calkins responded that they can flex them between the individual rooms and wards. The deputies are very good about providing recreation at a certain time for the males and another time for the females. The individual rooms are very supportive in terms of flex and the deputies understand that these rooms can't be utilized for overflow anymore. Ultimately, if it becomes very busy and they are taking inmates in from Jamesville, so that they don't have to stay at the hospital, or in transition going back to Jamesville, they would have less medical housing and more admitted inmates to the infirmary, utilizing other space for medical housing.

Dr. Calkins stated that they are very anxious to have the new Mental Health unit move forward and not get halted. They are hoping that some of the mixed diagnoses of Mental Health and medical can be facilitated through that unit and have a vision for a little space in this location also. Dr. Calkins asked that their desires be presented to the leadership.

Ms. Riposa and Dr. Calkins:

- Infirmary will serve both the Justice Center and Jamesville; currently serve both for medical housing and have never had a housing issue
- Dr. Calkins is an ER doctor and a number of RN's have ER experience; nurse educator from CCS provided week long training to RN's in preparation for infirmary care, trained DON trainers and charge nurses, any new nurses hired will go through the same training and skillset
- Have been ordering and stocking supplies; CCS Corporate has contracts with companies renting medical equipment, some items aren't feasible to purchase – would have ability to rent it
- CCS Corporate case management keeps track of every patient in the region, communicates daily on status, when they might be discharged and what the discharge needs would be; have time to plan needs for the infirmary

Mr. Ryan asked what the turnaround time might be from the hospital to the infirmary; how quickly will the items needed be ordered, arrive and where will they come from. Ms. Riposa responded that the contract manager for CCS already has contracts setup; this would just involve setting up contracts with a local company. Mr. Ryan stated that he didn't know if they had their own supplies. Dr. Calkins added that some of this is in negotiations, e.g. her expectation for turnaround time within the lab and what the past company and current company have in mind might be fine for general population, but for infirmary purposes, if an order is placed on a weekend, overnight or is needed stat, this is another level of competency that will be required from x-ray or lab staff. Some of this is a little bit of trial and error. They are now working through this in the gearing up phase. Mr. Ryan stated that there will be bumps; won't expect them to be perfect, they will find out where they can get the information quickly to administer the best care.

Mr. Ryan asked if they could ballpark the infirmary savings. Ms. Riposa responded that they are going to compare a before and after with the infirmary and offered to present that information to the committee. They cannot begin to guess at the savings. Perhaps six months down the road they could report their experiences; number of trips going out, number of hospital admits, and number of days in the hospital for both before and after. Dr. Calkins added they would include an entire cost analysis. Anecdotally in the first month, the ER trips have been cut in half and they have no patients currently in the hospital. In no small feat, this relates to their case manager who has been very aggressive about making sure that information flows better between the facility and the hospital. It is having the mindset that they are going to take ownership of this, trying some things out with their nursing staff in 5A and seeing how it goes.

Mr. Ryan stated that this sounds good, especially if they have a nursing staff able to provide the same level of care. Dr. Calkins responded that they are hoping to improve the level of care. Mr. Ryan stated this was a good goal. Ms. Riposa stated their goal is not just to meet the care patients are receiving outside of the facility, but to exceed it. They have done this with Mental Health and are now working on medical, including the infirmary. The leadership team shares this goal and is a common thread with everyone.

Ms. Riposa stated the infirmary was originally built with a call bell light system; patients will be able to push a button for immediate attention, just like the hospitals.

Dr. Calkins asked them to imagine trying to cross reference four standards, NCCHC, COC, CCS and the County. The work to create policies and procedures for the infirmary has been very labor intensive.

Ms. Riposa stated that she is very excited to be a part of all the changes; knows the care that was being provided, what the current care is and where it is headed. It is very exciting to work with a company that has the same vision and the ability to take them to that point.

Chairman May stated not having an understanding of services provided was a major frustration for the legislature and in particular the Ways and Means committee, when approving contracts in the past.

Chairman Man requested that CCS expand on their before and after analysis to include a fundamental understanding of the types of services being performed categorically or by claim, in a HIPAA compliant manner, thus providing a better understand the activity associated with the contract. Ms. Riposa asked if he was asking for offsite appointments, ER trips and admits. Chairman May stated he was looking for general categorical representation of the services provided. Dr. Calkins asked if he would like numbers attached in terms of fiscal or volume. Chairman May responded that he would like enough information to provide a fiscal understanding of the performance for the program; \$10.2 million dollar program, the Legislature needs to understand what is happening in the jails and what their needs are. This is similar to a TPA for a self-funded health plan; they will provide categorical representation of what is happening with the plan. Showing where the costs are, who is staying in and going out has a huge bearing on the viability of the plan financially. To get some insight on this, when it has never been provided before, would be a great improvement.

Ms. Riposa stated that they currently provide reports by way of their care management. Every offsite appointment is tracked and logged and can be pulled up for any timeframe. Dr. Calkins asked if they could add costs to that. Ms. Riposa responded that it would up to corporate. Chairman May responded that this would be inside their contract. The legislature is not looking to push privacy issues, just to gain a general understanding.

