



Judiciary & Public Safety Committee

Committee Meeting

60 Central Ave.
Cortland, NY 13045
<https://www.cortlandcountyny.gov>

~ Minutes ~

Thursday, October 10, 2024

9:00 AM

Room 302

CALL TO ORDER

The meeting was called to order at 9:00 AM by Committee Vice-Chair Eugene Waldbauer

Attendee Name	Organization	Title	Status	Arrived
Sandra Price	Cortland County, NY	Committee Chair	Excused	
Christopher Newell	Cortland County, NY	Committee Member	Excused	
Douglas Bentley	Cortland County, NY	Committee Member	Present	
Eugene Waldbauer	Cortland County, NY	Committee Vice-Chair	Present	
Mitchel Eccleston	Cortland County, NY	Committee Member	Present	
Reed Cleland	Cortland County, NY	Committee Member	Present	
Kris Valentine Behnke	Cortland County, NY	Committee Member	Present	
Savannah Hempstead	Cortland County, NY	Clerkof the Legislature	Present	
Rob Corpora	Cortland County, NY	County Administrator	Present	
Nicole Albro	Cortland County, NY	Probation Director	Present	
Patrick Perfetti	Cortland County, NY	District Attorney	Present	
Trish Hansen	Cortland County, NY	TLC	Present	
David Butler	Cortland County, NY	TLC	Present	
Mark Helms	Cortland County, NY	Sheriff	Present	
Denise Bushnell	Cortland County, NY	Coroner	Present	
Michael Cardinale	Cortland County, NY	Assigned Counsel Plan Administrator	Present	
Kevin Jones	Cortland County, NY	Public Defender	Present	
Melanie Vilardi	Cortland County, NY	Deputy County Administrator	Present	
Andrea Herzog	Cortland County, NY	Director of Finance	Present	
William McGovern	Cortland County, NY	Board Member	Present	
Ronald J. Van Dee	Cortland County, NY	Board Member	Present	

	NY			
Doug Schneider	Cortland Standard	Reporter	Present	
Ashley Millard	Cortland County, NY	Deputy Clerk of the Legislature	Remote	
Nicole Anjeski	Cortland County, NY	Director of Public Health	Remote	
Nicole Compton	Cortland County, NY	Paralegal	Remote	
D. Wimbish			Remote	9:10 AM

MINUTES

- Judiciary & Public Safety Committee - Committee Meeting - Sep 12, 2024 9:00 AM

RESULT:	APPROVED
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RESOLUTIONS

AGENDA ITEM NO. 1 – Authorize Multi-Year Contracts for Coroner

RESULT:	APPROVED [UNANIMOUS]
	Next: 10/24/2024 6:00 PM
MOVER:	Douglas Bentley, Committee Member
SECONDER:	Reed Cleland, Committee Member
AYES:	Bentley, Waldbauer, Eccleston, Cleland, Behnke
ABSENT:	Christopher Newell
EXCUSED:	Sandra Price

ON MOTION OF PRICE

RESOLUTION NO.

Authorize Multi-Year Contracts for Coroner

WHEREAS, the Cortland County Coroner must execute contracts with several organizations and individuals for various services to operate on a day to day basis; NOW THEREFORE BE IT

RESOLVED, that the County Administrator, upon review by the County Attorney or designee as to form and subject to any appropriation of funding by the Legislature, be and hereby is authorized to execute agreements for three year contract terms beginning on or after October 1, 2024 and ending on or before September 30, 2027 with the following:

Darshan Patel, MD
James A. Terzian MD
NMS Labs
Our Lady of Lourdes Memorial Hospital, Inc
Robert Stoppacher, MD
TLC
Zirbel Funeral Home

DISCUSSION ITEMS

1. Probation Department Committee Presentation

RESULT:	COMPLETED
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2. TLC Committee Presentation

RESULT:	COMPLETED
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3. Coroner Committee Presentation

RESULT:	COMPLETED
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4. Budget Overview

RESULT:	COMPLETED
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MONTHLY REPORTS

1. Coroners Monthly Report

RESULT:	COMPLETED
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2. 12508 : Probation Monthly Report

RESULT:	COMPLETED
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3. 12531 : DOERC Monthly Report

RESULT:	COMPLETED
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4. 12543 : Public Defender Monthly Report

RESULT:	COMPLETED
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5. 12547 : Assigned Counsel Monthly Report

RESULT:	COMPLETED
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6. 12527 : District Attorney Monthly Report

RESULT:	COMPLETED
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ADJOURNMENT

The meeting was closed at 9:52 AM



Judiciary & Public Safety Committee

Committee Meeting

60 Central Ave.
Cortland, NY 13045
<https://www.cortlandcountyny.gov>

1.1

~ Minutes ~

Thursday, September 12, 2024

9:00 AM

Room 302

CALL TO ORDER

The meeting was called to order at 9:00 AM by Committee Vice-Chair Eugene Waldbauer

