



ONEIDA COUNTY BOARD OF LEGISLATORS

ONEIDA COUNTY OFFICE BUILDING ♦ 800 PARK AVENUE ♦ UTICA, N.Y. 13501-2977

Gerald J. Fiorini
Chairman
(315) 798-5900

Mikale Billard
Clerk
(315) 798-5404

George Joseph
Majority Leader

COMMUNICATIONS FOR DISTRIBUTION November 28, 2012

(Correspondence relating to upcoming legislation, appointments, petitions, etc)

Frank D. Tallarino
Minority Leader

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ALL SUPPORTING DOCUMENTATION AVAILABLE AT
www.ocgov.net

JOSEPH J. TIMPANO
Comptroller

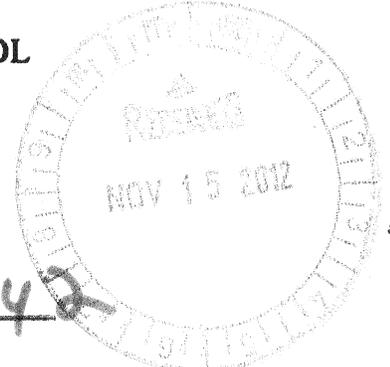


SHERYL A. BROWN
Deputy Comptroller

DEBORAH S. JOANIS
Deputy Comptroller - Administration

ONEIDA COUNTY DEPARTMENT OF AUDIT & CONTROL

County Office Building ♦ 800 Park Avenue ♦ Utica, New York 13501
(315) 798-5780 ♦ Fax: (315) 798-6415
E-Mail: jtimpano@ocgov.net



FN 20 12-442

Memo

PUBLIC WORKS

To: Anthony J. Picente Jr., County Executive
Board of Legislators

Tony

From: Joseph J. Timpano, Comptroller

Joe

WAYS & MEANS

Date: November 14, 2012

Re: Bond Resolution

Attached is a bond resolution for funding the new capital sewer project HG449 for continuing sewer system repairs required as part of the of the DEC consent order.

This authorization allows us to effectuate this borrowing through the Environmental Facilities Corporation (EFC) which will provide us with significant interest subsidies.

Also attached is the legally required resolution approving the increase and improvement to the facilities of the sewer district for this project.

I respectfully request that these resolutions be included on the agenda for the November 28, 2012 meeting of the Board of Legislators.

Thank you.

Cc: Mike Billard, Clerk of the Board
Steve Devan, Commissioner WPC
Sheryl Brown, Deputy Comptroller
Dee Elliott, Auditor III

Reviewed and Approved for submittal to the
Oneida County Board of Legislators by
Anthony J. Picente Jr.
Anthony J. Picente, Jr.
County Executive
Date 11/15/12

2.

RESOLUTION NO. _____

RESOLUTION DATED _____, 2012

A RESOLUTION APPROVING, PURSUANT TO SECTION 268 OF THE COUNTY LAW, AN INCREASE AND IMPROVEMENT OF THE FACILITIES OF THE ONEIDA COUNTY SEWER DISTRICT IN AND FOR SAID COUNTY AT A MAXIMUM ESTIMATED COST OF \$3,000,000.

WHEREAS, an increase and improvement of the facilities of the Oneida County Sewer District in and for said County pursuant to Section 268 of the County Law, consisting of forcemain-planning and design for improvements to the Oneida County Sewer District to fix various problems with the wet weather overflows from the Sauquoit Creek Pumping Station, at a maximum estimated cost of \$3,000,000 is currently proposed; and

WHEREAS, the estimated annual cost of such increase and improvement to the typical property in said District is \$3.00 for a single family home and \$5.00 for a two family home, so that expenditures for such purpose may be made and contracts therefor may be let **WITHOUT** the consent of the State Comptroller; and

WHEREAS, said County Legislature duly adopted a resolution calling a public hearing to consider the aforesaid increase and improvement of facilities in accordance with the provisions of Section 268 of the County Law, said public hearing to be held at the County Office Building, in Utica, New York, on the ____ day of _____, 2012, at ____ o'clock P.M., Prevailing Time; and

WHEREAS, notice of said public hearing was duly published in the manner provided by law and proof thereof has been submitted to said County Legislature; and

WHEREAS, said County Legislature has duly considered the evidence given at said public hearing; NOW, THEREFORE,

BE IT RESOLVED, by the County Legislature of the County of Oneida, New York, as follows:

Section 1. Upon the evidence given at the aforesaid public hearing, it is hereby found and determined that it is in the public interest to increase and improve the facilities of the Oneida County Sewer District in and for said County pursuant to Section 268 of the County Law, as described in the preambles hereof, and the same is hereby authorized at a maximum estimated cost of \$3,000,000.

Section 2. It is hereby determined that any expenditure to be made or contract to be let for the purpose authorized herein shall NOT require the consent of the State Comptroller on behalf of the State of New York.

Section 3. This resolution shall take effect immediately.

The adoption of the foregoing resolution was duly put to a vote on roll call, which resulted as follows:

AYES:

NAYS:

ABSENT:

The resolution was thereupon declared duly adopted.

* * * *

BOND RESOLUTION DATED _____, 2012.

A RESOLUTION AUTHORIZING \$3,000,000 BONDS OF THE COUNTY OF ONEIDA, NEW YORK, TO PAY COSTS OF CERTAIN PLANNING COSTS RELATING TO IMPROVEMENTS FOR THE ONEIDA COUNTY SEWER DISTRICT IN AND FOR SAID COUNTY. (HG449)

WHEREAS, the County Legislature of the County of Oneida, New York, has heretofore, pursuant to Section 268 of the County Law, found it to be in the public interest to increase and improve the facilities of the Oneida County Sewer District in said County, as more fully described in Section 1 of this resolution; and

WHEREAS, it is now desired to provide for the financing of such increase and improvement pursuant to the Local Finance Law; NOW, THEREFORE,

BE IT RESOLVED, by the County Legislature of the County of Oneida, New York, as follows:

Section 1. The increase and improvement of the facilities of the Oneida County Sewer District in the County of Oneida, New York, consisting of the forcemain-planning and design for improvements to the Oneida County Sewer District to fix various problems with the wet weather overflows from the Sauquoit Creek Pumping Station, at a maximum estimated cost of \$3,000,000, is hereby authorized.

Section 2. The maximum estimated cost of such object or purpose is \$3,000,000 and the plan for the financing thereof shall be by the issuance of the \$3,000,000 bonds of said County herein authorized.

Section 3. It is hereby determined that the period of probable usefulness of the aforesaid specific object or purpose is five years, pursuant to subdivision 62 of paragraph a of Section 11.00 of the Local Finance Law.

Section 4. The faith and credit of said County of Oneida, New York, are hereby irrevocably pledged for the payment of the principal of and interest on such bonds as the same respectively become due and payable. There shall be annually apportioned and assessed upon the several lots and parcels of land within said District, in the manner provided by law, an amount sufficient to pay the principal and interest on said bonds as the same become due, but if not paid from such source, all the taxable real property in said County shall be subject to the levy of ad valorem taxes, without limitation as to rate or amount, sufficient to pay the principal of and interest on said bonds as the same shall become due.

Section 5. Subject to the provisions of the Local Finance Law, the power to authorize the issuance of and to sell bond anticipation notes in anticipation of the issuance and sale of the bonds herein authorized, including renewals of such notes, is hereby delegated to the County Comptroller, the chief fiscal officer. Such notes shall be of such terms, form and contents, and shall be sold in such manner, as may be prescribed by said County Comptroller, consistent with the provisions of the Local Finance Law.

Section 6. All other matters except as provided herein relating to the bonds herein authorized including the date, denominations, maturities and interest payment dates, within the limitations prescribed herein and the manner of execution of the same, including the consolidation with other issues, and also the ability to issue bonds with substantially level or declining annual debt service, shall be determined by the County Comptroller, the chief fiscal officer of such County. Such bonds shall contain substantially the recital of validity clause provided for in Section 52.00 of the Local Finance Law, and shall otherwise be in such form and contain such recitals, in addition to those required by Section 51.00 of the Local Finance Law, as the County Comptroller shall determine consistent with the provisions of the Local Finance Law.

Section 7. The validity of such bonds and bond anticipation notes may be contested only if:

- 1) Such obligations are authorized for an object or purpose for which said County is not authorized to expend money, or
- 2) The provisions of law which should be complied with at the date of publication of this resolution are not substantially complied with, and an action, suit or proceeding contesting such validity is commenced within twenty days after the date of such publication, or
- 3) Such obligations are authorized in violation of the provisions of the Constitution.

Section 8. This resolution shall constitute a statement of official intent for purposes of Treasury Regulations Section 1.150-2. Other than as specified in this resolution, no monies are, or are reasonably expected to be, reserved, allocated on a long-term basis, or otherwise set aside with respect to the permanent funding of the object or purpose described herein.

Section 9. This resolution, which takes effect immediately, shall be published in summary form in the official newspaper of such County, together with a notice of the Clerk of the County Legislature in substantially the form provided in Section 81.00 of the Local Finance Law.

The adoption of the foregoing resolution was duly put to a vote on roll call, which resulted as follows:

AYES:

NAYS:

ABSENT:

The resolution was thereupon declared duly adopted.

* * * *



ONEIDA COUNTY BOARD OF LEGISLATORS

ONEIDA COUNTY OFFICE BUILDING ♦ 800 PARK AVENUE ♦ UTICA, N.Y. 13501-2977

Gerald J. Fiorini
Chairman
(315) 798-5900

Mikale Billard
Clerk
(315) 798-5404

George Joseph
Majority Leader

Frank D. Tallarino
Minority Leader

November 21, 2012

FN 20 12 - 444

Oneida County
Board of Legislators
800 Park Avenue
Utica, New York 13501

WAYS & MEANS



Honorable Members:

At the recommendation of Oneida-Herkimer Solid Waste Authority Executive Director, William A. Rabbia, I hereby forward the name of Ms. Barbara Freeman for reappointment to the Oneida-Herkimer Solid Waste Management Authority Board for a five year term to run through 12/31/2017.

I hereby refer this matter to the Ways and Means Committee and request that it be considered by the full board at the meeting of **December 12, 2012**.

Respectfully submitted,

GERALD J. FIORINI
CHAIRMAN OF THE BOARD

GJF:pp

ONEIDA-HERKIMER SOLID WASTE AUTHORITY

BOARD MEMBERS

Donald Gross, Chairman
Neil C. Angell, Vice Chairman
Harry A. Hertline, Treasurer
Vincent A. Casale
Alicia Dicks

James M. D'Onofrio
Barbara Freeman
Kenneth A. Long
Robert J. Roberts, III
James M. Williams

William A. Rabbia, Executive Director
Peter M. Rayhill, Authority Counsel
Jodi M. Tuttle, Authority Secretary

October 12, 2012

Mr. Gerald Fiorini
Chairman
Oneida County Board of Legislators
800 Park Ave.
Utica, NY 13501

Dear Chairman Fiorini:

The term of Ms. Barbara Freeman on the Board of Directors of the Oneida-Herkimer Solid Waste Authority expires on December 31, 2012. I am writing to request and recommend reappointment of Ms. Freeman to the Authority Board for a five year term (January 1, 2013 - December 31, 2017), pursuant to Title 13-FF Section 2049-cc of New York Public Authorities Law.

As you know, Barbara has served on the Authority Board since its creation in 1988. She has served our community throughout her tenure and has played a vital role in guiding the Authority's actions to implement the Local Solid Waste Management Plan, successful siting, permitting and operation of Authority Facilities, including, most recently, the opening of the gas to energy facility at our Regional Landfill and our single stream recycling operations. She currently Chairs the Authority's FOIL Appeals Committee and serves on the Authority's Governance Committee.

Ms. Freeman has been and continues to be one of the key members of the Authority Board and her reappointment will continue to benefit our region. She also serves as Chairwoman of the Village of Boonville Environmental Council. Therefore, I respectfully request and recommend her reappointment for a full five-year term.

Sincerely,



William A. Rabbia
Executive Director

WAR/jmt

//.



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Majority Leader

Frank D. Tallarino
Minority Leader

November 21, 2012

FN 20 12-445

Oneida County
Board of Legislators
800 Park Avenue
Utica, New York 13501

WAYS & MEANS



Honorable Members:

The Chairman of the Mohawk Valley Auditorium Authority, Louis Steppello, through Legislator Ed Welsh has put forward three names for appointment/reappointment to that Authority. Those names are: Paul Romano, James Brock and Vin Karl. All have been affiliated in some way with the Authority and would prove to be excellent members. The term would be for three years running until December 31st 2015.

I respectfully refer this request to Ways & Means and the full Board for consideration at the meeting of **December 12, 2012**.

Respectfully submitted,

GERALD J. FIORINI
CHAIRMAN OF THE BOARD

Cc: Louis Steppello

12.



ONEIDA COUNTY BOARD OF LEGISLATORS

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George Joseph
Majority Leader

Frank D. Tallarino
Minority Leader

November 20, 2012

Mr. Gerald J. Fiorini, Chairman
Oneida County
Board of Legislators
800 Park Avenue
Utica, New York, 13501

Dear Mr. Fiorini,

As of December 31st of this year, there will be 3 vacancies on the Upper Mohawk Valley Auditorium Authority, all of which are Board of Legislators appointments. I have spoken with Lou Steppello, Chairman of that Authority and he has offered recommendations that I pass along on behalf of the Authority.

Those names are:

Paul Romano, Jim Brock and Vin Karl. All of these gentlemen have worked with the Auditorium Authority for many years and would be excellent choices to serve on that Board. If approved, each would serve one 3-year term.

I respectfully request that you present these names to the full Board for consideration at the earliest convenience. Thank you in advance.

Respectfully,

Edward P. Welsh
Chair, Economic Development & Tourism Committee

Anthony J. Picente Jr.
County Executive



John P. Talerico
Commissioner

**ONEIDA COUNTY
DEPARTMENT OF PERSONNEL**

County Office Building ♦ 800 Park Avenue ♦ Utica, New York 13501-2986
Phone: (315) 798-5725 ♦ Fax: (315) 798-6490
E-Mail: labor@ocgov.net

November 16, 2012

FN 20 12-946

Anthony J. Picente, Jr.
County Executive
800 Park Avenue
Utica, NY 13501

WAYS & MEANS

Dear County Executive Picente:

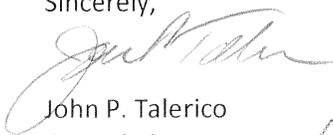
The Oneida County Board of Legislators on August 8, 2012, approved Resolution #263 to ratify the 2011-2013 United Public Service Employees Union (UPSEU) White Collar Agreement. Following this approval, traditionally, the County Executive and the Board of Legislators also approves a follow-up resolution extending all salary related benefits of the UPSEU White Collar contract to non-union Oneida County employees on the "H," "M" and "P" salary schedules.