Dr. Calkins stated a simple example of how this information could be provided – consider population of HIV patients, monthly meds, and required quarterly exam, putting numbers to all of those things demonstrates the unbelievable costs for this population alone. The governor has put forth a new requirement that they test anyone at risk in the baby boomer population for hepatitis c; testing has costs, if positive follow-up testing has a cost, then liver function test and ultrasound cost, and treatment cure is \$100,000 per cure, if they decided to treat. They are in discussions now about what this will look like; haven't started treating yet. Some of the things that they are being required to treat, as part of chronic care follow-up, are incredibly costly. These numbers can be provided.

Chairman May stated that he would like to see what is happening form a pharmacy prospective also. Dr. Calkins agreed, adding that the numbers are available and can be provided. Chairman May stated that care and pharmacy go together and the pharmacy is usually a good portion of the costs. This is something for them to work toward, perhaps working together to come up with a simple way to occasionally report the information back to the Legislature. This is not meant to create an encumbrance, but to provide a better understanding of everything. To date they have not had this and they really need it for the kind of money that is involved and everything that is at stack.

Chief Balloni stated in the past, they have never had a trainer come in to train the nurses working for them. They are getting a lot of corporate support and many other things that will improve patient care. They are already seeing reductions in overtime assignments, based on more efficient case handling. In the long run, this will provide better patient care for all inmates countywide and will ultimately represent a significant cost savings to the county; believes they will see a substantial decrease in overtime six months down the road. This is truly a win-win situation.

e. Amending the 2014 County Budget to Accept Funds for the 2013 Tactical Team Grant Program and Authorizing the County Executive to Enter into Contracts to Implement this Resolution (\$100,000)

Chief Balloni:

- FEMA money received each year in various amounts; competitive bid administered through NYS Division of Homeland Security
- Tactical team money - \$18k for training, \$4k portable lighting, \$1,600 binoculars, \$12,400 body armor (above and beyond standard police officer issued), \$32k headsets for portable radios, also used for training supplies, travel expenses and registration
- Tactical team is countywide, interacts with the city team and could be called for major incident outside of the county for mutual aid

A motion was made by Mr. Holmquist, seconded by Mr. Ryan to approve this item. Passed unanimously; MOTION CARRIED.

f. Authorizing the County Executive to Enter into an Agreement for the Onondaga County Sheriff's Office to Lease Space on the Tully Central School District Campus

Chief Balloni addressed item f and g together:

- 2 lease agreements; outside entities reached out to them offering use of space, provides deputies with warm and location to interview persons and work; \$1 fee waived
- Tully Superintendent of Schools offered to answer any questions they may have; entities benefit from a sheriff presence
- Both have offered to supply computers at their costs; county to supply VPN for access to county network – then be able to do everything from those offices
- Currently have approximately 6 of these locations, can be used if needed; one location is Great Northern Mall
- Tully doesn't have a substation to go to; Radisson location could be convenient meeting place for residents

Chairman May stated that there are 2500 homes and an industrial park, all located within a couple of square miles. This is a perfect deal. Chief Balloni agreed. Chairman May stated the residents of Radisson Park are very happy about this.

Mr. Jordan stated that there is a State Police substation next to the entrance of Radisson. Chief Balloni responded that this office would be located in the community center which is open to us and for us, they will provide a key. The Radisson substation is a substation for the State Police; they are welcome to use it when someone is there, which is seldom. It is not available to them for general utilization. Chairman May stated that it is the last stop for them, in the entire northwest part of town.

Chief Balloni stated that they utilize offices and work closely with the Baldwinsville Police department also. It is more convenient for a victim to provide a statement sitting in an office, rather than the back of a police car.

A motion was made by Mr. Jordan, seconded by Mr. Ryan to approve this item. Passed unanimously; MOTION CARRIED.

g. Authorizing the County Executive to Enter into a Lease Agreement

A motion was made by Mr. Jordan, seconded by Mr. Ryan to approve this item. Passed unanimously; MOTION CARRIED.

h. Authorizing the County Executive to Enter into an Agreement with the State of New York Unified Court System

Chief Balloni:

- Number of court officers consistently declining - those retiring or leaving are replaced by court police and paid directly by the court system
- Court system pays all costs for court officers - primary duty is court attendant
- End of 5 year contract, need reauthorization to receive reimbursement for remaining court officers
- Phasing out is a good thing, less county employees and less hassle for the Sheriff's department – keeping track of employees and having a separate division in the courts; believes they are down to 6 officers

A motion was made by Mr. Jordan, seconded by Mr. Ryan to approve this item. Passed unanimously; MOTION CARRIED.

The meeting was adjourned at 1:21 PM.

Respectfully submitted,



KATHERINE M. FRENCH, Deputy Clerk
Onondaga County Legislature

ATTENDANCE

COMMITTEE: **PUBLIC SAFETY**

DATE: **MARCH 12, 2014**

| NAME | DEPARTMENT/AGENCY |
|--------------------|-----------------------------|
| PLEASE PRINT | |
| Anne Calkins MD | Medical - DCJC |
| Ruth Ann Lopez HSA | CCS - |
| KAREN BUCK | OCHD |
| MARTHA CHRISTIANO | DMB |
| Meegan Murphy | DMB |
| John Ballou | OCSSO - For the time being. |
| Jason Dean | F.H OPS |
| BILL KINNE | LEG |
| Darcie Lesniak | Leg |
| | |