Attendee Name	Organization	Title	Status	Arrived	Departed
Sandra Price	Cortland County, NY	Committee Chair	Excused		
Christopher Newell	Cortland County, NY	Committee Member	Present		
Douglas Bentley	Cortland County, NY	Committee Member	Present		
Eugene Waldbauer	Cortland County, NY	Committee Vice-Chair	Present		
Mitchel Eccleston	Cortland County, NY	Committee Member	Present		
Reed Cleland	Cortland County, NY	Committee Member	Present		
Kris Valentine Behnke	Cortland County, NY	Committee Member	Present		
Kevin Fitch	Cortland County, NY	Chair of the Legislature	Remote		
Ashley Millard	Cortland County, NY	Deputy Clerk of the Legislature	Present		
William McGovern	Cortland County, NY	Board Member	Present		
Rob Corpora	Cortland County, NY	County Administrator	Present		
Courtney Metcalf	Cortland County, NY	Dep. Director of Emergency Response & Comm.	Present		
Scott Roman	Cortland County, NY	Director of Emergency Response and Communications	Present		
Trish Hansen	Cortland County, NY	TLC	Present		
Michael Cardinale	Cortland County, NY	Assigned Counsel Plan Administrator	Present		9:38 AM
Nicole Albro	Cortland County, NY	Probation Director	Present		
Mark Helms	Cortland County, NY	Sheriff	Present		
Andrea Herzog	Cortland County, NY	Director of Finance	Present		
Morgan Spaulding	Cortland County, NY	Grants Administrator	Present		
Ronald J. Van Dee	Cortland County, NY	Board Member	Present		

Minutes Acceptance: Minutes of Sep 12, 2024 9:00 AM (MINUTES)

Kevin Jones	Cortland County, NY	Public Defender	Present	9:04 AM	9:38 AM
Melanie Vilardi	Cortland County, NY	Deputy County Administrator	Present		
Jason DeRaiche	Cortland County, NY	Safety Officer	Remote		
Doug Schneider	Cortland Standard	Reporter	Present		

MINUTES

- Judiciary & Public Safety Committee - Committee Meeting - Aug 8, 2024 9:00 AM

RESULT: ACCEPTED

RESOLUTIONS

PRESENTATIONS

- Assigned Counsel Committee Presentation

RESULT: COMPLETED

- Public Defender Committee Presentation

RESULT: COMPLETED

DISCUSSION ITEMS

- Attorney Salary Amendments Discussion

RESULT: COMPLETED

MONTHLY REPORTS

- Assigned Counsel Monthly Report

RESULT: COMPLETED

- Public Defender Monthly Report

RESULT: COMPLETED

- Department of Emergency Response and Communications (DOERC) Monthly Report

RESULT: COMPLETED

- District Attorney Monthly Report

RESULT: COMPLETED

- Coroners Monthly Report

RESULT: COMPLETED

ADJOURNMENT

The meeting was closed at 9:45 AM

ON MOTION OF SANDRA PRICE, COMMITTEE CHAIR

AGENDA ITEM NO. 1

Authorize Multi-Year Contracts for Coroner

WHEREAS, the Cortland County Coroner must execute contracts with several organizations and individuals for various services to operate on a day to day basis; NOW THEREFORE BE IT

RESOLVED, that the County Administrator, upon review by the County Attorney or designee as to form and subject to any appropriation of funding by the Legislature, be and hereby is authorized to execute agreements for three year contract terms beginning on or after October 1, 2024 and ending on or before September 30, 2027 with the following:

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TLC Emergency Medical Services, Inc.

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A TLC ambulance responds Priority 1(for life-threatening emergency) to 123 Anywhere Street for a cardiac problem: In a medical emergency, our patients do not care about what goes on behind the scenes for the ambulance to arrive as quickly as possible. A lot goes into that response and there are several “cogs in the wheel” that must work together to get the ambulance out the door and to the patient as quickly as possible.

Here is some information about what goes into getting that ambulance to the patients.

TLC Emergency Medical Services, Inc.: David Butler purchased the former Hayes Ambulance in 1991 and took a service with 1.5 ambulances to the robust service we have today. Operating out of our headquarters on North Homer Avenue, TLC provides service to approximately 80 % of Cortland County. Our primary operating authority encompasses the City of Cortland, towns of Cortlandville, Homer, Preble, Scott, Solon, Virgil and Truxton as well as the villages of Homer and McGraw. We transport patients to all area hospitals. Guthrie Cortland Regional Medical Center, Upstate Medical Center and other Syracuse hospitals are the most frequent destinations. With a staff of almost 50 EMTs and Paramedics, TLC is an active member of the Cortland community. Training is a very important component to our operations and we offer multiple EMT courses year-round (the most recent EMT class had a 100% passing rate). We also provide standby service for community events, community CPR and Stop the Bleed courses as well as a host of other activities to benefit our community. TLC is not supported by local tax dollars, but relies on reimbursement from insurance companies, Medicare, and Medicaid to sustain our operations.