It is my recommendation to continue this practice; therefore, I am requesting your consideration and approval for the extension of all the salary related benefits of the ratified UPSEU White Collar 2011-2013 contract to Oneida County employees on the "H," "M" and "P" salary schedules. I am also requesting formal approval of the salary increases for employees on the "H," "M" and "P" schedules for the years 2011-2013 in accordance with the previously adopted budgets for said years.

If you concur, please forward this recommendation to the Oneida County Board of Legislators for their consideration and approval.

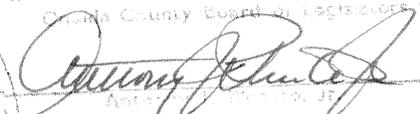
I am available at your convenience to answer any questions you may have regarding this request.

Sincerely,


John P. Talerico
Commissioner



Reviewed and Approved for submission to the
Oneida County Board of Legislators by


Anthony J. Picente Jr.
County Executive
Date: 11/16/12

Sandra J. DePerno
County Clerk

Diane B. Abraham
1st Deputy Clerk



Deputy County Clerks
Gary Artessa
Brenda Breen
Patricia Ferrone
Lynarda J. Girmonde
Mary Bowee

CLERK OF ONEIDA COUNTY

County Office Building ♦ 800 Park Avenue ♦ Utica, New York 13501

Phone: (315) 798-5776 ♦ Fax: (315) 798-6440

FN 20 12-947

GOVERNMENT OPERATIONS



November 9, 2012

WAYS & MEANS

Reviewed and Approved for submittal to the
Oneida County Board of Legislators by

Anthony J. Picente Jr.
County Executive

Date 11-20-12

Hon. Anthony J. Picente Jr.
Oneida County Executive
Oneida County Office Building
800 Park Avenue
Utica NY 13501

Dear County Executive

Attached for your review is an addendum to the contract between Info Quick Solutions Inc. and the Oneida County Clerk's Office. The County Clerk's Office is moving into the 21st century with the ability of land records to be recorded electronical (E-Recording). The County Clerk would like to provide E-Retrieval of certain records for attorneys and abstractors on a subscription or "fee-for-service" basis. Info Quick Solutions Inc. possesses the necessary expertise to assist in this endeavor. Therefore, the Oneida County Clerk is desirous of entering into a revenue sharing agreement for the provision of records online.

Respectfully submitted,

Sandra J. DePerno
Oneida County Clerk

Cc: Kimberly Flint, Contract Administration
Thomas Keeler, Budget Director

15.

Oneida Co. Department: CLERK

Competing Proposal _____
Only Respondent _____
Sole Source RFP _____

**ONEIDA COUNTY BOARD
OF LEGISLATORS**

Name of Proposing Organization: Info Quick Solutions, Inc.

Title of Activity or Service: Lease of Computer Equipment/Services

Proposed Dates of Operation: 3/1/2012 to 2/28/2017

Client Population/Number to be served:

Summary Statements

Narrative Description of Proposed Services: See attached contract

Program/Service Objectives and Outcomes: See attached contract

Program Design/Staffing: See attached contract

Total Funding Requested: \$0 **Account:** N/A

Oneida County Dept. Funding Recommendation: \$0

Proposed Funding Sources (Federal/State/County) N/A

Cost per Client Served: N/A

Past Performance Data: N/A

OC Department Staff Comments:

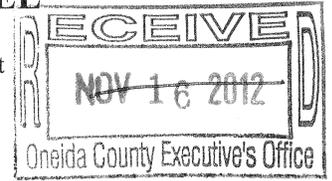
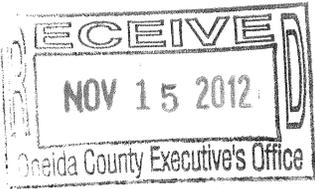
Anthony J. Picente, Jr
Oneida County Executive



John P. Talerico
Commissioner of Personnel

ONEIDA COUNTY DEPARTMENT OF PERSONNEL

County Office Building 800 Park Avenue Utica, New York 13501-2986
Phone: (315) 798-5725 Fax: (315) 798-6490 Email: personnel@ocgov.net
Web site: www.ocgov.n



November 15, 2012

FN 20 12-448

Anthony J. Picente, Jr.
Oneida County Executive
800 Park Avenue
Utica, New York 13501

PUBLIC SAFETY

WAYS & MEANS



Dear County Executive Picente:

Attached is the correspondence from David Tomidy, Probation Director, requesting the creation of one (1) new Probation Officer position (Grade 27W, Step 1 @ \$32,231). This position is for Cost Center 3140 BOCES/Safe Schools contract to provide IRT (Initial Response Team) and other services. This grant funded agreement is in effect through December 31, 2013 and covers salaries, fringe benefits and travel.

According to Director Tomidy, since August caseloads have expanded and other school districts have indicated an interest in having Probation personnel in their buildings.

The addition of one (1) new Probation Officer position will require action by the Board of Legislators.

Sincerely,

John P. Talerico
Commissioner of Personnel

Reviewed and Approved for submittal to the
Oneida County Board of Legislators by

Anthony J. Picente, Jr.
County Executive
Date 11/16/12

Copy: Probation
Hon. Gerald Fiorini
Budget

Anthony J. Picente, Jr.
County Executive



David Tomidy
Director



Oneida County Probation Department

321 Main Street, 2nd Floor, Utica, New York 13501

Utica ~ Phone: (315) 798-5914 Fax: (315) 798-6467
Rome ~ Juvenile: (315) 337-0080 Adult: (315) 337-0073
E-mail: probation@ocgov.net · Web Site: www.ocgov.net

Deputy Director
Patrick Cady

Supervisors

Thomas Brognano
Mark F. Joseph
Holly Matthews
Paula Mrzlikar

November 13, 2012

Mr. John Talerico, Commissioner
Oneida County Department of Personnel
Oneida County Office Building
800 Park Avenue – 6th Floor
Utica, New York 13501

Re: BOCES Project

Dear John:

We are currently in the fifth year of a grant/agreement with the Oneida-Herkimer-Madison BOCES to provide IRT (Initial Response Team) and other services. This agreement is effective through December 31, 2013.

After I submitted my proposed budget BOCES asked to expand our contract which will be going before the Board of Legislators. We have added a Probation Officer to our contingent of staff working on that project. We previously had a full-time Probation Assistant covering BOCES and Westmoreland; a full-time Probation Officer covering Whitesboro and Sauquoit school districts; and a full-time Probation Officer also covers the Waterville school district. The contract covers salaries, fringe benefits, and travel.

Since August 23rd we have added a full-time Probation Officer in Holland Patent and Remsen school districts. So far, despite the reimbursement for four full-time positions, we have only hired a full-time Probation Assistant and a Part-Time Probation Officer in order to increase revenue and to be prepared for when the grant ends.

Since August our caseloads have expanded and other school districts have indicated interest in having Probation personnel in their buildings. This is most crucial in our sustainability plans to continue this project after the contract runs out without the county having to increase salaries, etc.

Therefore, in order to accomplish this we are seeking to promote an Assistant to Probation Officer from 25W/Step 5 @ \$36,395 to 27W/Step 4 @ \$37,943. We are further requesting we hire a temporary Probation Assistant to replace and perform those duties performed by the promoted Assistant. Starting salary for the new Assistant will be in the vicinity of \$32,000 depending upon their previous employment.

Our contract with BOCES is for \$293,847. With these new hires our actual expenses will total approximately \$172,000.

Your assistance and support in this matter is most appreciated.

Very truly yours,

A handwritten signature in cursive script, appearing to read "David Tomidy".

DAVID TOMIDY
PROBATION DIRECTOR

C: Al Candido/Chief of Staff/Oneida County Executive's Office

Undersheriff Robert Swenszkowski
Chief Deputy Jonathan G. Owens

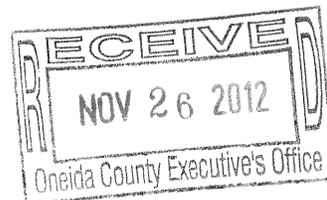
Chief Deputy Gabrielle O. Liddy
Chief Deputy Dean Obernesser



Sheriff Robert M. Maciol

November 20, 2012

FN 20 12449



The Honorable Anthony J. Picente, Jr.
Oneida County Executive
Oneida County Office Building
800 Park Avenue
Utica, NY 13501

PUBLIC SAFETY

Dear County Executive Picente:

WAYS & MEANS

The Sheriff's Office has received a surplus in various revenue accounts over what was adopted in the 2012 budget. To preserve the vehicle fleet management plan my administration implemented in 2011, along with the 2013 budget constraints, I am respectfully requesting the following 2012 supplemental appropriation:

Increase: A3110.2512 Automotive Equipment \$98,955

This supplemental appropriation will be fully supported by revenue currently held in:

Increase: A1526	Reimburse Special Details	\$4,132
A2656.2	Sale of Surplus- EBAY	\$10,316
A2681	Insurance Recoveries	\$1,026
A2716	Miscellaneous Revenue	\$27,649
A2732	Fingerprinting Expense Reimbursement	\$2,800
A2268	Reimburse Prisoners Other Governments	\$53,032

I would like to thank you for your time and diligent attention to this matter in advance. If you have any questions, require clarification or seek additional information from me in order to help you make a decision regarding my request, please do not hesitate to contact me at any point in time.

Sincerely,

Robert M. Maciol, Sheriff

Cc: Tom Keeler, Budget Director

Reviewed and Approved for submission to the
Oneida County Board of Legislators by

Date 11/26/12

20.

Office of the Sheriff



County of Oneida

Sheriff Robert M. Maciol
Undersheriff Robert Swenszkowski

Chief Deputy Gabrielle O. Liddy
Chief Deputy Jonathan G. Owens
Chief Deputy Dean A. Obernesser

October 26, 2012

FN 20 12 450



The Honorable Anthony J. Picente, Jr.
Oneida County Executive
Oneida County Office Building
800 Park Ave.
Utica, NY 13501

PUBLIC SAFETY

WAYS & MEANS

Dear County Executive Picente:

The Sheriff's Office is requesting that Oneida County enter into a contract with the New York State Canal Corporation to patrol the Canal and Canalway trail. This Office has been awarded a \$30,000 matching grant. The Canal Corporation's portion will be \$30,000 and Oneida County's portion will be \$10,000. This grant will expire March 31, 2013.

The monies obtained from this grant will be used to purchase additional equipment such as rescue disks and first aid kits along with other items needed for land to water rescue. We would also apply the funding to reimburse our expenses related to manpower costs and normal operating expenses such as gasoline.

If you find the enclosed contract acceptable, I am requesting your approval by way of signature. I would like to thank you for your time and diligent attention to this matter in advance. If you have any questions, require clarification or seek additional information from me in order to help you make a decision regarding my request, please do not hesitate to contact me at any point in time.

Sincerely,

Robert M. Maciol
Sheriff

Reviewed and Approved for submittal to the
Oneida County Board of Legislators by

Anthony J. Picente, Jr.
County Executive

Date 11/26/12

21.

Administrative Office
6065 Judd Road Oriskany, NY 13424
Voice (315) 736-8364
Fax (315) 765-2205

Law Enforcement Division
6065 Judd Road Oriskany, NY 13424
Voice (315) 736-0141
Fax (315) 736-7946

Correction Division
6075 Judd Road Oriskany, NY 13424
Voice (315) 768-7804
Fax (315) 765-2327

Civil Division
200 Elizabeth Street Utica, NY 13501
Voice (315) 798-5862
Fax (315) 798-6495

Oneida County Department/Office: Sheriff's Office

Competing Proposal:
Only Respondent:
Sole Source RFP:
Other: X (Grant)

ONEIDA COUNTY BOARD OF LEGISLATORS

Name of Proposing Organization: NYS Canal Corporation

Title of Activity or Service: Grant

Proposed Dates of Operation: April 1, 2012 – March 31, 2013

Client Population/Number to be Served: Sheriff's Office

Summary Statements

1) **Narrative Description of Proposed Services:** Marine Patrol of the Canal and Canalway trails in Oneida County (approximately 32 miles east to west).

2) **Program/Service Objectives and Outcomes:** To establish frequent patrols of the Canalway trails by ATV, Snowmobile and Mountain Bike Patrols as well as Marine Patrol throughout the navigable season. This would be a deterrent to illegal activity and provide a proactive approach to keeping these areas safe and enjoyable for everyone's use.

3) **Program Design and Staffing:** This grant will allow for the purchase of additional equipment such as rescue disks and first aid kits along with other items needed for land to water rescue. We would also apply the funding to reimburse our expenses related to manpower costs and normal operating expenses such as gasoline.

Total Funding Requested: None

Account #: A new revenue account needs to be created for this Grant
A3120 for matching funds

Oneida County Dept. Funding Recommendation: N/A

Proposed Funding Sources (Federal \$/ State \$/County \$): State funds – 75% (\$30,000), County funds 25% (\$10,000). **The County must provide matching funds of \$10,000 for this grant.**

Cost Per Client Served: N/A

Past Performance Data: N/A

Oneida County Department/Office Staff Comments: This revenue will help to offset expenses incurred by patrolling the canal and canalway trails in Oneida County,

22.

Anthony J. Picente Jr.
County Executive



Lucille A. Soldato
Commissioner

ONEIDA COUNTY DEPARTMENT OF SOCIAL SERVICES
County Office Building, 800 Park Avenue, Utica, NY 13501
Phone (315) 798-5733 Fax (315) 798-5218

November 13, 2012

Honorable Anthony J. Picente Jr.
Oneida County Executive
800 Park Avenue
Utica, New York 13501

FN 20 12-451
HEALTH & HUMAN SERVICES



Dear Mr. Picente:

I am submitting the following Purchase of Services Agreement for review and approval by the Board of Legislators per Board Resolutions and Local Law #3 of 2001, amending Article VIII, Section 802 of the Administrative Code.

The Oneida County Department of Social Services has a need to improve housing for Social Services clients in the City of Utica from that which presently exists in some areas. The enclosed Purchase of Services Agreement between Oneida County Department of Social Services and the City of Utica continues the Housing Improvement Program for Utica.

The goals of the program are as follows:

1. To improve the quality, affordability and adequacy of the housing for Social Services clients in the City of Utica.
2. To ensure codes compliance and improvement of deteriorating housing in the City of Utica so that Public Assistance recipients are assured of housing that is safe and will meet the needs of the family.

The Agreement has a term of March 10, 2012 through March 9, 2013, at a total County/City program cost of \$ 376,000 the City of Utica is contributing \$ 94,000 and the County contribution does not to exceed \$ 282,000 with a local share of 15.99% of the total program cost or \$ 60,122.40.

