



PUBLIC SAFETY AND LAW ENFORCEMENT COMMITTEE

December 1, 2016 – 9:15 a.m.

**Committee Members: Terri Ward, Chair; Mark McCarthy, Vice-Chair;
Catherine Owens, Nadia Rasjz, Alan Sorensen**

PLEDGE OF ALLEGIANCE

ROLL CALL

PRESENTATIONS: None

DISCUSSIONS: None

RESOLUTIONS:

- 1. To authorize the Sullivan County Manager and Sullivan County Sheriff to enter into an agreement with Oneida County and the Oneida County Sheriff to Provide for Security for Inmates receiving Mental Health Treatment at Central New York Psychiatric Center in Marcy, New York.**
- 2. To authorize the Sullivan County Manager and Sullivan County Sheriff to enter into an agreement with Westchester County (Department Of Corrections) to House Sullivan County Inmates for Medical Treatment at the Westchester County Medical Center.**

REPORTS:

- **Update: Public Safety/Emergency Management** **Richard Martinkovic, Commissioner**
 - **E-911**
 - **Probation Department**
 - **Emergency Medical Services**
- **District Attorney's Office** **Jim Farrell, District Attorney**
- **Sullivan County Sheriff's Office** **Michael A. Schiff, Sheriff**
- **Update: Sullivan County Coroner's Office**

PUBLIC COMMENT

**COMBINED: LEGISLATIVE MEMORANDUM,
CERTIFICATE OF AVAILABILITY OF FUNDS
AND RESOLUTION COVER MEMO**

To: Sullivan County Legislature

Fr: Sheriff Michael Schiff

Re: Request for Consideration of a Resolution: Enter into agreement with Oneida Co. Sheriff - security for inmates receiving mental health treat

Date: 12/1/16

Purpose of Resolution: [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

Contract with Oneida Co. Sheriff to provide security for inmates receiving mental health treatment at Central New York Psychiatric Center

Is subject of Resolution mandated? Explain:

No, but most efficient and least costly way to provide security for hospitalized inmates.

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 6,000.00

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A3150-47-4751

If "No", specify proposed source of funds: _____

Estimated Cost Breakdown by Source:

County	\$ <u>6,000.00</u>	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

Verified by Budget Office: _____ 

Does Resolution request Authority to Enter into a Contract? Yes No

If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.

Request for Authority to Enter into Contract with [Oneida Co. Sheriff] of
[_____]

Nature of Other Party to Contract: .

Other:

Duration of Contract: From 01/01/2017 To 12/31/2019

Is this a renewal of a prior Contract? Yes No _____

If "Yes" provide the following information:

Dates of prior contract(s): From _____ To _____

Amount authorized by prior contract(s): _____

Resolutions authorizing prior contracts (Resolution #s): _____

Future Renewal Options if any:

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes ___ No

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

Most efficient and least costly way to provide security for hospitalized inmates.

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): Estimated at \$6,000 - depends on number of inmates requiring in-hospital mental health treatment.

Efforts made to find Less Costly alternative:

This is least costly alternative.

Efforts made to share costs with another agency or governmental entity:

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

7/1/17 _____

Person(s) responsible for monitoring contract (Title): Chief Hal Smith

Pre-Legislative Approvals:

- A. Director of Purchasing: *Kathy Jones* Date 11/29/16
- B. Management and Budget: *Janet Myers* Date 11/28/16
- C. Law Department: *[Signature]* Date 11/29/16
- D. County Manager: *[Signature]* Date 11/29/16
- E. Other as Required: _____ Date _____

Vetted in _____ Committee on _____

RESOLUTION NO. _____ INTRODUCED BY THE PUBLIC SAFETY COMMITTEE TO AUTHORIZE THE SULLIVAN COUNTY MANAGER AND SULLIVAN COUNTY SHERIFF TO ENTER INTO AN AGREEMENT WITH ONEIDA COUNTY AND THE ONEIDA COUNTY SHERIFF TO PROVIDE FOR SECURITY FOR INMATES RECEIVING MENTAL HEALTH TREATMENT AT CENTRAL NEW YORK PSYCHIATRIC CENTER IN MARCY, NEW YORK

WHEREAS, the Sullivan County Sheriff sends inmates of the Sullivan County Jail to the Central New York Psychiatric Center in Marcy, New York for mental health treatment, and

WHEREAS, Oneida County and the Oneida County Sheriff have agreed to furnish deputies to provide for the security of such inmates at a rate of \$185.00 per day, per inmate, and

WHEREAS, the contract will be in effect from January 1, 2017 through December 31, 2019.