Authority to Operate: TLC is the only ambulance service with authority to operate in the City of Cortland, Cortlandville, Homer, Preble, Scott, Solon and the villages of Homer and McGraw. We share operating authority in Virgil with Dryden Ambulance and Marathon Area Volunteer Ambulance, however; TLC is the only service with the authority to operate in the entire town. The other two services have authority for portions of the town. TLC and Smith Ambulance both have the authority for the town of Truxton, however, due to our location, Smith Ambulance is the primary provider for Truxton. The New York State Department of Health Bureau of EMS (NYSBEMS) grants Operating Authority. Every two years, the Bureau of EMS officials perform a full-service inspection on all ambulance services in NYS. Every aspect of the operation is looked at. A review of personnel files, policies, inspection of the ambulances for required equipment and a review of dispatching protocols are all part of the inspection process. We are very proud to say TLC has NEVER had an ambulance taken out of service or received deficiencies after a full-service inspection, including the most recent inspection 4 months ago. Every two years, ambulance services in NYS must renew their operating license, our current license renews in September 2025. TLC has the authority to provide Advanced Life Support (ALS) services from the Central NY Regional EMS Council (REMSCO). Representatives on REMSCO are responsible for overseeing all ambulance services in a five-county region. David Butler and Trish Hansen are both long-time members of the REMSCO.



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Training: All TLC providers undergo continuous training throughout the year. Twice a year, providers are required to provide verification of their classroom training and demonstration of their skills to Central NY EMS. In addition, TLC has on staff two Certified Instructor Coordinators who regularly teach EMT classes. Instructor Mike Keegan teaches at a minimum of two EMT classes annually and is currently teaching a Basic EMT course in Cortland and a Certified First Responder Course. All EMT courses are open to the public and several local fire departments routinely send students to the courses. The current course in Cortland has more than 30 students enrolled. All Paramedics and EMT's are required by New York State to renew their certification every 4 years and must submit to the Department of Health verification of their continuing medical education. TLC is responsible for making sure the proper paperwork is reviewed and submitted in a timely manner.

Dispatching: TLC has a staff of dispatchers who are responsible for dispatching ambulances to emergency and non-emergency calls throughout the county. For several years, TLC dispatch was located in the Cortland County 911 Center, which enabled us to simultaneously dispatch an ambulance with police and fire agencies. TLC dispatchers relocated to our North Homer Avenue station several years ago at the request of Cortland County. TLC and the county put in procedures so when a 911 caller requires an ambulance, County dispatchers notify TLC via radio and the county Computer Aided Dispatch (CAD) system. Cortland County Fire Coordinator Scott Roman provided TLC with a CAD in our dispatch center and enough computers to put in all of our ambulances, so crews get the most current information directly from the 911 Center as they are responding to calls for service. While there is a slight delay in the dispatching of an ambulance, as TLC dispatchers must wait for notification about the need of an ambulance, the system is working well for County residents.

Response Times: As stated, despite the slight delay in notification of an EMS call, TLC response times are well within both the national average and the NFPA recommended response times.

NFPA*, which many municipal agencies look to for their policies, recommends:

The arrival of an EMS unit with a first responder and AED or higher-level capability within 4 minutes of receiving a Priority 1 or 2 call. However, they further recommend the arrival of an ALS unit at 8 minutes "provided "a first response unit or BLS unit has arrived within 4 minutes." Combined, NFPA sets a response time benchmark at 9 minutes for not less than 90% of all calls. This is a tiered response, which TLC enjoys with the City of Cortland Fire Department as well as other fire departments in the county.

We recognize that in an emergency, one minutes feels like an hour for our patients. TLC and our personnel have worked extremely hard to get an ambulance to the patient as soon as possible. We have decreased our "out of shoot" time, which is the time an ambulance is enroute to a call, due in part to the addition of the Cortland County CAD in our station and ambulances, When the ambulance is responding from the station our response times are well below the 9 minutes recommended by NFPA.

Unfortunately, one issue that we face, along with ambulance services from throughout the country, is a delay at the Emergency Rooms in dropping off patients.



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*NFPA standards are not required but are used as guidelines for by Fire Departments and other emergency organizations. Ambulances are only required to follow policies and procedures as outlined by Article 30 of the Public Health Law and Part 800 of the New York State Codes Rules and Regulations. Part 800 outlines requirements for ambulance services, Advanced Life Support Services, and personnel requirements.