I respectfully request that this matter be forwarded to the Board of Legislators.

Thank you for your consideration.

Sincerely,

Lucille A. Soldato
Commissioner

LAS/tms
attachment

Reviewed and Approved for submittal to the
Oneida County Board of Legislators by

Anthony J. Picente, Jr.
County Executive

Date 11-20-12

23.

11/9/12
48101

Oneida Co. Department Social Services

Competing Proposal _____
Only Respondent _____
Sole Source RFP _____

Oneida County Board of Legislators
Contract Summary

Name of Proposing Organization: City of Utica Housing Improvement Program

Title of Activity or Services: Housing Inspection for dwellings in the City of Utica.

Proposed Dates of Operations: March 10, 2012 through March 9, 2013

Client Population/Number to be Served: All applicants for and recipients of the Department of Social Services.

SUMMARY STATEMENTS

1). Narrative Description of Proposed Services

To provide a coordinated approach in regards to housing within the City of Utica, to ensure safe adequate housing and to prevent the deterioration of housing within the city.

2). Program/Service Objectives and Outcome-

- (1). Improve the quality, affordability and adequacy of the housing for Social Services clients in the City of Utica
- (2). To ensure codes compliance and improvement of deteriorating housing in the City of Utica so that public assistance recipients are assured of housing that is safe and will meet the needs of the family.

3). Program Design and Staffing Level -

- 1 Full-time Code Enforcement Administrator/Supervisor
- 1 Full-time Chief Housing Inspector
- 6 Full-time Housing Inspectors
- 2 Data Entry Machine Operators
- 1 Senior Account Clerk Typist

Total Funding Requested: \$ 282,000

\$ 376,000 Total City/County Program
\$ 282,000 to be paid through Oneida County Department of Social Services.
\$ 94,000 to be paid by the City of Utica

Mandated or Non-Mandated – This contract is Non-Mandated however it does help to ensure that the families are living in a safe environment.

Oneida County Dept. Funding Recommendation: Account #: A6012.49541

Proposed Funding Source (Federal \$ /State \$ / County \$):

Federal	47.73 % - \$ 179,464.80
State	11.28 % - \$ 42,412.80
County	15.99 % - \$ 60,122.40
City	25.00 % - \$ 94,000.00

Cost Per Client Served:

Past performance Served: Initial Contract 11/10/94, Inspections began 2/1/95. The project has been successful in improving the housing for Social Services recipients. The Contractor was paid \$282,000 through the Department to support last year's contract. The City of Utica contributes 25% of the local cost to support this program.

O.C. Department Staff Comments: The Department is satisfied with the service being provided by this Contractor.

Anthony J. Picente Jr.
County Executive



Lucille A. Soldato
Commissioner

ONEIDA COUNTY DEPARTMENT OF SOCIAL SERVICES
County Office Building, 800 Park Avenue, Utica, NY 13501
Phone (315) 798-5733 Fax (315) 798-5218

November 19, 2012

Honorable Anthony J. Picente Jr.
Oneida County Executive
800 Park Avenue
Utica, New York 13501

FN 20 12-452

HEALTH & HUMAN SERVICES
WAYS & MEANS



Dear Mr. Picente:

I am submitting the following Purchase of Services Agreement for review and approval by the Board of Legislators per Board resolutions and Local Law #3 of 2001, amending Article VIII, Section 802 of the Administrative Code.

Protective Services for Adults are provided to individuals 18 years of age and older who, because of mental and physical impairments: are unable to meet their essential needs for food, shelter, clothing or medical care, secure entitlement due them or protect themselves from physical or mental injury, neglect, maltreatment or financial exploitation; are in need of protection from actual or threatened harm, neglect or inaction of either themselves or other individuals; and have no one available who is willing and able to assist them responsibly.

The Department has a legal requirement to accept the responsibility to function as representative payee or protective payee on behalf of an SSI/SSA client, referred by Social Security, if no other resources are available. The Department has the statutory responsibility to provide or arrange for the provision of Protective Services for Adults.

The Agreement with the Rescue Mission of Utica located at 212 Rutger Street, Utica, New York includes financial management, required home visits and all other Protective Services requirements as mandated for the protection of the most vulnerable adults in our County.

The Agreement, effective dates run from January 1, 2013 through December 31, 2013 with a budget of \$63,128. The local cost for this effort is 27.18% or \$ 17,158.19. The Contract allows for a caseload of 40 individuals.

I am requesting that this Agreement be forwarded to the Board of Legislators for review and approval.

Thank you for your consideration.

Sincerely,

Lucille A. Soldato
Commissioner

Reviewed and Approved for submittal to the
Oneida County Board of Legislators by

Anthony J. Picente, Jr.
County Executive

Date 11-20-12

26.

11/19/12
35203

Oneida Co. Department Social Services

Competing Proposal X
Only Respondent _____
Sole Source RFP _____

Oneida County Board of Legislators
Contract Summary

Name of Proposing Organization: Rescue Mission of Utica
212 Rutger Street
Utica, New York 13501

Title of Activity or Services: Representative Payee for Adult Protective Services.

Proposed Dates of Operations: January 1, 2013 through December 31, 2013

Client Population/Number to be Served: 40 persons requiring Adult protective services:

Protective Services for Adults are provided to individuals 18 years of age and older who, because of mental or physical impairments: are unable to meet their essential needs for food, shelter, clothing or medical care, secure entitlement due them or protect themselves from physical or mental injury, neglect, maltreatment or financial exploitation; are in need of protection from actual or threatened harm, neglect or inaction of either themselves or other individuals; and have no one available who is willing and able to assist them responsibly.

SUMMARY STATEMENTS

1). Narrative Description of Proposed Services

Provides financial management services (payments to creditors, passbook savings account, emergency funds etc.) to those mentally, emotionally, in many cases physically disabled clients. Also provides Case Management Services to these individuals. Insuring basic needs for food, clothing and shelter are met. Decrease emergency room visits and psychiatric admissions within the population.

2). Program/Service Objectives and Outcomes

- **Outcome:** Individuals classified in need of adult protective services will receive community based services/assistance to enable them to remain in the least restrictive level of care, for as long as possible.
Performance: All individuals receiving adult protective services will receive on going assessment and monitoring to insure that all the identified needs will be met and emerging concerns will be addressed. These services include but are not limited to case planning, casework counseling, emergency assistance, advocacy and referral, financial management, home visiting and transportation.

3). Program Design and Staffing Level - Case Managers, monthly home visits in addition to visits in the Community, twenty-four hour emergency on call services.

Total Funding Requested: \$ 63,128

Oneida County Dept. Funding Recommendation: Account # A6070.49551

Mandated or Non-mandated: Mandated service

Proposed Funding Source (Federal \$ /State \$ / County \$):

Federal	38.39 %	\$ 24,234.84
State	34.43 %	\$ 21,734.97
Local	27.18 %	\$ 17,158.19

Cost Per Client Served:

Past performance Served: The Provider has provided this service beginning November 1, 2011. The cost of the contracts for this service in 2012 is \$ 62,000.

O.C. Department Staff Comments: This service was sent out for RFP beginning 2011 and the Department received two respondents and New Life Community Services, Inc. and Rescue Mission

Anthony J. Picente Jr.
County Executive



Lucille A. Soldato
Commissioner

ONEIDA COUNTY DEPARTMENT OF SOCIAL SERVICES

County Office Building, 800 Park Avenue, Utica, NY 13501
Phone (315) 798-5733 Fax (315) 798-5218

November 8, 2012

Honorable Anthony J. Picente Jr.
Oneida County Executive
800 Park Avenue
Utica, New York 13501

FN 20 12-453

HEALTH & HUMAN SERVICES



WAYS & MEANS

Dear Mr. Picente:

I am submitting the following Purchase of Services Agreement for review and approval by the Board of Legislators per Board Resolutions and Local Law #3 of 2001, amending Article VIII, Section 802 of the Administrative Code.

Attached is a Purchase of Services Agreement between the Oneida County Department of Social Services and The House of the Good Shepherd for the operation of a Continued Care Program for Oneida County.

The Agreement will provide a combination of services, including but not limited to case planning, behavior management training, clinical services and 24-hour crisis support. The services will reduce the length of stay in the Residential Treatment Center, reduce the number of children requiring replacement, and improve the child and family functioning post discharge.

The budget for this program is \$ 98,965.00 for the period of January 1, 2013 through December 31, 2013. The local cost for this effort is 27.18% or \$ 26,898.69.

Therefore, I am respectfully requesting that the Oneida County Board of Legislators approve this Agreement between the Oneida County Department of Social Services and the House of Good Shepherd.

Sincerely,

Lucille A. Soldato
Commissioner

LAS/tms
attachment

Reviewed and Approved for submission to the
Oneida County Board of Legislators by

Anthony J. Picente, Jr.
County Executive

Date 11-20-12

29

11/6/12
12908

Oneida Co. Department Social Services

Competing Proposal _____
Only Respondent _____
Sole Source RFP _____

Oneida County Board of Legislators
Contract Summary

Name of Proposing Organization: The House of The Good Shepherd
1550 Champlin Avenue
Utica, New York 13502

Title of Activity or Services: Continued Care Program

Proposed Dates of Operations: January 1, 2013 through December 31, 2013

Client Population/Number to be Served: 35 Children & Families

SUMMARY STATEMENTS

1). Narrative Description of Proposed Services

Families will be provided a combination of services including Case Planning, Behavior Management Training, Clinical Services, Referral and Advocacy, Transportation, Educational Support, Respite, and "24 x 7" Crisis Support.

2). Program/Service Objectives and Outcomes -

- **Outcome:** To reduce the length of stay of children in residential treatment and to reduce the number of children needing replacement after discharge from residential treatment.
- **Performance:** Identify children who are appropriate for early discharge and return them to their homes with intensive services designed to support the family through this transition period including casework services, behavior management training, educational support, referral and advocacy, clinical services, respite services and crisis support.

3). Program Design and Staffing Level -

The program is designed to be an extension of the services provided to children and families through the Residential Treatment Center program. Discharge planning begins at the point of admission to the Agency. This involves an assessment of the needs of all family members, and the development of a wrap-around network of support services the family can utilize while the child is in placement, but more importantly, post placement. Children access "the continued care phase" based upon treatment team referral and availability of programming. A bachelor level family worker will work flexible hours with an emphasis

upon in-home support, and school support and liaison, utilizing after-school hours and weekends.

Total Funding Requested: \$ 98,965

Oneida County Dept. Funding Recommendation: A6070.49548

Mandated or Non-mandated: Preventive Mandated service

Proposed Funding Source (Federal \$ /State \$ / County \$):

Federal	38.39 %	\$ 37,992.66
State	34.43 %	\$ 34,073.65
County	27.18 %	\$ 26,898.69

Cost Per Client Served:

Past performance Served: The Department has had a contract for this service since 1998. The contract cost for 2012 was \$ 98,555.00

O.C. Department Staff Comments: The Department is satisfied with the provider's service. This contract saves the County money overall by reducing the number of days of stay, thus allowing for less out of area stays.

Anthony J. Picente Jr.
County Executive



Lucille A. Soldato
Commissioner

ONEIDA COUNTY DEPARTMENT OF SOCIAL SERVICES

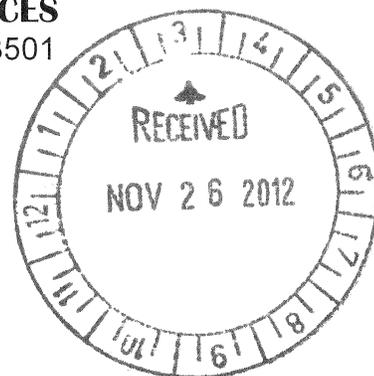
County Office Building, 800 Park Avenue, Utica, NY 13501

Phone (315) 798-5733 Fax (315) 798-5218

November 19, 2012

Honorable Anthony J. Picente Jr.
Oneida County Executive
800 Park Avenue
Utica, New York 13501

FN 20 12-454
HEALTH & HUMAN SERVICES
WAYS & MEANS



Dear Mr. Picente:

I am submitting the following Purchase of Services Agreement for review and approval by the Board of Legislators per Board Resolutions and Local Law #3 of 2001, amending Article VIII, Section 802 of the Administrative Code.

The Oneida County Office of Aging has provided home delivered meals for physically disabled and elderly Medicaid recipients who are unable to prepare meals in their homes as determined by Office of Continuing Care.

The cost of each meal is \$ 7.98 with the Department of Social Services guarantee of 70 meals minimum per day during the week. The Agreement is for the period January 1, 2013 through December 31, 2013. The Department spent \$ 458,438.50 from October 2011 through September 2012 with a local cost of 10 % or \$ 45,843.85.

I am respectfully requesting that this matter be forwarded to the Board of Legislators for action as soon as possible. Thank you for your consideration.

Sincerely,

Lucille A. Soldato
Commissioner

Reviewed and Approved for submittal to the
Oneida County Board of Legislators by

Anthony J. Picente, Jr.
County Executive

Date 11/26/12

LAS/tms
attachment

11/19/12
52601

Oneida Co. Department Social Services

Competing Proposal _____
Only Respondent _____
Sole Source RFP _____

Oneida County Board of Legislators
Contract Summary

Name of Proposing Organization: Oneida County Office for the Aging

Title of Activity or Services: Home Delivered Meals

Proposed Dates of Operations: January 1, 2013 through December 31, 2013

Client Population/Number to be Served: Disabled & elderly Medicaid Recipients who have been designated by Office of Continuing Care to receive this service.

SUMMARY STATEMENTS

1). Narrative Description of Proposed Services

Home delivered meals to those disabled Medicaid recipients who are not able to prepare their own meals.

2). Program/Service Objectives and Outcomes

Home delivered meals, Oneida County Department of Social Services does not anticipates approving more than 73,000 home delivered meals in 2013.

3). Program Design and Staffing Level -

As determined by Office for Aging.

Total Funding Requested: \$ 7.98 per meal.

Oneida County Dept. Funding Recommendation: Account # A6101.495.

Mandated or Non-mandated: Mandated service

Proposed Funding Source (Federal \$ /State \$ / County \$):

Federal	62 %	- \$ 4.95 per meal
State	28 %	- \$ 2.23 per meal
County	10 %	- \$.80 per meal

Cost Per Client Served: \$ 7.98 per meal

Past performance Served: The Office for the Aging has provided this service since 1995. The Contractor delivered 70,529 meals from October 2011 through September 2012 with a total cost of \$458,438.50.

O.C. Department Staff Comments:

The Department is satisfied with the performance.