NOW THEREFORE BE IT RESOLVED, that the County Manager and Sullivan County Sheriff are hereby authorized to execute a contract with Oneida County and the Oneida County Sheriff's Office, and

BE IT FURTHER RESOLVED, that the form of such agreement shall be approved by the Sullivan County Attorney's Office.

Moved _____

**COMBINED: LEGISLATIVE MEMORANDUM,
CERTIFICATE OF AVAILABILITY OF FUNDS
AND RESOLUTION COVER MEMO**

To: Sullivan County Legislature

Fr: Sheriff Michael Schiff

Re: Request for Consideration of a Resolution: Enter into agreement with Westchester Co. to house inmates for medical treatment.

Date: 12/1/16

Purpose of Resolution: [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

Contract with Westchester Co. Dept. of Corrections to house Sullivan County inmates in need of medical treatment at Westchester Medical Center at a rate of \$160 per day.

Is subject of Resolution mandated? Explain:

No, but more efficient and less costly way to guard hospitalized inmates.

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 5,000.00

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A3150-47-4751

If "No", specify proposed source of funds: _____

Estimated Cost Breakdown by Source:

County	\$ <u>5,000.00</u>	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

Verified by Budget Office: Janetm Yz

Does Resolution request Authority to Enter into a Contract? Yes No

If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.

Request for Authority to Enter into Contract with [Westchester Co.] of [_____]

Nature of Other Party to Contract: _____ Other: _____

Duration of Contract: From 01/01/2017 To 12/31/2020

Is this a renewal of a prior Contract? Yes No _____

If "Yes" provide the following information:

Dates of prior contract(s): From _____ To _____

Amount authorized by prior contract(s): _____

Resolutions authorizing prior contracts (Resolution #s): _____

Future Renewal Options if any: _____

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes ___ No

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

Most efficient way to guard hospitalized inmates.

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): Estimated at \$5,000 - depends on number of inmates requiring critical care hospitalization.

Efforts made to find Less Costly alternative:

This is the least costly alternative.

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

W/A/Rf

Person(s) responsible for monitoring contract (Title): Chief Hal Smith

Pre-Legislative Approvals:

- A. Director of Purchasing: *Kathy Jones* Date 11/29/16
- B. Management and Budget: *Janet Miller* Date 11/28/16
- C. Law Department: *[Signature]* Date 11-29-16
- D. County Manager: *Paul Brown* Date 11/29/16
- E. Other as Required: _____ Date _____

Vetted in _____ Committee on _____

RESOLUTION NO ___ INTRODUCED BY THE PUBLIC SAFETY COMMITTEE TO AUTHORIZE THE SULLIVAN COUNTY MANAGER AND SULLIVAN COUNTY SHERIFF TO ENTER INTO AN AGREEMENT WITH WESTCHESTER COUNTY (DEPARTMENT OF CORRECTIONS) TO HOUSE SULLIVAN COUNTY INMATES FOR MEDICAL TREATMENT AT THE WESTCHESTER COUNTY MEDICAL CENTER

WHEREAS, the Sullivan County Jail houses inmates who, on occasion, require medical treatment not available in Sullivan County, and

WHEREAS, the Sheriff of Sullivan County must be able to use the Westchester County Medical Center when needed, and

WHEREAS, Westchester County (Department of Corrections) has agreed to enter into an agreement in which they will receive and keep inmates of the Sullivan County Jail who are in need of medical treatment at the Westchester County Medical Center, at a rate not to exceed \$160.00 per day, per inmate.

WHEREAS, the contract will be in effect from January 1, 2017 through December 31, 2020.

NOW THEREFORE BE IT RESOLVED, that the Sullivan County Manager and Sullivan County Sheriff are hereby authorized to enter into a contract with the Westchester County (Department of Corrections) to house Sullivan County Jail inmates who are in need of medical treatment at the Westchester County Medical Center, and

BE IT FURTHER RESOLVED, that the form of such agreement shall be approved by the Sullivan County Attorney's Office.

Moved ____