Wall Time and other factors: There has been concern lately about TLC response times and the number of times mutual aid is required to respond to our territory. To put this into perspective, we must look at several factors. One significant factor that increases response times is the time it takes to “hand off” the patient at the hospital. Wall Time is the time between when an ambulance arrives at a facility and the time they are available for another call. This has become a significant issue nationwide, and particularly in Syracuse. To determine Wall Times, we analyzed the more the thousands of transports TLC has completed in 2024 between January and September. The average Wall Time at an ER range from 30 minutes to more than 2 hours. Average Wall Times for our most common destinations is:

- Cayuga Medical Center, Ithaca: 1 hour
- Guthrie Cortland Medical Center: 30 minutes
- Crouse Irving Hospital: 2 hours
- Robert Packer Hospital in Sayre, PA: 1.6 hours
- St. Joseph’s Hospital: 1.5 hours
- Upstate Medical Center 1.2 hours

These times do not include travel time to the hospital, they are only time our crews are at the hospital waiting to hand off their patients. The recent construction has also had an impact on our response times. Obviously, this takes an ambulance out of service for an extended period. For example, an ambulance that transports an emergency patient to St. Joseph’s Hospital in Syracuse is routinely tied up on the call for 3 hours at a minimum.

Medicare, Medicaid, and private insurance have different classification for requests for service. Of course, there are emergency calls, which come in through 911 or our business lines. Then there are non-emergency calls, which are interfacility transfers of patients. These transports are for specialty care that is not available locally. So far in 2024, we have completed 1,487 interfacility (non-emergency) transfers to other facilities. This is nearly a 30% increase in this type of call since 2022.

Since Guthrie purchased Cortland hospital, our ambulances have been traveling to Robert Packer Hospital in Sayre, PA. The average wall time at that hospital is 1.6 hours. The other hospital we take a number of patients to is Cayuga Medical Center and wall time in Ithaca is an average of 1 hour.



Unfortunately, for emergency calls, some of our protocols require transportation to facilities in Syracuse and Ithaca. For example, a patient who suffered a stroke must be transported to a stroke center and Cortland is not a designated stroke center. Patients who meet certain trauma criteria must be transported to a trauma center, the closest is in Syracuse. In addition, there are times when physicians at Guthrie Cortland Medical Center direct the ambulance to a hospital in Syracuse, bypassing Cortland.

Mutual Aid: the New York State Department of Health defines mutual aid as the “organized, coordinated and cooperative reciprocal mobilization of personnel, equipment, services or facilities for back-up or support upon request as required.” TLC enjoys cooperative mutual aid agreements with Dryden Ambulance; Marathon Area Volunteer Ambulance Corp and Tully Ambulance just to name a few. Due to a variety of factors, including extended wait times and an increase in interfacility transports, TLC has had to utilize mutual aid more in the past couple of years than in the past. Our priority has always been to get the most appropriately staffed ambulance to the patient as quickly and efficiently as possible and that may involve requesting mutual aid. TLC is also called upon to provide mutual aid to those same services, as well as to Smith Ambulance and Cincinnatus Ambulance on a regular basis. Just yesterday, we were called for mutual aid for Dryden Ambulance for help with patients from a school bus accident. In addition to the patients Dryden Ambulance transported, TLC transported 4 patients. While this was going on, TLC was called to another call in Dryden for a young person in crisis – this person was also transported to the hospital. Due to the number of ambulances out of town, the TLC dispatcher contacted MAVAC to make them aware of the situation and that they may be called for mutual aid if additional requests for ambulances are made.

Tiered System: In New York we have a tiered response system. The local fire department responds to calls for service along with the ambulance service. The system in Cortland County falls well within the NFPA standard for response times. Area fire departments have volunteer and/or paid EMTs who can begin patient care until the ambulance arrives.

Staffing: Unfortunately, there is a nationwide shortage of EMS personnel. A recent study by the American Ambulance Association (AAA) found that providers are leaving the field for other pursuits. In the past few years several TLC EMTs left EMS to pursue their dreams of becoming a nurse or physician. Some providers are getting away from the medical profession all together. The AAA study estimates the provider turnover rate at approximately 30% nationwide. That means that every four years, there would be 100% turnover of EMS professionals. TLC is not exempt from the nationwide shortage of personnel. We are always hiring. But hiring comes at a cost. The AAA study estimates it costs an average of more than \$22,000 to hire an EMT and more than \$25,000 to hire every paramedic. These costs are based on the time it takes to perform background checks and time in training before someone is able to work on their own with a partner. You will often see three providers on a TLC ambulance, which is because we routinely have a new employee trainee as part of the crew. Training can last anywhere from two months to 8 months depending on the individual.



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Additional Cost Factors: There are a myriad of costs in addition to personnel ambulance companies have to bear that are behind the scenes. Because TLC is not supported by local taxpayers, all of our costs have to be covered by reimbursement from ambulance transports. Unfortunately, we have no control over many of our expenses. For example, worker's compensation, professional liability and vehicle insurance are all beyond our control. The cost of a new ambulance is now approximately \$140,000, just for the vehicle. Once the vehicle is purchased, there's the cost of equipment, certification of the equipment, medical supplies, radios and radio repair, just to name a few of the costs. There are ongoing costs for fuel, vehicle maintenance and medical supplies. We also provide our employees with uniforms and personal protective equipment like gloves and masks. Every time a patient is transported, the ambulance has to return to base to wash and thoroughly clean the vehicle. As a private business, TLC is not able to take advantage of state funding and grant programs that are available for not for profit, volunteer ambulance services and fire departments. Several local agencies, who are supported by local taxpayers, have used state and grant programs to fund things such as building repairs, the purchase of equipment and personnel costs.