Anthony J. Picente Jr.
County Executive



Lucille A. Soldato
Commissioner

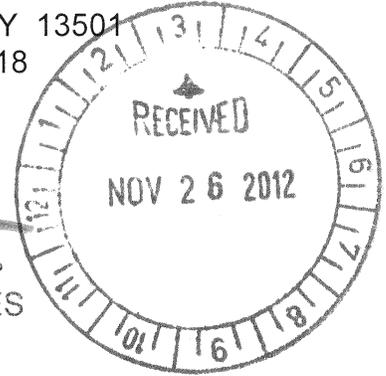
ONEIDA COUNTY DEPARTMENT OF SOCIAL SERVICES

County Office Building, 800 Park Avenue, Utica, NY 13501
Phone (315) 798-5733 Fax (315) 798-5218

November 13, 2012

Honorable Anthony J. Picente Jr.
Oneida County Executive
800 Park Avenue
Utica, New York 13501

FN 20 12-455
HEALTH & HUMAN SERVICES



Dear Mr. Picente:

WAYS & MEANS

I am submitting the following Purchase of Services Agreement for review and approval by the Board of Legislators per Board Resolutions and Local Law #3 of 2001, amending Article VIII, Section 802 of the Administrative Code.

The Purchase of Services Agreement with the Oneida County Sheriff's Office ensures an Oneida County Deputy Sheriff is competent and trained in the area of Child Sexual Abuse investigation, to participate at the Child Advocacy Center.

The Child Advocacy Center has proven itself to be a model program and has been effective in the team-approach of investigation and conviction of perpetrators.

This Agreement is scheduled to become effective January 1, 2013 through December 31, 2013. The total budget of this Agreement is the salary and fringe benefits for one deputy and totals \$ 123,158 the Department of Social Services contributes 80% or \$ 98,526 with a DSS local share of 7.18% or \$8,842.74. The Sherriff's Office will contribute 20% of the total local cost equaling \$ 24,631.60.

I am respectfully requesting that this matter be forwarded to the Board of Legislators for action at its Board Meeting. Thank you for your consideration.

Sincerely,

Lucille A. Soldato
Commissioner

LAS/tms
attachment

Reviewed and Approved for submittal to the
Oneida County Board of Legislators by

Anthony J. Picente, Jr.
County Executive

Date 11-20-12

11/13/12
21101

Oneida Co. Department Social Services

Competing Proposal _____
Only Respondent _____
Sole Source RFP _____

Oneida County Board of Legislators
Contract Summary

Name of Proposing Organization: Oneida County Sheriff's Office
6065 Judd Road
Oriskany, New York 13424

Title of Activity or Services: Child Advocacy Center

Proposed Dates of Operations: January 1, 2013 through December 31, 2013

Client Population/Number to be Served:

SUMMARY STATEMENTS

1). Narrative Description of Proposed Services

Multidisciplinary team that will increase the number of convictions in Child Sexual Abuse cases with participation from all law enforcement agencies throughout Oneida County. The contract allows for (1) Deputy from the Oneida County Sheriff's Department to be dedicated to the Child Advocacy Center.

2). Program/Service Objectives and Outcomes -

Provides for participation of a Deputy Sheriff at the Child Advocacy Center. The Advocacy Center allows Oneida County Department of Social Services to:

- (1). Establish a multidisciplinary team consisting of Law Enforcement, District Attorney's Office, Child Protective Services and Medical Providers Rape Crisis.
- (2). Increase percentage of reported Child Sexual Abuse case that are indicated, prosecuted, and convicted.
- (3). Decrease the number of interviews with the child, level of trauma to the child and secondary victims.

3). Program Design and Staffing Level -

1 Oneida County Deputy Sheriff to work with a multidisciplinary team consisting of:

- 1 Full-Time Rome Police Officer
- 1 Full-Time Utica Police Officer
- 1 Child Advocacy Administrator through the District Attorney Office

Total DSS Funding Requested:

Total Cost =	\$ 123,158.00
Funding through Federal, State and DSS =	\$ 98,526.00
Funding through Sheriff Department =	\$ 24,632.00

Oneida County Dept. Funding Recommendation: Account #: A6011.49537

Mandated or Non-mandated: The Department is mandated to investigate instances of alleged abuse or neglect, however the way the Department provides this service is at the Department's discretion and the use of on-site workers to minimize the trauma to the alleged victims is non-mandatory.

Proposed Funding Source (Federal \$ /State \$ / County \$):

Federal	38.39 %	\$ 47,280.36
State	34.43 %	\$ 42,403.30
Department of Social Service	7.18 %	\$ 8,842.74
Sheriff's Office	20.00 %	\$ 24,631.60

Cost Per Client Served:

Past performance Served: The Department has had a contract with the Oneida County Sheriff's Office as part of the Child Advocacy Center since 1990. The 2012 total Contract amount was \$112,487 with Department support in the amount of \$ 89,989.60. The Sheriff's Office has taken on 20% of the total cost of this contract since 2008.

O.C. Department Staff Comments:

Anthony J. Picente Jr.
County Executive



Lucille A. Soldato
Commissioner

ONEIDA COUNTY DEPARTMENT OF SOCIAL SERVICES

County Office Building, 800 Park Avenue, Utica, NY 13501
Phone (315) 798-5733 Fax (315) 798-5218

November 13, 2012

Honorable Anthony J. Picente Jr.
Oneida County Executive
800 Park Avenue
Utica, New York 13501

FN 20 12-456



HEALTH & HUMAN SERVICES

Dear Mr. Picente:

WAYS & MEANS

I am submitting the following Purchase of Services Agreement for review and approval by the Board of Legislators per Board Resolutions and Local Law #3 of 2001, amending Article VIII, Section 802 of the Administrative Code.

The Purchase of Service Agreement between the Oneida County Department of Social Services and the Oneida County Sheriff's Office is for Security and Transportation. This Agreement provides security services for the Oneida County Office Building. In addition, it provides transportation of dangerous youth in the Department's custody to Secure and Non-Secure Detention Facilities. These services are vital to the safe operation of the Social Services Department.

This Purchase of Services Agreement has a total cost not to exceed \$ 586,370 for the term January 1, 2013 through December 31, 2013. The local cost for this service is 40.22 % or \$ 235,838.01.

I am respectfully requesting that this matter be forwarded to the Board of Legislators for action. Thank you for your consideration.

Sincerely,

Lucille A. Soldato
Commissioner

Reviewed and Approved for submittal to the
Oneida County Board of Legislators by

Anthony J. Picente, Jr.
County Executive

LAS/tms
Attachment

Date 11-20-12

11/13/12
18101

Oneida Co. Department Social Services

Competing Proposal _____
Only Respondent _____
Sole Source RFP _____

Oneida County Board of Legislators
Contract Summary

Name of Proposing Organization: Oneida County Sheriff's Office
6065 Judd Road
Oriskany, New York 13424

Title of Activity or Services: Security/Transportation

Proposed Dates of Operations: January 1, 2013 - December 31, 2013

Client Population/Number to be Served: Juveniles in custody of the Department through Family Court.

SUMMARY STATEMENTS

1). Narrative Description of Proposed Services

SERVICES: The Contractor will supply security for the Department throughout Departmental Office locations within the building.

The Contractor will provide transportation of Family Court ordered juveniles in the custody of the Department to court specified secure or non-secure detention facilities.

The Contractor shall also provide transportation of juveniles in the custody of the Department to and from secure and non-secure detention facilities. The Department shall be responsible for the transportation of those juveniles in the custody of the Department that are in need of transportation for appointments made by the Department (inclusive of non-emergency medical appointments, probation interviews, pre-placement screening, and foster care placement).

The Contractor may be requested to transport juveniles to facilities other than for detention purposes. These juvenile clients would be considered dangerous to themselves and / or the caseworkers. These clients must have a history of emotional violence or openly manifest assaultive behavior. These instances must be documented to the Contractor. A Department liaison and a representative of the Contractor shall jointly determine the necessity of the client transportation.

The Contractor will provide the services of the K-9 teams as needed.

2). Program/Service Objectives and Outcomes - Provides security at Department of Social Services sites of operation in the Oneida County Office Building and transportation of juveniles in the custody of the Department or by Family Court to Secure/Non-Secure Detention.

3). Program Design and Staffing Level - 1 Supervisor
4 Deputies

Total Funding Requested: \$ 586,370

Oneida County Dept. Funding Recommendation: Account # A6010.49535

Proposed Funding Source (Federal \$ /State \$ / County \$):

Federal	48.44 % =	\$ 284,037.63
State	11.34 % =	\$ 66,494.36
County	40.22 % =	\$ 235,838.01

Cost Per Client Served:

Past performance Served: The Department has contracted with this provider since 1989. The Cost of the 2012 Contract was \$ 578,211.

O.C. Department Staff Comments: The Department is satisfied with this Contractors performance.

Anthony J. Picente Jr.
County Executive



Lucille A. Soldato
Commissioner

ONEIDA COUNTY DEPARTMENT OF SOCIAL SERVICES

County Office Building, 800 Park Avenue, Utica, NY 13501
Phone (315) 798-5733 Fax (315) 798-5218

November 13, 2012

Honorable Anthony J. Picente Jr.
Oneida County Executive
800 Park Avenue
Utica, New York 13501

FN 20 13-457

HEALTH & HUMAN SERVICES



Dear Mr. Picente:

WAYS & MEANS

I am submitting the following Purchase of Services Agreement for review and approval by the Board of Legislators per Board Resolutions and Local Law #3 of 2001, amending Article VIII, Section 802 of the Administrative Code.

The Purchase of Services Agreement with the Oneida County Sheriff's Office ensures The Child Advocacy Center has an Administrator competent and trained in the area of Child Sexual Abuse investigation.

The Child Advocacy Center has proven itself to be a model program and has been effective in the team-approach of investigation and conviction of perpetrators. The Administrator's position has coordinated the efforts of the Child Advocacy Center to reach a higher level of effectiveness.

This Agreement is scheduled to become effective January 1, 2013 through December 31, 2013. The total budget for the Child Advocacy Administrator's salary and fringe benefits is \$ 69,980.00 the Department of Social Services contributes 80% of the cost totaling \$ 55,984.00 with a Department of Social Services local share of 7.18 % or \$ 5,024.56. The Sheriff's Office contributes the other 20% of the local cost, which is \$13,996.

I am respectfully requesting that this matter be forwarded to the Board of Legislators for action. Thank you for your consideration.

Sincerely,

Lucille A. Soldato
Commissioner

LAS/tms
attachment

Reviewed and Approved for submittal to the
Oneida County Board of Legislators by

Date 11-20-12

41

11/13/12
21102

Oneida Co. Department Social Services

Competing Proposal _____
Only Respondent _____
Sole Source RFP _____

Oneida County Board of Legislators
Contract Summary

Name of Proposing Organization: Oneida County Sheriff's Office
Law Enforcement Building
6065 Judd Road
Oriskany, New York 13424

Title of Activity or Services: Child Advocacy Center - (Child Advocacy Administrator)

Proposed Dates of Operations: January 1, 2013 through December 31, 2013

Client Population/Number to be Served:

SUMMARY STATEMENTS

1). Narrative Description of Proposed Services

Multidisciplinary team that will increase the number of convictions in Child Sexual Abuse cases with participation from all law enforcement agencies throughout Oneida County. The contract allows for (1) Child Advocacy Administrator from Oneida County's Sheriff Office to be dedicated to the Child Advocacy Center.

2). Program/Service Objectives and Outcomes -

Provides for participation of a Chief Administrator at the Child Advocacy Center. The Child Advocacy Center allows Oneida County Department of Social Services to:

- (1). Establish a multidisciplinary team consisting of Law Enforcement, District Attorney's Office, Child Protective Services and Medical Providers Rape Crisis.
- (2). Increase percentage of reported Child Sexual Abuse case that are indicated, prosecuted, and convicted.
- (3). Decrease the number of interviews with the child, level of trauma to the child and secondary victims.

42.

3). Program Design and Staffing Level -

1 Child Advocacy Administrator to work with a multidisciplinary team consisting of:

- 1 Full-Time Rome Police Officer
- 1 Full-Time Utica Police Officer
- 1 Full-Time Oneida County Deputy Sheriff

The Child Advocacy Administrator's job is functioning as Administrative Head of the Child Advocacy Center. The position has lead to more effective utilization of all the resources of the Child Advocacy Center.

Total Funding Requested: Total \$ 69,980.00
Oneida County Sheriff's Office (20%)\$ 13,996.00
Department of Social Services (80%) \$ 55,984.00

Oneida County Dept. Funding Recommendation: Account # A6011.49537

Mandated or Non-mandated: Mandated to have a multidisciplinary team

Proposed Funding Source (Federal \$ /State \$ / County \$):

Federal	38.39 %	\$ 26,865.32
State	34.43 %	\$ 24,094.12
Department of Social Services	7.18 %	\$ 5,024.56
District Attorney's Office	20.00 %	\$ 13,996.00

Cost Per Client Served:

Past performance Served: The Department has previously contracted with the District Attorney's Office to provide this service but has transferred to the Oneida County Sheriff's Office effective August 10, 2012. The cost to the Department for this Service in 2012 was \$ 56,718.41.

O.C. Department Staff Comments:

Anthony J. Picente Jr.
County Executive



Lucille A. Soldato
Commissioner

ONEIDA COUNTY DEPARTMENT OF SOCIAL SERVICES

County Office Building, 800 Park Avenue, Utica, NY 13501
Phone (315) 798-5733 Fax (315) 798-5218

November 8, 2012

Honorable Anthony J. Picente Jr.
Oneida County Executive
800 Park Avenue
Utica, New York 13501

FN 20 12-458

HEALTH & HUMAN SERVICES

WAYS & MEANS



Dear Mr. Picente:

I am submitting the following Purchase of Services Agreement for review and approval by the Board of Legislators per Board Resolutions and Local Law #3 of 2001, amending Article VIII, Section 802 of the Administrative Code.

The Oneida County PINS Adjustment Services Program is an intervention and treatment program coordinated by the Oneida County Department of Social Services and Probation Department. It is designed to divert from Family Court and Institutional placement those youth who are at serious risk of being taken to Family Court as a Person in Need of Supervision (PINS) because they have been persistently incorrigible and / or truant. If the Probation Department determines that the case is eligible for Adjustment Services, then a complete psycho-social assessment with related referrals and evaluation of families and youth is conducted by the Oneida County Mental Health Department. The Committee on Appropriate Placement (CAP) will recommend an appropriate service plan. The possible services can run from probation supervision to intensive family intervention and can also include Counseling, Mental Health, Parenting, Medical, Substance Abuse, Education and Recreation Services. This Contract also covers the PINS 16-18 Project.

The Oneida County Probation Department is an integral part of the PINS process and this segment of the system helps to ensure that appropriate family needs are addressed before the situation further escalates and out of home placement can no longer be avoided.

The Oneida County Probation component of the PINS Adjustment Services per the attached Purchase of Services Agreement will operate from January 1, 2013 through December 31, 2013 with an annual budget of \$ 403,359 with a local cost of 27.18 % or \$ 109,632.98.

I am respectfully requesting that this matter be forwarded to the Board of Legislators for action as soon as possible. Thank you for your consideration.

Sincerely,

Lucille A. Soldato
Commissioner

LAS/tms
attachment

Reviewed and Approved for submittal to the
Oneida County Board of Legislators by

Anthony J. Picente, Jr.
County Executive

Date: 11-20-12

44

11/8/12
19501

Oneida Co. Department Social Services

Competing Proposal _____
Only Respondent _____
Sole Source RFP _____

Oneida County Board of Legislators
Contract Summary

Name of Proposing Organization: Oneida County Probation Dept.
321 Main Street (Union Station)
Utica, New York 13501

Title of Activity or Services: PINS Diversion

Proposed Dates of Operations: January 1, 2013-December 31, 2013

Client Population/Number to be Served: School age children who are at serious risk of institutional placement or foster care through Family Court due to their behavior in school, home or community.

SUMMARY STATEMENTS

1). Narrative Description of Proposed Services

The Contractor will provide alternative planning for families eligible for diversion services and provide evaluative data for the Department on the operation of the entire PINS Process in order to utilize appropriate Preventive Services on the areas which are most likely to prevent Foster Care.

The Contractor agrees that the Probation Officers will perform the following functions:

1. Provide liaison, consultation, and training to all Oneida County Schools to facilitate appropriate use of PINS Services.
2. Screen and evaluate all PINS referrals to determine suitability. To include verification that the school has made efforts through other resources to resolve the complaint prior to initiating a Pre-PINS applications with probation
3. Participation in the planning for Preventive Services through either:
 - a.) the use of the Committee on appropriate placement for youth at high risk of out of home care and implementation of CAP recommendation in order to utilize DSS Preventive Contracts.
 - b.) Provide continued monitoring of youth and family functioning.
4. Active Participation in the Oneida County CAP Committee.
5. Compile statistics to monitor the functioning of the Oneida County PINS Plan.
6. Complete and supply program evaluation data as requested by the Department. The contractor agrees to prepare and provide any and all monthly reports required by the County and State Governments pertaining to this contract.

45

The Contractor and the Department shall cooperate with the County's CAP System and will work together to make appropriate changes in the PINS adjustment services as indicated.

2). Program/Service Objectives and Outcomes –

Outcome: Prevent out of home placement of children due to PINS behaviors exhibited in the home, school or community.

Performance: Probation Officers will have the knowledge and expertise to provide diversion planning for youth at risk of out of home placement. This will be evident in a thorough family assessment that identifies family strengths, needs and resources. The probation officer will make appropriate referrals for community based services and provide oversight to monitor compliance with services. The probation officer will refer all cases to the Committee on Alternate placement (CAP) that are at high risk of placement and follow the recommendations as set forth by the committee.

3). Program Design and Staffing Level –

- Portion Probation Director
- Portion of Contract Manager
- 1 Full Time Senior Probation Officer
- 4 Full Time Probation Officers.
- 1 Part Time Probation Officer

Total Funding Requested: \$ 403,359

Oneida County Dept. Funding Recommendation: Account # A6070.49547

Mandated or Non-mandated: Mandated service

Proposed Funding Source (Federal \$ /State \$ / County \$):

Federal	38.39 % = \$ 154,849.52
State	34.43 % = \$ 138,876.50
County	27.18 % = \$ 109,632.98

Cost Per Client Served:

Past performance Served: The 2012 budgeted cost was \$ 373,632. The Department has had this contract for since 1990.

O.C. Department Staff Comments: The Department is satisfied with this Contractors performance. New to this Contract in 2003 was the 16-18 PINS Project.

Anthony J. Picente Jr.
County Executive



Lucille A. Soldato
Commissioner

ONEIDA COUNTY DEPARTMENT OF SOCIAL SERVICES
County Office Building, 800 Park Avenue, Utica, NY 13501
Phone (315) 798-5733 Fax (315) 798-5218

November 7, 2012

Honorable Anthony J. Picente Jr.
Oneida County Executive
800 Park Avenue
Utica, New York 13501

FN 20 12-459

HEALTH & HUMAN SERVICES



WAYS & MEANS

Dear Mr. Picente:

I am submitting the following Purchase of Services Agreement for review and approval by the Board of Legislators per Board Resolutions and Local Law #3 of 2001, amending Article VIII, Section 802 of the Administrative Code.

This renewal Agreement with Herkimer - Oneida Counties Comprehensive Planning Program will provide Preparation and Monitoring of the Consolidated Services Plan; Data Collection and Analysis; Needs Assessment; Grant Applications; Plan Preparation and Monitoring; and other planning services as needed.

The term of the Agreement is January 1, 2013 through December 31, 2013. The total cost of the Contract is \$ 99,809 with a local cost of 40% or \$ 39,923.60.

I am respectfully requesting that this matter be forwarded to the Board of Legislators for action as soon as possible.

Thank you for your consideration.

Sincerely,

Lucille A. Soldato
Commissioner

Reviewed and Approved for submittal to the
Oneida County Board of Legislators by

Anthony J. Picente, Jr.
County Executive

Date 11-20-12

LAS/tms
Attachment

47.

11/7/12
12601

Oneida Co. Department Social Services

Competing Proposal _____
Only Respondent _____
Sole Source RFP _____

Oneida County Board of Legislators
Contract Summary

Name of Proposing Organization:

Herkimer-Oneida Counties Comprehensive Planning Program
Union Station
Utica, New York 13501

Title of Activity or Services: Provide Technical Assistance

Proposed Dates of Operations: January 1, 2013 through December 31, 2013

SUMMARY STATEMENTS

1). Narrative Description of Proposed Services

Assist the Department in satisfying State & County Planning requirements, achieving program goals & objectives. Provides assistance to the department in the area's of: grant proposals consolidated services plan, may assist in the implementation and planning of programs, may assist in the planning and organization of community resources for the department.

2). Program/Service Objectives and Outcomes -

To provide technical assistance & consultation to the Department in the preparation and monitoring of the Consolidated Service Plan and other areas identified by the Department.

3). Program Design and Staffing Level -

60%	Principal Planner
10%	Principal Planner
77%	Associate Planner
20%	Data Processing Clerk
5%	Principal Account Clerk

Total Funding Requested: \$ 99,809

Oneida County Dept. Funding Recommendation: Account #:A6010.49535

48.

Mandated or Non-mandated: Non-mandated

Proposed Funding Source (Federal \$ /State \$ / County \$):

Federal	48 %	\$ 47,908.32
State	12 %	\$ 11,977.08
County	40 %	\$ 39,923.60

Cost Per Client Served:

Past performance Served: The Department has had an Agreement with the Planning Department to provide this service since 1989. The Contract cost was \$ 99,809 in 2012.

O.C. Department Staff Comments: The Department is satisfied with the providers service.

Anthony J. Picente Jr.
County Executive



Lucille A. Soldato
Commissioner

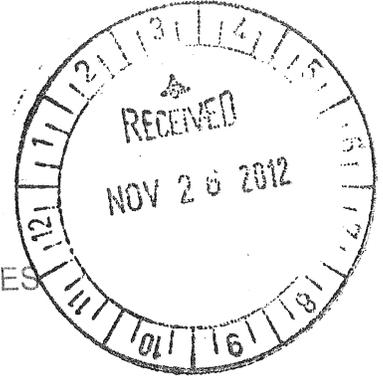
ONEIDA COUNTY DEPARTMENT OF SOCIAL SERVICES
County Office Building, 800 Park Avenue, Utica, NY 13501
Phone (315) 798-5733 Fax (315) 798-5218

November 13, 2012

Honorable Anthony J. Picente Jr.
Oneida County Executive
800 Park Avenue
Utica, New York 13501

FN 20 12-460

HEALTH & HUMAN SERVICES



Dear Mr. Picente:

WAYS & MEANS

I am submitting the following Purchase of Services Agreement for review and approval by the Board of Legislators per Board Resolutions and Local Law #3 of 2001, amending Article VIII, Section 802 of the Administrative Code.

The Oneida County Department of Social Services has a need to improve Housing for Social Services clients in the City of Rome. The enclosed Purchase of Services Agreement between Oneida County Department of Social Services and the City of Rome continues the Housing Improvement Program for Rome.

The goals of the program are as follows:

- To improve the quality, affordability and adequacy of the Housing for Social Services clients in the City of Rome.
- To ensure codes compliance and improvement of deteriorating housing in the City of Rome.

The Agreement has a term of January 1, 2012 through December 31, 2012 at a total County/City program cost of \$ 163,100 the City of Rome is contributing \$ 40,775 and the County contribution does not exceed \$122,325.00 which has a local share of 15.99 % of the total program or \$26,079.69.

I am respectfully requesting that this matter be forwarded to the Board of Legislators for action as soon as possible. Thank you for your consideration.

Sincerely,

Lucille A. Soldato
Commissioner

LAS/tms
attachment

Reviewed and Approved for submittal to the
Oneida County Board of Legislators by

Anthony J. Picente, Jr.
County Executive

Date 11-20-12

11/8/12
48401

Oneida Co. Department Social Services

Competing Proposal _____
Only Respondent _____
Sole Source RFP _____

Oneida County Board of Legislators
Contract Summary

Name of Proposing Organization:

City of Rome Housing Improvement Program

Title of Activity or Services: Housing Inspection for all dwellings occupied by Department of Social Services recipients or applicants.

Proposed Dates of Operations: 1/1/2012 – 12/31/2012

Client Population/Number to be Served: All applicants for and recipients of the Department of Social Services.

SUMMARY STATEMENTS

1). Narrative Description of Proposed Services

To provide a coordinated approach in regards to housing within the City of Rome, to insure safe adequate housing and to prevent the deterioration of housing within the city.

2). Program/Service Objectives and Outcome-

- Improve the quality, affordability and adequacy of the housing for Social Services clients in the City of Rome,
- To insure codes compliance and improvement of deteriorating housing in the City of Rome,

3). Program Design and Staffing Level -

3 Full-time Codes Enforcement Officers
1 Administrative Assistant
1 Codes Director 10%

Total Funding Requested: \$ 122,325

\$ 163,100 Total City/County Program
\$ 122,325 to be paid through Oneida County Department of Social Services.
\$ 40,775 to be paid by the City of Rome

57

Mandated or Non-Mandated – This contract is Non-Mandated however it does help to ensure that the families are living in a safe environment.

Oneida County Dept. Funding Recommendation: A6012.49541

Proposed Funding Source (Federal \$ /State \$ / County \$):

Federal	47.73 % -	\$ 77,847.63
State	11.28 % -	\$ 18,397.68
County	15.99 % -	\$ 26,079.69
City	25.00 % -	\$ 40,775.00

Cost Per Client Served:

Past Performance Served: The Department has contracted with provider since 1995. The provider was paid \$ 122,325 through the Department to support this service in 2011. The City of Rome is contributing 25% of the local cost of this contract.

O.C. Department Staff Comments: The Department is satisfied with the service provided.

Anthony J. Picente Jr.
County Executive

Lucille A. Soldato
Commissioner



ONEIDA COUNTY DEPARTMENT OF SOCIAL SERVICES
County Office Building 800 Park Avenue Utica, NY 13501

November 8, 2012

Honorable Anthony J. Picente Jr.
Oneida County Executive
800 Park Avenue
Utica, New York 13501

FN 20 12-461

HEALTH & HUMAN SERVICES



Dear Mr. Picente:

WAYS & MEANS

I am submitting the following Purchase of Services Agreement for review and approval by the Board of Legislators per Board Resolutions and Local Law #3 of 2001, amending Article VIII, Section 802 of the Administrative Code.

Enclosed is a Purchase of Services Agreement with the House of Good Shepherd for the operation of Non-Secure Detention Services for Oneida County.

The House of Good Shepherd has provided this service for the Department of Social Services for several years. This co-ed facility provides a local temporary placement for Oneida County youth. Placements at non-secure detention are court ordered for youth either awaiting further court action or youth who are already adjudicated PINS (Person in Need of Supervision) or JD (Juvenile Delinquents).

The term of this renewal agreement is January 1, 2013 through December 31, 2013. The program's total budget is \$ 689,836.00 for seven beds and is 49 % reimbursable through New York State Office of Children and Family Services, with a local cost of 51 % in the amount of \$ 351,816.36.

I respectfully request that this matter be forwarded to the Board of Legislators.

Thank you for your consideration.

Sincerely,

Lucille A. Soldato
Commissioner

LAS/tms
attachment

Reviewed and Approved for submittal to the
Oneida County Board of Legislators by

Anthony J. Picente, Jr.
County Executive

Date 11-20-12

11/7/12
12902

Oneida Co. Department Social Services

Competing Proposal _____
Only Respondent _____
Sole Source RFP _____

Oneida County Board of Legislators
Contract Summary

Name of Proposing Organization: House of the Good Shepherd
1550 Champlin Avenue
Utica, New York

Title of Activity or Services: Non-Secure Detention

Proposed Dates of Operations: January 1, 2013 through December 31, 2013

Client Population/Number to be Served: Youth placed by Family Court Remand PINS warrant, JD warrant or placed by Peace Officer.

SUMMARY STATEMENTS

1). Narrative Description of Proposed Services

The non-secure detention program has established a co-ed 8 bed facility for youth in need of Detention Services located at 1606 Sunset Avenue. The program reserves 7 non-secure beds for Oneida County youth.

2). Program/Service Objectives and Outcomes -

Provides for the local temporary placement of youth who are placed by Family Court Remand PINS warrant, JD warrant or placed by a Peace Officer until or when a permanent placement is provided, determined or located.

3). Program Design and Staffing Level - A co-ed Non-Secure facility 24 hour supervision and care. Staffing level:

- 7 Full Time Child Care Workers
- 2 Full Time Shift Supervisors
- 1 Full Time Senior Child Care Worker
- 1 Full Time Program Manager
- 2 Full Time Relief Child Care Worker
- 1 Full Time Case Worker
- 20 % Service Coordinator
- 5 % Assoc. Exec. Dir. For Community Services
- 10 % Secretary
- 4% Accountant
- 1 Part-time Summer Teacher
- 3 Part-time Nurse/ Nurse Practitioner
- 1 Part-time Cook

Total Funding Requested: \$ 689,836

Oneida County Dept. Funding Recommendation: Account #: A6123.495

Mandated or Non-mandated: Mandated to provide Non-Secure Detention Services.