Reimbursement: A significant issue for EMS is reimbursement. A large number of our patients are insured by Medicare and Medicaid. Neither pays enough to cover the cost of a call. Private Insurance, another part of our reimbursement will short pay our charges and we are prohibited by law to balance bill the remainder from the patient (excluding deductible and co-insurance). For example, TLC's standard charge for a BLS call is \$1,200 plus mileage. That charge covers a number of things including the cost of readiness (our ability to respond as quickly as possible), the cost of supplies, fuel, and salaries of the providers. We are not able to bill for supplies separately, so our bills are bundled. Medicare pays \$432.95 and Medicaid pays \$219.45 for the same call. A majority of our patients are covered by government insurance. We are mandated by law to respond to the calls without consideration of the possible reimbursement. Our providers do not know if a patient has Medicare, Medicaid, private insurance, or no insurance. When you go to the doctor's office, one of the first things you are asked is what your insurance is, we are not permitted to ask that and must treat every patient who calls for service.

Mandates: Like every healthcare provider, TLC has government mandates that we must follow. Things like the Health Insurance Portability and Accountability Act require extensive policies and training of our personnel. NYS Department of Health requires all personnel receive physicals at least every two years as well as testing and vaccinations for things such as tuberculosis and Hepatitis. We also had to develop and implement a Compliance Plan that encompasses billing, patient care, personnel policies, and a host of other things that the Federal Government requires.

The future: Recent legislation signed by the Governor should have a major impact on the way ambulance services in NYS operate. Legislation that allows Medicaid to pay for Treatment in Place and Treatment to an Alternate Destination is a game changer for EMS. Prior to this legislation, the only way for a service to receive reimbursement was if a patient was transported to an emergency department. For example, if there is a patient experiencing a diabetic problem, this new legislation (known as TIP/TAD) will permit the provider to treat the patient at the scene and the service would get reimbursed.



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The legislation also allows us to transport patients to a Convenient Care or other appropriate facility. Before the legislation can go into effect, the federal government must approve it, as Medicare pays for approximately 50% of the Medicaid charges, and the NYS Department of Health must develop protocols to give direction to providers regarding both treatment in place and transport to an alternate destination. We anticipate it may take up to a year for ambulance services to begin treatment in place and transportation to alternate destinations.

Community Paramedicine: Community paramedicine is a new concept that allows ambulance providers to treat patients in their homes, provide follow-up care to patients and give vaccinations. TLC is currently authorized by the state Department of Health to give vaccinations. TLC and the Cortland County Health Department must work together for this to happen. Unfortunately, the Legislation permitting Community Paramedicine expires next year. It is our hope that the Legislature will extend the legislation when they are back in session in January.

In conclusion: As you can see, there are a links in the chain that must work together to respond to ambulance calls. Our personnel are active in all areas of EMS in New York State, as members of the Central NY REMSCO, attending the New York State EMS Council meeting in Albany and lobbying for legislation to improve the ambulance industry. We have always enjoyed a good relationship with the Fire Coordinator's Office and the County Legislature, and we are committed to the Cortland County community and we will continue to be here for years to come.

Contact us: The management at TLC is always available to answer any questions or concerns. Please don't hesitate to contact us:

President David J. Butler
638 Burnet Avenue
Syracuse, NY 13045
Corporate Office Phone: 315-422-0211

Trish Hansen
Cortland Division Manager
4377 North Homer Avenue
Cortland, NY 13045
Office Phone: 607-756-8389
Cell: 607-327-0403



TLC Emergency Medical Services, Inc.

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Response Times by Priority

A review of response times, broken down by ALS vs BLS and each priority, including priority 6-1. and this is what I found:

Priority 1 – This is considered a need for an immediate response to a life-threatening or potentially life-threatening emergency:

ALS – Our average response time between 1/1/24 and 9/30/24 is: 8:35 minutes.

BLS - Our average response time between 1/1/24 and 9/30/24 is 4:40 four minutes.

The recommended ambulance response time to a life-threatening emergency is within 8 minutes for at least 90% of the calls. **TLC meets this standard.**

Priority 2 – This is considered a need for immediate response for a presumed emergency condition.

ALS – Our average response time between 1/1/24 and 9/30/24 is 14:59 minutes.

BLS – Our average response time between 1/1/24 and 9/30/24 is 9:14 minutes.

The recommended ambulance response time to a presumed emergency condition is 12 minutes 90% of the time. **TLC meets this standard for BLS calls and is within 3 minutes for ALS calls.**

Priority 3 – This is considered an urgent, but non-life-threatening emergency that requires a response without the use of lights or sirens.

ALS - Our average response time between 1/1/24 and 9/30/24 is 10:42 minutes.

BLS – Our average response time between 1/1/24 and 9/30/24 is 11:39 minutes.

The recommended response time for urgent but non-life-threatening emergency calls, without lights or sirens, is 15 minutes. **TLC meets and exceeds this standard.**

Priority 6-1 – This is a call waiting for an immediate response to a life-threatening or potentially life-threatening emergency. This code is used when all ambulances are busy and notify them of a pending call.

ALS: Our average response time between 1/1/24 and 9/30/24 is 7.1 minutes. Keep in mind, a mutual aid ambulance is also dispatched at the same time.

BLS: Our average response time between 1/1/24 and 9/30/24 is 5:39 minutes. Keep in mind, a mutual aid ambulance is also dispatched at the same time.



HEALTH ADVISORY

October 9, 2024

EMS SUPPLY CHAIN DISRUPTION AND CONSERVATION STRATEGIES FOLLOWING CLOSURE OF BAXTER PLANT

Guidance for all emergency medical services agencies.

The EMS sector relies on intravenous (IV) fluids to provide critical care during emergencies. Recent supply chain disruptions, including the closure of a major IV solution and related supplies manufacturing plant, have led to challenges in maintaining steady access to these essential supplies. While there may not be an official shortage at this time, it is crucial for EMS agencies to adopt proactive strategies to conserve IV fluids, ensuring that available stock is used effectively and efficiently.

This advisory outlines conservation strategies tailored specifically for the EMS environment. These strategies aim to optimize the use of IV fluids during transport and pre-hospital care, prioritize critical situations, and encourage the use of alternative treatment methods when appropriate. By implementing these measures, EMS providers can maintain high standards of patient care while managing supply chain uncertainties.

Through thoughtful conservation efforts, EMS agencies can help limit the impact of supply disruptions and ensure that critical resources are available when they are most needed.

Conservation Strategies

Immediately Begin to Inventory, Monitor, and Track Usage: Implement systems to track the inventory of IV fluids at the agency level, as well as the volume of IV fluids used per provider and per patient, ensuring appropriate utilization. Data on cases where fluids are withheld should also be collected to refine future protocols.

Limit Routine Use in Pre-Hospital Settings: EMS personnel should avoid starting IVs unless it is anticipated that IV medication or fluid resuscitation will be required during transport. Encourage EMS providers to use clinical judgment when deciding whether to initiate IV access in pre-hospital care.

Prioritize Critical Uses: IV fluids should be reserved for patients in critical situations, such as severe dehydration or trauma, where alternative routes (oral or enteral) are not viable. Regularly review EMS protocols to ensure that IV fluids are administered only when absolutely necessary. For conscious and stable patients, promote oral hydration as a viable alternative to IV fluids.

Optimize IV Fluid Usage: In cases where smaller volumes are sufficient, use smaller IV bags (e.g., 250 mL or 500 mL) to reduce waste and conserve stock. Administer the minimal necessary volume of IV fluids to stabilize patients before hospital transport and consider limiting fluid volumes in non-critical cases. When diluting medications, use only the amount of fluid necessary to ensure the medication's stability and effectiveness.

Alternative Routes for Medication Administration: Where clinically appropriate, consider administering medications intramuscularly (IM), subcutaneously (SQ), or by mouth (PO) instead of through an IV route.

Enhance EMS Training and Communication: Conduct regular training for EMS personnel on effective fluid conservation techniques and alternative care methods. Provide repeat messaging to personnel at the beginning of each shift on the importance of preserving supplies. Maintain continuous contact with suppliers to stay informed about product allocations and potential alternatives. Provide clear communication to ensure that EMS teams are prepared for changes in supply availability.



Collaborate Across Health Care Systems: Effective management of IV fluid resources during supply chain disruptions requires collaboration across the entire health care system. EMS providers, hospitals, medical control, and medical directors must work together to develop coordinated approaches to resource management and patient care. All stakeholders should actively participate in conservation efforts, ensuring that IV fluids are distributed and used appropriately across all settings, and that protocols are aligned for optimal patient outcomes.

Additional Resources and Information

To further assist EMS agencies in managing IV solution conservation during supply chain disruptions, the following resources and tools are recommended. These resources provide up-to-date information, best practices, and guidance from relevant authorities and organizations.

American Society of Health-System Pharmacists (ASHP): ASHP provides comprehensive guidance on managing fluid shortages, including strategies for conservation in various healthcare settings.

<https://www.ashp.org/drug-shortages/shortage-resources/publications/fluid-shortages-suggestions-for-management-and-conservation>

Baxter Manufacturing Updates: Baxter provides updates on the status of their IV solution production, including product availability and allocation details.

<https://www.baxter.com/baxter-newsroom/hurricane-helene-updates>

Food and Drug Administration (FDA): The FDA offers updates on medical product shortages, including information on regulatory actions being taken to address supply chain disruptions and ensure continued access to IV solutions.