Proposed Funding Source (Federal \$ /State \$ / County \$):

State	49 %	\$ 338,019.64
County	51 %	\$ 351,816.36

Cost Per Client Served:

Past performance Served: The Department has contracted with this provider for this service since 1990 and is satisfied with their service. The average cost per available day is \$ 269.99. The budget for the year 2012 was for this contract and was \$ 695,264.

O.C. Department Staff Comments: The costs of other non-secure detention facilities that the Department of Social Services utilizes have higher rates than the daily rates of this contract. Example: Children's Home of Jefferson County current daily rate is \$298.50.

55

ONEIDA COUNTY HEALTH DEPARTMENT

185 Genesee Street, Utica, New York 13501

ANTHONY J. PICENTE JR.
ONEIDA COUNTY EXECUTIVE

PATRICE A. BOGAN, MS, FNP
INTERIM DIRECTOR OF HEALTH

ADMINISTRATION

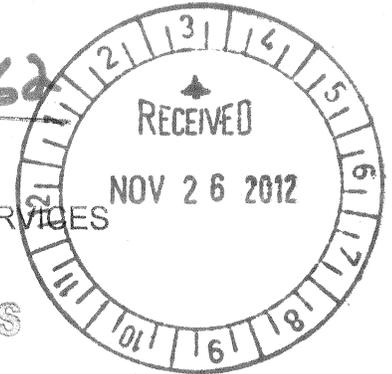
Phone: (315) 798-6400 Fax: (315) 266-6138

November 13, 2012

Anthony J. Picente, Jr.
County Executive
Oneida County Office Building
800 Park Avenue
Utica, New York 13501

FN 20 12-462
HEALTH & HUMAN SERVICES

WAYS & MEANS



Dear Mr. Picente:

Under Section 4410 of the New York State Education Law in compliance with Part 200 of the Regulations of the Commissioner of Education of the State of New York municipalities are to provide payment for tuition, SEIT and evaluations rendered to eligible preschool aged children with disabilities.

Enclosed please find (3) three copies of an Agreement between Kelberman Center, Inc. and the Oneida County Health Department, Education and Transportation of Handicapped Children Program for the reimbursement of tuition for the period September 5, 2012 through June 30, 2015.

We anticipate reimbursement will exceed \$50,000.00 for the period September 5, 2012 through June 30, 2015 school years.

I respectfully request the approval of this contract between Kelberman Center, Inc. and the Oneida County Health Department.

Please contact me if you have any questions or require additional information.

Sincerely,



Patrice A. Bogan MS, FNP
Interim Director of Health

Enclosures

Reviewed and Approved for submittal to the
Oneida County Board of Legislators by



Anthony J. Picente, Jr.
County Executive

Date 11-20-12

56

CONTRACT SUMMARY SHEET - ONEIDA COUNTY HEALTH DEPARTMENT

DIVISION: Education and Transportation of Handicapped Children Program
Account Number: A2960.4957 Tuition

NAME AND ADDRESS OF VENDOR: Kelberman Center, Inc.
1601 Armory Drive, Utica, New York 13501

VENDOR CONTACT PERSON:

DESCRIPTION OF CONTRACT: The Oneida County Health Department contracts with program providers and individual therapists who are qualified to provide services according to Section 4410 of Education Law, Part 200 Regulations of the Commissioner of Education, New York State Education Department Individual and Disabilities Act of 1990, Title 34, Part 300 of the Code of Federal Regulations. Transportation services are provided in accordance with Section 119-0 of the General Municipal Law and Section 236 of the Family Court Act.

CLIENT POPULATION SERVED: 0 Center based

2011 CONTRACT YEAR TOTAL: \$0.00

THIS CONTRACT YEAR: Rate for Tuition is set by New York State Education Department. Transportation rates are awarded by Purchasing Department by bids.

THIS IS CONTRACT PERIOD: September 5, 2012 upon execution to June 30, 2015

X **NEW** **RENEWAL** **AMENDMENT**

FUNDING SOURCE: Contract Amount: Not Over \$50,000.00

Less Revenues: _____

State Funds _____ 59.5% of Total Dollars__

County Dollars - Previous Contract \$ __ % of Total Dollars__

County Dollars - This Contract \$ __ 40.5% of Total Dollars__

Approved as to Form by County Attorney: Greg J. Amore

- Needs our new Standard Addendum



COUNTY OF ONEIDA
OFFICE OF THE COUNTY EXECUTIVE

ANTHONY J. PICENTE JR.
County Executive
ce@ocgov.net

ONEIDA COUNTY OFFICE BUILDING
800 PARK AVENUE
UTICA, NEW YORK 13501
(315) 798-5800
FAX: (315) 798-2390
www.ocgov.net

November 27, 2012

Chairman Gerald Fiorini
Oneida County Board of Legislators
800 Park Ave
Utica, NY 13501

FN 20 12-463

HEALTH & HUMAN SERVICES

WAYS & MEANS

Dear Chairman Fiorini:

The attached contract has been negotiated and drafted for the Onondaga County Medical Examiner's Office to serve as Oneida County's Medical Examiner, and to perform all services of a county medical examiner as required by New York County Law and the Oneida County Charter and Administrative Code.

Onondaga County has a first class, state of the art forensic center with outstanding pathologists and staff. They currently provide contract services to Oswego County, Cayuga County and Madison County.

The contract contemplates an annual payment from Oneida County to Onondaga County of four hundred and eighty-seven thousand dollars (\$487,000). Further, for all work performed for New York State correctional facilities, Oneida County will retain all reimbursements from New York State, which will reduce the net cost of this contract to Oneida County.

I ask that the Board of Legislators approve this important regional collaboration at their December 12, 2012 Board meeting.

Sincerely,

Anthony J. Picente, Jr.
Oneida County Executive



Oneida Co. Department: _____

Competing Proposal _____
Only Respondent _____
Sole Source RFP _____

**ONEIDA COUNTY BOARD
OF LEGISLATORS**

Name of Proposing Organization: Onondaga County
421 Montgomery Street
Syracuse, New York 13202

Title of Activity or Service: Medical Examiner Services

Proposed Dates of Operation: January 1, 2013 to December 31, 2013

Client Population/Number to be Served: Oneida County residents

Summary Statements

1) Narrative Description of Proposed Services

Onondaga County will serve, through its Medical Examiner's office (OCME), as Oneida County's Medical Examiner.

2) Program/Service Objectives and Outcomes

OCME will provide the goods, equipment, work and services related to the examination of decedents found to have died while unattended, or by suspicious or criminal means. OCME will provide the state-mandated services of determining a cause of death and all related matters for the proper disposition of the decedent.

3) Program Design and Staffing

Professionally trained staff support will be provided in accordance with the requirements more fully detailed in the contract documents.

Total Funding Requested: \$487,000

Account # A1186.197

Oneida County Dept. Funding Recommendation: \$487,000

Proposed Funding Sources (Federal \$/ State \$/County \$): \$50,000 (NYS funds for Prisoner autopsies, based on a yearly average of 20 autopsies)

Cost Per Client Served: N/A

Past Performance Data: N/A

O.C. Department Staff Comments: This program is new for 2013.

DEPARTMENT:

CONTRACT NO.

The County of Onondaga (Onondaga) and the County of Oneida (Oneida), understand and agree that:

TERM

The term of this agreement shall be January 1, 2013 through December 31, 2013.

This agreement may be terminated for cause, by either party, by giving ninety (90) day written notice of termination to the other party. In the event of early termination, compensation to Onondaga shall be pro-rated based on days of service.

Except as is otherwise stated in this agreement, neither Onondaga nor Oneida shall have or make any claim for damages against the other for the other's terminating this agreement.

SCOPE OF SERVICES

Onondaga shall serve as Oneida's Medical Examiner, and shall provide the goods, equipment, work, or services related thereto, as set forth in more detail in the attached Scope of Services.

No goods, equipment, work, or services may be provided under this agreement until Onondaga and Oneida have signed the writing of this agreement.

COMPENSATION

Oneida shall pay Onondaga , in consideration of all goods, equipment, work, or services furnished by Onondaga under this agreement, an amount not to exceed four hundred and eighty seven thousand dollars (\$487,000), in quarterly payments of one hundred and twenty-five thousand (\$121,750.00)

All payment shall be made in accordance with procedures established by Oneida's comptroller and upon submission of approved claim forms which can only be obtained from Oneida's Department of Health, hereby designated to act on behalf of Oneida in directing and reviewing Onondaga's services. Onondaga shall report directly to Oneida County's Public Health Director or other designee.

HOLD HARMLESS / DEFENSE AND INDEMNIFICATION

Onondaga covenants and agrees to indemnify, defend and hold harmless, to the fullest extent permitted by law, Oneida , its officers, agents and employees and representatives in connection with this Agreement, from and against any and all loss or expense that may arise by reason of liability for damage, injury or death, or for invasion of personal or property rights, of every name and nature including but not limited to: (i) claims of property damage; (ii) claims of personal injury to Onondaga's employees, agents, or subcontractors; (iii) claims of personal injury to third parties; and (iv)

reasonable attorneys' fees, whether incurred as the result of a third party claim or to enforce this contract: arising out of or resulting directly or indirectly from the performance, of the work or the enforcement of this Contract, irrespective of whether there is a breach of a statutory obligation or rule of apportioned liability; and whether casual or continuing trespass or nuisance, and any other claim for damages arising at law and equity alleged to have been caused or sustained in whole or in part by or because of misfeasance, omission of duty, negligence or wrongful act on the part of the Onondaga, its employees or agents.

Oneida covenants and agrees to indemnify, defend and hold harmless, to the fullest extent permitted by law, Onondaga, its officers, agents and employees and representatives in connection with this Agreement, from and against any and all loss or expense that may arise by reason of liability for damage, injury or death, or for invasion of personal or property rights, of every name and nature including but not limited to: (i) claims of property damage; (ii) claims of personal injury to Oneida's employees, agents, or subcontractors; (iii) claims of personal injury to third parties; and (iv) reasonable attorneys' fees, whether incurred as the result of a third party claim or to enforce this contract: arising out of or resulting directly or indirectly from misfeasance, omission of duty, negligence or wrongful act on the part of the Oneida, its employees or agents irrespective of whether there is a breach of a statutory obligation or rule of apportioned liability; and whether casual or continuing trespass or nuisance, and any other claim for damages arising at law and equity alleged to have been caused or sustained in whole or in part by or because of misfeasance, omission of duty, negligence or wrongful act on the part of Oneida, its employees or agents.

Each party further agrees to comply with the requirements of the New York State Workers' Compensation Board regarding proof of compliance with the New York State Workers' Compensation Law. The New York State Workers' Compensation Board requires each party to obtain proof of Workers' Compensation insurance coverage, self-insurance or exemption from the requirement of obtaining Workers' Compensation insurance coverage. Proof must be submitted to the other party on forms specified by the Workers' Compensation Board and that are stamped as received by the Workers' Compensation Board.

INSURANCE

Onondaga County certifies that it is self-insured for all purposes herein, and will provide documentation of self-insurance to Oneida.

WORKERS' COMPENSATION AND DISABILITY BENEFITS

This agreement shall be void and of no effect unless each party and other person or entity making or performing this agreement shall secure compensation for the benefit of, and keep insured during the life of this agreement, the employees engaged thereon, in compliance with the provisions of the New York State workers' compensation law.

Each party shall show, before this agreement may be made or performed, and at all times during the life of this agreement, that it, and other person or entity performing this agreement, is in compliance with the provisions of the New York State workers' compensation law, by delivering the New York

let.

State Workers' Compensation Board (Board) form or State Insurance Fund (Fund) form described in one of the following subparagraphs numbered 1, 2, 3, or 4, and that Board form described in one of the following subparagraphs numbered 5, 6, or 7:

1. Board form C-105.2 (Fund form U-26.3, if the insurer is the State Insurance Fund), subscribed by the insurer, showing that Contractor, and other person or entity making or performing this agreement, has secured compensation, as workers' compensation insurance, for the benefit of all employees, in compliance with the provisions of the New York State workers' compensation law.

2. Board form SI-12, completed by Board's self-insurance office and approved by Board's secretary, showing that Contractor, and other person or entity making or performing this agreement, has secured compensation, as Board approved workers' compensation self-insurance, for the benefit of all employees, in compliance with the provisions of the New York State workers' compensation law.

3. Board form GSI-105.2, completed by the group self-insurance administrator, showing that Contractor, and other person or entity making or performing this agreement, has secured compensation, by being a participant in a workers' compensation group self-insurance plan, for the benefit of all employees, in compliance with the provisions of the New York State workers' compensation law.

4. Board form CE-200 bearing an exemption certificate number issued by Board, showing that Contractor, and other person or entity making or performing this agreement or the Work is not required to secure compensation for the benefit of all employees, in compliance with the provisions of the New York State workers' compensation law.

5. Board form DB-120.1, subscribed by the insurer, showing that Contractor, and other person or entity making or performing this agreement has secured the payment of disability benefits, as disability benefits insurance, for the benefit of all employees, in compliance with the provisions of the New York State workers' compensation law.

6. Board form DB-155, completed by Board's self-insurance office and approved by Board, showing that Contractor, and other person or entity making or performing this agreement, has secured disability benefits, as Board approved disability benefits self-insurance, for the benefit of all employees, in compliance with the provisions of the New York State workers' compensation law.

7. Board form CE-200 bearing an exemption certificate number issued by Board, showing that Contractor, and other person or entity making or performing this agreement is not required to secure disability benefits for the benefit of all employees, in compliance with the provisions of the New York State workers' compensation law.

ASSIGNMENT

Each party is prohibited from assigning, transferring, conveying, subletting, or otherwise disposing of this agreement, or its right, title, or interest in this agreement, or its power to execute this agreement, to any other person or entity without the previous consent in writing of the other party.

INDEPENDENT CONTRACTOR

Neither party, nor their officers, employees, agents, or servants shall hold themselves out as, or claim to be, officers, employees, agents, or servants of the other party

LICENSES AND PERMITS

Each party shall obtain at its own expense all licenses or permits required for its services or work under this agreement, prior to the commencement of services or work.

APPROPRIATIONS

This agreement is executory only to the extent of the monies appropriated and available for the purpose of this agreement and no liability on account thereof shall be incurred by either party beyond monies appropriated and available for the purpose thereof.

AGREEMENT MODIFICATIONS

This agreement represents the entire and integrated agreement between Onondaga and Oneida and supersedes all prior negotiations, representations or agreements either written or oral. This agreement may be amended only by a writing signed by Onondaga and Oneida.

SEVERABILITY

If any term or provision of this agreement shall be held invalid or unenforceable, the remainder of this agreement shall not be affected thereby and every other term and provision of this agreement shall be valid and enforced to the fullest extent permitted by law.

CLAUSES REQUIRED BY LAW

Each and every provision of law and clause required by law to be part of this agreement shall be deemed to be part of this agreement and to have been inserted in this agreement, and shall have the full force and effect of law.

IN WITNESS WHEREOF, Onondaga and Oneida have executed the writing of this agreement on the dates hereafter written.

County of Onondaga

Dated:

By:
Joanne M. Mahoney,
County Executive

County of Oneida

Dated:

By:
Anthony J. Picente, Jr.,
County Executive

State of _____)
County of _____) ss.:

On the ____ day of _____ in the year _____ before me personally came _____, who, being by me duly sworn, did depose and say that ____ (he or she or they) reside(s) in _____ (if the place of residence is in a city, must include the street and street number, if any); that ____ (he or she or they) is (are) the _____ (must be corporation's president or other officer or attorney-in-fact duly appointed) of _____ (name of corporation), the corporation described in and which executed the above instrument; and that ____ (he or she or they) signed ____ (his or her or their) name(s) thereto by authority of the board of directors of said corporation.

State of _____)
County of _____) ss.:

On the ____ day of _____ in the year _____ before me the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that ____ (he or she or they) executed the same in ____ (his or her or their) capacit(y)(ies), and that by ____ (his or her or their) signature(s) on the instrument, the individual(s) or the person upon behalf of which the individual(s) acted, executed the instrument.

Oneida County Medical Examiner Scope of Services

SCOPE OF SERVICES

The Onondaga County Medical Examiner's Office will serve as Oneida County's Medical Examiner and shall provide all services of a county medical examiner as required by New York County Law and the Oneida County Charter and Administrative Code, including but not limited to the services as outlined below:

1. *Medicolegal Death Investigation:*

Scene investigation services will be established by the Onondaga County Medical Examiner's Office (OCMEO) through subcontracts with assistant forensic investigators (AFIs) located in Oneida County. Oneida County AFIs will be managed as per the following:

- 1.1. On-call Schedule – 24 hours a day, 7 days a week to be coordinated by an AFI contracted for administrative duty.
- 1.2. Death Notification – All reportable deaths, as defined in New York County Laws Article 17A-Coroners, Coroner's Physicians and Medical Examiner, will be reported to a central Oneida County AFI phone line.
- 1.3. Jurisdiction – AFIs will establish medical examiner jurisdiction.
- 1.4. Scene response/Body Inspection - AFIs will conduct scene response and/or an on-scene body inspection as deemed necessary by OCMEO.
- 1.5. Follow-up - AFI follow-up will be infrequent. Forensic Investigators on staff at the OCMEO will complete follow-up with next of kin, law enforcement and other agencies as deemed necessary by OCMEO.

2. *Forensic Pathology Services:*

- 2.1 Forensic pathology services include the performance of autopsy examinations, integration of investigative information, and interpretation of autopsy findings and supplemental testing (including forensic toxicology) to establish and certify cause and manner of death.
- 2.2 The OCMEO will request testing or other specialized services (for example neuropathology), as it deems necessary for the determination of cause and manner of death and decedent identity.
- 2.3 The Medical Examiner will complete and sign the certification section of the death certificate and complete an examination report.

3. *Case review/Consultation and Testimony:*

- 3.1 OCMEO staff may provide consultation via telephone at no charge. Said telephone consultations shall include, but not be limited to, participation in the annual review of the Oneida County Health Department's Mass Fatality Plan and quarterly Child Fatality Review Team meetings.
- 3.2 OCMEO professional staff will also provide on-site/off-site case review/consultation and court testimony and these services will be invoiced directly to the district attorney and/or County attorney, and/or Health Department official requesting services as stated in the CFS Fee Schedule, Exhibit A.

- 3.3 Testimony and/or testimony preparation services, includes courtroom, deposition, affidavit, and interrogatories will be invoiced directly to the district attorney and/or attorney requesting services as stated in the CFS Fee Schedule, Exhibit A.

TRANSPORTATION

Oneida County shall inform OCMEO of its selected vendor or vendors for transportation. OCMEO shall provide Oneida County with its established chain of custody protocol and Oneida County shall ensure that said vendor or vendors follow OCMEO's protocol. All transportation of decedents to the OCMEO shall be performed by Oneida County's selected vendor at no cost to the OCMEO . Transportation of decedents from the OCMEO shall be either by Oneida County's selected vendor or by the funeral homes providing burial services to the decedents, at no cost to the OCMEO . Oneida County agrees that either all transportation of decedents from the OCMEO shall be provided by Oneida County's selected vendor, or all transportation of decedents from the OCMEO shall be provided by the funeral homes providing burial services to the decedents.

REPORTS

All Medical Examiner reports will be released as per Attachment 1. A copy of the official examination report of the cause and manner of death including forensic toxicology shall be provided to the Oneida County Health Department for each case at no charge.

OCMEO shall assist the Oneida County Health Department with the preparation of an annual report at the close of the contract year, said report to be submitted to the Oneida County Board of Legislators, the Oneida County Executive and the Oneida County District Attorney not later than March 1, 2014. OCMEO will provide data including but not limited to the following: total cases by manner of death, manner of death by autopsy status, gender, age, race/ethnicity and by manner of death summarized by age, sex, race/ethnicity, method, and other categories unique to the manner of death (ex: by firearm used, drug/toxin, infection, cardiovascular, etc.).

TESTIMONY - NON-OCMEO PROFESSIONALS

Testimony provided by non-OCMEO professionals on contract for services with the OCMEO in the fields of forensic odontology, eye pathology, forensic anthropology, and neuropathology will work directly with the requesting district attorney and/or attorney to determine an agreed upon fee for testimony separate from the CFS Fee Schedule. Non-OCMEO professionals will invoice the requesting district attorney and/or County attorney directly for payment. The OCMEO will not pay for such services.

PROPERTY RIGHTS

The original documentation for forensic examination, scene response, consultations and autopsies done by the OCMEO shall remain the property of Onondaga County. The original x-rays, tissue blocks and microscopic slides, tissues retained, blood and body fluids, and photographs shall remain the property of the OCMEO. Access to this information shall be provided to the Oneida County Health Department as needed. Microscopic slide recuts and/or reproductions shall be provided at cost to the requesting district attorney and/or County attorney.

COMPENSATION

The Onondaga County Medical Examiner's Office shall be reimbursed the sum of four hundred and eighty seven thousand dollars (\$487,000) per annum in quarterly payments of one hundred and twenty one thousand and seven hundred and fifty dollars (\$121,750) for comprehensive medical examiner services as outlined in the medical examiner scope of services above. At year end, reconciliation of Oneida County Health Department Medical Examiner expenses included in the annual amount above will be completed and adjustments made as agreed upon by both parties.

Testimony and related expenses (travel, mileage, lodging, etc.) as outlined in #3 of the medical examiner scope of services and detailed in the CFS Fee Schedule Exhibit A, will be invoiced directly to the district attorney's office and/or County attorney requesting such services. Onondaga County reserves the right to adjust the CFS Fee Schedule upon approval of the Onondaga County Legislature. In the event of such a change, Oneida County will be notified in writing of the change and will be provided with the amended fee schedule.

Mass Fatality Event:

In the event of a mass fatality, the parties shall agree upon a cost of investigation and response.

New York State Department of Corrections:

The OCMEO will provide a monthly list of inmates autopsied, sorted by New York State correctional facility name (with the exception of inmates from Mohawk Correctional where payments are made annually). The Oneida County Health Department will submit invoices to the appropriate New York State Correctional facility for reimbursement at the current inmate/prisoner autopsy rate in the CFS Fee Schedule, Exhibit A, said reimbursement to be retained by Oneida County,.

PAYMENTS

Quarterly payments of one hundred and twenty-one thousand and seven hundred and fifty dollars (\$121,750) must be received within thirty (30) days of the end of the quarter.

All checks should be made payable to the Onondaga County Health Department. Said check, and any correspondence related to this Agreement, shall be addressed to the Fiscal Officer, Onondaga County Health Department, 421 Montgomery Street, 9th Floor, Syracuse, NY 13202.



2013 MEDICAL EXAMINER'S OFFICE & FORENSIC LABORATORIES FEE SCHEDULE

EXHIBIT A MEDICAL EXAMINER'S OFFICE

<u>Description</u>	<u>Fee</u>
Examinations	
Autopsy Examination.....	\$1,290/case
External Examination.....	\$ 580/case
Special Cases (listed below).....	\$1,800/case
Bariatric (weight of 350 lbs. or more) Autopsy Examination	
Infectious (Biohazard)	
Exhumations	
Repeat autopsies	
Suspected Hazardous material	
Skeletal Examinations	
Human remains.....	\$1,870/case
Non-human remains.....	\$ 150/case
Prisoner/Inmate Autopsy Examinations.....	\$2,500/case
Private Autopsy.....	\$3,500/case
Specialized Testing and Consultations.....	\$ At Cost
Eye Pathology	
DNA Testing	
Molecular / Genetic Testing	
Mass Fatality Incident	
Non-Medical Examiner/Case Review.....	\$ 140/case

For all instances listed below in which there is an hourly fee, the amount of time spent on a particular service shall be billed to the client in half-hour increments.

Case Review / Consultation

Civil

Initial Forensic Pathologist Case Review/Consultation*	\$ 800/case
Forensic Pathologist Case Review/Consultation, additional hours.	\$ 400/hr
Forensic Investigator Case Review/Consultation.....	\$ 260/hr
Toxicologist Case Review/Consultation.....	\$ 350/hr

*Initial case review requires written authorization from the legal next of kin

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and an \$800, non-refundable payment at the time of consultation payable to the Onondaga County Health Department Fiscal Officer. Initial payment includes up to two (2) hours case review / consultation. Additional time is billed at the current hourly rate.

Criminal

Forensic Pathologist Case Review/Consultation	\$ 250/hr
Forensic Investigator Case Review/Consultation	\$ 125/hr
Toxicologist Case Review/Consultation.....	\$ 200/hr
Forensic Chemist Case Review/Consultation	\$ 175/hr

Testimony

Civil

Forensic Pathologist Testimony/Deposition.....	\$ 400/hr
Forensic Investigator or Forensic Autopsy Technician Testimony/Deposition	\$ 260/hr
Toxicologist Testimony/Deposition	\$ 350/hr
Forensic Chemist Testimony/Deposition	\$ 300/hr
Non-CFS Consultants	Invoice Directly

Criminal

Forensic Pathologist Testimony/Deposition.....	\$ 250/hr
Forensic Investigator or Forensic Autopsy Technician Testimony/Deposition	\$ 100/hr
Toxicologist Testimony/Deposition	\$ 200/hr
Forensic Chemist Testimony/Deposition	\$ 150/hr
Non-CFS Consultants	Invoice Directly

Scene Investigation

Forensic Investigator scene response.....	\$ 200/hr
Pathologist and Forensic Investigator scene response.....	\$ 400/hr

Travel Expenses

Travel Time (portal to portal).....	\$ 150/hr
Mileage (current IRS rate), parking, tolls, meals, lodging, Actual cost and per diem expenses.	

Reports/ Other Records: Subject to legal restrictions

Autopsy Report (includes autopsy, microscopic, neuropathology, toxicology and consultation reports).....	\$ 45/report
Record Processing Fee	\$ 20/case
Archived (older than 7 years) Processing Fee	\$ 40/case
Photocopy of additional records with signed judicial subpoena...	\$ 0.75/page

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Additional rush charges incurred will be billed at actual cost. At the discretion of the Medical Examiner, payment may be required before service is provided.

Imaging/ Histology/ X-rays

Autopsy and Scene Investigation Images CD.....	\$ 15/CD
Microscopic Slide Recuts	\$ 20/slide
Microscopic Slide Special Stains	At cost
Microscopic Digital Images	\$ 5/image
X-ray Film Copies	\$ 25/film
X-ray Digital Images	\$ 15/CD
Prints – 35 mm slide	\$ 10/slide

Body Bags:

Heavy bag	\$ 50/bag
Light bag.....	\$ 25/bag
Oversized bag	\$ 105/bag
BioSeal® Containment	\$ 260/case

Toxicology*:

Post-Mortem and DWI

Volatiles (including ethanol).....	\$ 50
Confirmation of Volatiles.....	\$ 50
Volatiles and Immunoassay Screen	\$ 100
Volatiles, Immunoassay Screen and Comprehensive Drug Screen ...	\$ 185
Volatiles, Immunoassay Screen and Comprehensive Drug Screen with Confirmation	\$ 235
Confirmation of Positives (per analyte, per source)	\$ 85/analyte

Special Victim Testing

Comprehensive Drug-Facilitated Sexual Assault.....	\$ 265
Confirmation of Positives (per analyte, per source)	\$ 85/analyte

Additional Services

Carbon Monoxide (with automatic confirmation of positive)	\$ 45
Cyanide Screen	\$ 45
Ethylene Glycol Screen	\$ 50

*Analyses performed by reference laboratories will be billed at actual cost.

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EXHIBIT B Forensic Laboratories

<u>Description</u>	<u>Fee</u>
Forensic Biology/DNA	
Body Fluid Identification and/or DNA Analysis	\$1,200/case
Cases with more than 8 items will incur additional charge of \$300/sample	
Body Fluid Identification Only.....	\$ 400/case
Firearms	
Firearms analysis without Comparison	\$ 275/case
Firearms analysis with Comparison	\$ 450/case
NIBIN Entry – Cartridge Cases Only.....	\$ 100/case
Forensic Chemistry:	
Fire Debris Analysis	\$ 250/case
Solid Dose Drug Analysis (includes quantitation, if applicable).....	\$ 250/case
Trace:	
Hair, Headlamp Bulb Filament, Fiber and Textiles, Pressure-Sensitive Adhesives (tapes), and Glass Analysis.....	\$ 400/case
Latent Prints:	
Latent Print Analysis – Processing Only	\$ 275/case
Latent Print Analysis – Full Analysis	\$ 450/case
Digital Evidence Analysis	\$ 50/hour
Criminalistics:	
Other criminalistics tests.....	Consult Lab
For all instances listed below in which there is an hourly fee, the amount of time spent on a particular service shall be billed to the client in half-hour increments.	
Court Testimony/Deposition – Expert Witnesses	\$ 200/hr
Travel Expenses:	
Travel time (portal to portal)	\$ 200/hr
Mileage (current IRS rate), parking, tolls, meals, lodging, Actual cost and per diem expenses.	Actual per case
Miscellaneous Fees:	
File Research/Retrieval Fee (Archived):	Actual per case
Photocopies.....	\$0.25/page

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100 ELIZABETH BLACKWELL ST.
SYRACUSE, NEW YORK 13210



POLICY/PROCEDURE MANUAL

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Robert Stoppacher, MD, Chief Medical Examiner

Policy approved by County Law Department

POLICY:

It is the policy of this office to release copies of autopsy reports, other information and/or materials to those individuals and/or agencies that have the authority to receive such information. This office will comply with subpoenas and Court Orders provided for records.