<https://dps.fda.gov/drugshortages>

Cortland County Coroner

2024 Death Report

<u>January</u> Deaths-4 Autopsies-2	<u>February</u> Deaths-8 Autopsies-1	<u>March</u> Deaths-5 Autopsies-1
<u>April</u> Deaths-2 Autopsies-0	<u>May</u> Deaths-10 Autopsies-5	<u>June</u> Deaths-10 Autopsies-2
<u>July</u> Deaths--11 Autopsies--3	<u>August</u> Deaths-12 Autopsies-5	<u>September</u> Deaths 4 Autopsies 2
<u>October</u> -Deaths -Autopsies	<u>November</u> -Deaths -Autopsies	<u>December</u> -Deaths -Autopsies

PROBATION STATISTICS 2024

CRIMINAL COURT

	Jan		Feb		March		April		May		June		July		August		Sept		Oct		Nov		Dec	
Year 20'	24	23	24	23	24	23	24	23	24	23	24	23	24	23	24	23	24	23	24	23	24	23	24	23
On Probation	338	346	334	350	326	352	330	342	329	349	338	345	347	346	345	349	351	343		342		335		340
Reports Completed	19	38	13	29	28	37	22	30	20	38	34	22	26	32	22	32	15	19		21		13		16

FAMILY COURT

	Jan		Feb		March		April		May		June		July		August		Sept		Oct		Nov		Dec	
Year 20'	24	23	24	23	24	23	24	23	24	23	24	23	24	23	24	23	24	23	24	23	24	23	24	23
Adult Probation	23	26	21	26	21	25	21	24	19	26	20	23	20	21	21	21	20	20		21		20		22
Youth Probation	10	7	10	6	11	6	11	6	13	6	11	8	10	10	10	10	11	10		14		11		12
PINS in Diversion	34	36	35	37	33	39	37	39	37	41	36	42	30	33	26	33	26	32		29		32		31
JD in Diversion	12	7	10	4	10	6	4	6	3	5	7	4	4	1	3	1	3	0		4		5		7
Reports Completed	1	1	2	0	3	0	0	0	2	0	1	1	0	2	2	0	2	3		3		0		2

TOTAL ON PROBATION ALL COURTS and receiving Diversion Services:

2024 – Jan. 417, Feb. 410, March 401, April 403, May 398, June 412, July 411, August 405, Sept. 411

2023 – Jan. 422, Feb. 423, March 438, April 417, May 427, June 422, July 410, August 413, Sept. 405, Oct. 410, Nov. 403, 412

RELEASED TO ATI (Pre-trial):

2024 – Jan. 85, Feb. 84, March 86, April 80, May 95, June 102, July 94, August 101, Sept. 100

2023 – January 96, February 98, March 81, April 77, May 77, June 77, July 72, August 77, Sept. 79, Oct. 105, Nov. 92, Dec. 94



DEPARTMENT OF EMERGENCY RESPONSE AND COMMUNICATION

Total CAD Calls Received, by Nature of Call in Zone

<u>Nature of Call</u>	<u>Total Calls Received</u>	<u>% of Total</u>
	1	0.01
911 HANG UP	165	1.96
911 NOT DISPATCHED	167	1.98
911 OPEN LINE	64	0.76
ABDOMINAL PAIN	2	0.02
ABDOMINAL PAIN II	5	0.06
ABDUCTION/KIDNAPPING	1	0.01
ADMINISTRATIVE	220	2.61
POLICE ALARM	76	0.90
ALCOHOL OFFENSE	32	0.38
ALLERGIC REACTION	2	0.02
ALLERGIC REACTION II	3	0.04
ANIMAL PROBLEM	91	1.08
ANIMAL BITE II	1	0.01
ARREST VI	2	0.02
ARREST X	4	0.05
ASSAULT	4	0.05
ASSAULT VI	1	0.01
ASSIST	328	3.89
ATTEMPT TO LOCATE	30	0.36
FIRE ALARM	58	0.69
BACK PAIN	5	0.06
BACK PAIN II	5	0.06
BAR CHECK	25	0.30
TROUBLE BREATHING	35	0.42
TROUBLE BREATHING III	2	0.02
BURGLARY	18	0.21
CARBON MONOXIDE	7	0.08
CHEST PAIN	35	0.42
CHEST PAIN II	1	0.01
CITY CODE VIOLATION	4	0.05
CIVIL ONLY	176	2.09
CRIMINAL MISCHIEF	33	0.39
SPECIAL DETAIL	107	1.27
DIABETIC PROBLEM	5	0.06
DIABETIC PROBLEM II	1	0.01
DISORDERLY CONDUCT	55	0.65
DISTURBANCE	127	1.51
DOMESTIC	68	0.81
DRUG INVESTIGATION	11	0.13
DSS ASSIST/HOME VISIT	28	0.33
DSS NOTIFICATION	66	0.78