RATIONALE:

Information contained in the autopsy report and in the Medical Examiner's Office (MEO) records are of value and interest to a number individuals and/or agencies. Such individuals and/or agencies may include the spouse/domestic partner or next of kin, executor of the estate in the absence of next of kin, the legal counsel of the next of kin, District Attorney's Office, treating physicians/health care facilities, and investigative law enforcement and child protective agencies with case responsibility. Additional agencies that are entitled to records according to NYS Public Health Law 677 are Chairman of the Correction Medical Review Board, Commissioner of Correctional Services, Commissioner of Mental Health, Commissioner of Mental Retardation and Developmental Disabilities, Director of Mental Health information service, Chairman of the Commission on Quality of Care for the Mentally Disabled, Director of a Mental Hygiene facility, and the State Commissioner of Health.

PROCEDURE:

For the purposes of this policy, **the autopsy report** consists of the signed final report of the autopsy or external examination and the toxicology report. Other reports that are prepared by the MEO or an agency or expert consulted by the MEO may include hospital laboratory reports, specialized laboratory reports, DNA laboratory reports for identification of the decedent, and any report prepared by a consultant at the request of the MEO. Such reports are produced in the context of the death investigation to aid in the determination of the circumstances of death and assigning cause and manner of death and may be available if specifically requested.

The autopsy report **does not** include any and all case file notes or routine paperwork generated in the usual course of business in the production of the case file. It also does not include any records received by MEO subpoena, e.g. antemortem physician's or medical reports, hospitalization or emergency room records, emergency medical services transport records, third party records such as police reports, child protective services records, public health records (public health nursing, WIC), DNA (except as stated above for identification purposes), serology or criminalistic's laboratory reports.

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Physical materials may be retained and/or prepared in the course of the MEO investigation. Special requests for ANY of these physical materials must be evaluated on a case by case basis in conjunction with existing MEO policies and procedures.

CATEGORIES OF REQUESTORS AND CORRESPONDING REQUIREMENTS:

SPOUSE/DOMESTIC PARTNER: Legal spouse/domestic partner of the decedent, whether estranged or separated, but *not* divorced.

NEXT-OF-KIN: in descending order

- Decedent's children
- Parents of Decedent
- Sibling of Decedent
- Sibling of Decedent's Parents
- Grandparents of Decedent
- Issue of Grandparents of Decedent
- Great-Grandparents of Decedent
- Issue of Great-Grandparents of Decedent

SPOUSE/DOMESTIC PARTNER OR NEXT OF KIN: The spouse/domestic partner or next of kin will sign an Authorization to Release Autopsy Records form (see Attachment 1). If there is no objection by the spouse/domestic partner or next of kin, then any family member falling into a descending category of next of kin will also be allowed to receive a copy of the autopsy report if they request one in writing. In addition, the spouse/domestic partner or next of kin may list another relative, attorney, or physician as the person to whom they wish us to send the autopsy report. If there is an objection by the spouse/domestic partner or next of kin to another family member receiving the autopsy report, then this will be duly noted on the chart and the requesting family member advised of such and not given the report. The exception is a personal representative of decedent, (see below). Persons refused access shall also be told they have the right to contest the refusal in Court.

Occasionally, the spouse/domestic partner or next of kin requests photographs of their deceased loved one. The photographs released require the approval of the Chief Medical Examiner. This release would take place in person at the MEO, with a supportive person in attendance, and only after a discussion of the psychological ramifications and a written release signed by the spouse or next of kin. If the next of kin live at a distance, such as out of state or are unable to physically come to the MEO, then they should submit a signed written request for photographs through their personal physician and complete the specific photographic written release form (see Attachment 2). In most instances, only an identification facial view of the decedent would be shown and/or released. The MEO

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reserves the right to refuse to show or release any photograph of the decedent to the spouse or next of kin unless they provide a Court Order.

PERSONAL REPRESENTATIVES OF DECEDENT: Personal representatives (e.g. executors, administrators, guardians) may request an autopsy report. They must provide a request for the autopsy report in writing accompanied by documentation of their status as a personal representative. The county attorney's office can be contacted for advice if it is unclear whether someone is a personal representative.

ATTORNEYS AND INSURANCE COMPANIES: Attorneys and insurance companies may request the autopsy report. They must provide a written release for the records signed by the spouse/domestic partner or next of kin. When requests are made for any other MEO reports and physical materials (usually photographs, x-rays, or microscopic slides), then they must also provide a specific written release signed by the spouse/domestic partner or next of kin. There are charges associated with the preparation of these documents and copies as listed in the MEO professional fee schedule approved annually by the Onondaga County Legislature. In criminal matters, the District Attorney must provide approval in writing to the MEO for defense counsel to receive or review records at the MEO.

PHYSICIANS AND HEALTH CARE FACILITIES: Medical professionals who were involved in the care of the decedent may provide a written request for the autopsy report signed by the physician, or administrative head of the hospital, health care facility, or nursing home. This follows with the legal decision that these medical personnel have a substantial interest in light of the educational value that would influence the care of future patients. On occasion, physicians involved in the care of family members of the decedent may request the autopsy report as it is essential to the care of living family members. The same written request requirement will be followed.

Tissue and organ procurement agencies who have obtained valid permission by the next of kin of the decedent for the donation of such shall be entitled to receive the autopsy report. This allows for the use of the tissues and organs recovered from the decedent in living patients. This information is provided to the next of kin by the specific agency obtaining the donation permission.

LAW ENFORCEMENT: Police departments having jurisdiction or investigative responsibility in the case of the decedent shall provide a written request for the autopsy report on official department stationary. The preliminary autopsy report prepared on the day of the examination will be automatically forwarded to the jurisdictional law enforcement agency. They may also request photographs to aid in their investigation and should provide a written request on official department stationary.

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CHILD PROTECTIVE SERVICES: Department of Social Services, NYS Office of Children's and Family Services, and Family Court Representatives having jurisdiction or investigative responsibility in the case of the decedent or living siblings shall provide a written request for the autopsy report on official department stationary. Additionally, the preliminary autopsy report may be released to any child protective agency in lieu of the final autopsy report to assist in closing out their case file when requested verbally or in writing.

DISTRICT ATTORNEY'S OFFICES: District Attorneys having jurisdiction in cases involving a criminal act shall provide a written request for the autopsy report on official department stationary. District Attorneys who are also coroners will automatically be sent the autopsy reports on the cases that they refer to the MEO due to contractual obligation. In addition, the preliminary autopsy report prepared on the day of examination will be automatically forwarded to the District Attorney/coroner having jurisdiction for the case. They may also request other physical materials (usually photographs, x-rays, or microscopic slides). Copies of those items requested will then be provided to aid in their investigation and they should provide a specific written request on official department stationary.

CORONER'S OFFICES: Preliminary autopsy reports and autopsy reports prepared in the course of MEO contractual work will automatically be sent to the county coroner of the contract county upon completion.

SUBPOENAS:

JUDICIAL SUBPOENAS (COURT ORDERS): Upon receipt of a judicial subpoena, the MEO will respond based on the language of the subpoena. If the judicial subpoena is a duces tecum and asks for **reports**, then a certified copy of the autopsy report (as defined in paragraph one of **Procedure**) will be provided to the court. If the judicial subpoena asks for **specific case material**, then a certified copy of the material will be provided to the court. If the judicial subpoena asks **for any and all case file material**, then a certified copy of such will be provided to the court. The MEO will seek legal counsel from the County Attorney's Office, if any judicial subpoena requests original material from the case file or any material that is outside the scope of the usual subpoenaed request.

NON-JUDICIAL SUBPOENAS: Subpoenas for autopsy reports or MEO case file material signed only by attorneys will not be honored without a signed authorization by the next of kin. Subpoenas may be issued by defense, plaintiff, and District Attorneys requesting the appearance of MEO staff personnel for court trial or deposition. If the MEO staff person is considered a material witness, then the usual county established witness fee will be paid to the Onondaga County Health Department. If the MEO staff person is considered an expert witness, then the professional fee schedule will be used to bill the party that subpoenas the

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staff person's appearance in the case of civil court and depositions, or out of county criminal court and grand jury. Onondaga County District Attorney's Office may subpoena MEO staff as material or expert witnesses and will not be billed for services as they are another county agency.

RELEASE OF RECORDS:

RELEASE OF INFORMATION STAFF ONLY WILL BE ALLOWED TO RELEASE AUTOPSY REPORTS. The Typist II will verify the appropriateness of the request in compliance with the above described procedure. There will be a notation made in the original case file as well as in the database to track all reports or materials released on a specific decedent and to whom they were released. Only copies or certified copies will be sent out, the original reports will remain in the case file (the original is the electronic copy starting January 2010). If there is any question as to whether the records should be released to the requestor, the Chief Medical Examiner or her designee will be notified and will seek legal counsel from the County Attorney's Office.

REVIEW OF RECORDS:

Local law enforcement, state, and federal agencies with jurisdiction or investigative responsibility and representatives from other agencies may visit the MEO and review the entire case file when authorized by the Chief Medical Examiner.

SPECIAL CONSIDERATIONS:

HOMICIDES: In **ALL** homicide cases, the District Attorney's Office (with legal jurisdiction for the potential prosecution) will be contacted to authorize release of the autopsy report or any aforementioned materials to which the person is entitled (under Categories of Requestors and Corresponding Requirements). If the District Attorney's Office agrees with the release, this will be documented in writing by a letter on official department stationary from the District Attorney's Office prior to any such release.

If the District Attorney's Office (with legal jurisdiction) disagrees with the release, this will also be documented in writing by a letter on official department stationary from the District Attorney's Office. The MEO will then contact the County Attorney's Office to seek legal opinion concerning the release in each specific case. The County requires MEO compliance with Section 677 of NYS County Law.

Law enforcement agencies having jurisdiction or investigative responsibility in the case of the decedent shall be provided the autopsy report and/or copies of photographs without the approval of the District Attorney's Office.

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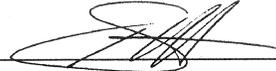
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Coroners having death jurisdictional duties in their counties shall be provided the autopsy report and/or copies of photographs without the approval of the District Attorney's Office.

The District Attorney's Office is responsible for discovery of records to the defense in criminal matters. If defense counsel provides a Court Order, then that will be honored as stated in the section on Judicial Subpoenas.

PENDING CASES: Some cases are not concluded on the day of autopsy but require further testing and/or investigation to come to an accurate determination of the cause and manner of death. These are listed as pending further studies/pending investigation on the original death certificate. These autopsy reports are considered incomplete and will not be sent out to any requesting authority until the death certificate has been amended and the reports reviewed and signed by the medical examiner.

UNFINISHED REPORTS: No reports will be released on *any* unsigned/ unreviewed autopsy reports to any requesting authority. **Only final signed autopsy reports can be released.** If in the course of a criminal or civil investigation, a draft copy of the autopsy report is needed for the purpose of testimony by the medical examiner, this will be clearly marked as such, and used only as a brief reference tool for recollection of the details of the case prior to testimony and not brought or turned over to the court.

VERBAL RELEASE OF INFORMATION:

NON-HOMICIDES: Any person (with the exception of attorneys and insurance companies) entitled to the autopsy report may be told verbally the cause and manner of death and details of the examination. The spouse/domestic partner or next of kin may designate a family representative to act as spokesperson due to the emotions of the immediate tragedy. This must be clearly related to the MEO and documented in the forensic investigator's report or a case supplemental contact in the database. Attorneys and insurance companies may not receive verbal information unless they provide a written release for the records signed by the spouse/domestic partner or next of kin.

HOMICIDES: The release of verbal information on homicides will be limited usually to the cause and manner of death and must have the approval of the District Attorney having jurisdiction involving the criminal act **and** the law enforcement agency having jurisdiction or investigative responsibility. This approval may be documented as a supplemental contact in the database. The Medical Examiner with case responsibility must also provide approval. Any person entitled to the autopsy report requesting more detailed information will be directed to contact the jurisdictional District Attorney's Office and law enforcement agency. They will also be advised to sign an authorization form (see Attachment 1) in order to

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A handwritten signature in black ink, appearing to read "R. Stoppacher", is written over a horizontal line.

Robert Stoppacher, MD, Chief Medical Examiner

Policy approved by County Law Department

document their desire for more information. Then the policy on written reports will be followed. Any conflicts will be brought to the attention of the Chief Medical Examiner who will seek counsel from the County Attorney's Office.

PENDING CASES: If homicide is being considered as a potential choice of manner of death, the policy on HOMICIDES as stated above will be followed.

PRESS/MEDIA: See Press/Media Inquiries policy #111.



ONEIDA COUNTY BOARD OF LEGISLATORS

Gerald J. Fiorini, Chairman ♦ 800 Park Avenue ♦ Utica, New York 13501

Work Phone: 798-5900 ♦ Home Phone: 337-9045

November 27, 2012

FN 20 12 - 464



Oneida County
Board of Legislators
800 Park Avenue
Utica, New York 13501

WAYS & MEANS

Honorable Members:

Legislator Les Porter, a regional member of the NYSDEC Fish & Wildlife Board has recommended and requested passage of legislation ordering a quarantine on dogs to prevent deer depredation in Oneida County.

I hereby refer this matter to the Ways & Means Committee with the request that said legislation be acted upon by the full Board of Legislators at the meeting of **December 12, 2012.**

Respectfully submitted,

GERALD J. FIORINI
CHAIRMAN OF THE BOARD

GJF:pp



ONEIDA COUNTY BOARD OF LEGISLATORS

ONEIDA COUNTY OFFICE BUILDING ♦ 800 PARK AVENUE ♦ UTICA, N.Y. 13501-2977

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November 27, 2012

WAYS & MEANS

Gerald J. Fiorini, Chairman
Oneida County Board of Legislators
800 Park Avenue
Utica, New York 13501

Dear Chairman Fiorini:

As a regional member of the NYSDEC Fish & Wildlife Board that is in the business of wildlife protection, I request that we pass a resolution to prevent deer depredation in Oneida County.

The resolution is usually presented for consideration in the beginning of the winter months and continues on through April 15th. Please consider this request and forward to committee and on to the full Board.

Sincerely,

Les Porter
Legislator, 6th District
Member, NYSDEC Fish & Wildlife Board