Attachment: Sept 2024 CAD calls by nature (12531 : DOERC - October 2024 Report)

<u>Nature of Call</u>	<u>Total Calls Received</u>	<u>% of Total</u>
ILLEGAL DUMPING	6	0.07
EMERGENCY BUTTON	4	0.05
ACTIVATION		
EMOTIONALLY DISTURBED	52	0.62
PERSON		
EMS	6	0.07
EQUIPMENT PROBLEM	18	0.21
EYE II	1	0.01
FALL	9	0.11
FALL II	66	0.78
FALL IX	1	0.01
FALL X	1	0.01
FIELD INVESTIGATION	93	1.10
OUTSIDE FIRE	12	0.14
FOLLOW UP	565	6.71
INVESTIGATION/ACTION		
FOUND PROPERTY	50	0.59
FRAUD	36	0.43
HARASSMENT	110	1.31
HAZARDOUS CONDITION	17	0.20
HEADACHE	2	0.02
HEADACHE II	1	0.01
HEART	6	0.07
HEMORRHAGE	6	0.07
HEMORRHAGE II	9	0.11
INFORMATION	5	0.06
INVESTIGATION	91	1.08
JUVENILE PROBLEM	37	0.44
LARCENY	101	1.20
LIFTING ASSISTANCE	6	0.07
LOST PROPERTY	46	0.55
MISSING PERSON	13	0.15
NOISE COMPLAINT	65	0.77
NOTIFICATION	74	0.88
OVERDOSE/POISONING III	3	0.04
OVERDOSE/POISONING VII	2	0.02
OPEN DOOR	6	0.07
COMMUNITY OUTREACH	149	1.77
PARKING COMPLAINT	53	0.63
PROPERTY DAMAGE MVA	116	1.38
PERSONAL INJURY MVA	30	0.36
PREGNANCY	2	0.02
PROCESSING	9	0.11
PROPERTY CHECK	2003	23.77
REPOSSESSION	9	0.11
ROBBERY	1	0.01
SEIZURES	10	0.12
SEIZURES II	5	0.06
SEND	25	0.30
SERVICE CALL	37	0.44

<u>Nature of Call</u>	<u>Total Calls Received</u>	<u>% of Total</u>
SEX CRIME	9	0.11
SEX OFFENDER	15	0.18
SHOTS FIRED	10	0.12
SICK PERSON	30	0.36
SICK PERSON II	46	0.55
STOLEN VEHICLE	7	0.08
STROKE	11	0.13
STRUCTURE FIRE	7	0.08
SUSPICIOUS	96	1.14
TEST CALL	22	0.26
TRAFFIC PROBLEM	52	0.62
TRANSFER	8	0.09
TRANSPORT	130	1.54
TRAUMATIC	1	0.01
TRAUMATIC II	11	0.13
TREE DOWN	4	0.05
TRESPASSING	128	1.52
TRAFFIC STOP	1398	16.59
UNCONSCIOUS/FAINTING	25	0.30
UNCONSCIOUS/FAINTING II	5	0.06
UNKNOWN PROBLEM	24	0.28
VEHICLE COMPLAINT	140	1.66
VEHICLE FIRE	4	0.05
WARRANT ARREST	34	0.40
PERSON WITH A WEAPON	11	0.13
WELFARE CHECK	151	1.79
WIRES DOWN	7	0.08
Total reported: 8426		

Report Includes:

All dates between `00:00:00 09/01/24` and `23:59:59 09/30/24`, All nature of incidents, All cities, All types, All priorities, All agencies, All zones



DEPARTMENT OF EMERGENCY RESPONSE AND COMMUNICATION

CAD Calls by Day and Time

<u>Hour</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>	<u>Total</u>
00:00-00:59	58	37	40	50	52	58	97	392
01:00-01:59	36	43	40	51	54	53	65	342
02:00-02:59	53	40	35	42	41	49	54	314
03:00-03:59	27	35	33	26	29	30	43	223
04:00-04:59	47	25	26	23	32	32	29	214
05:00-05:59	44	24	31	24	20	41	32	216
06:00-06:59	20	25	22	25	24	34	19	169
07:00-07:59	31	28	35	26	35	18	18	191
08:00-08:59	57	45	41	42	48	34	37	304
09:00-09:59	62	50	68	60	67	40	54	401
10:00-10:59	78	54	65	61	85	36	60	439
11:00-11:59	49	53	68	71	82	48	62	433
12:00-12:59	63	54	55	57	64	41	54	388
13:00-13:59	59	62	62	86	77	40	67	453
14:00-14:59	68	59	67	61	66	40	69	430
15:00-15:59	81	53	55	59	63	45	41	397
16:00-16:59	81	51	60	77	72	63	56	460
17:00-17:59	63	45	60	76	61	66	63	434
18:00-18:59	67	62	56	55	67	52	56	415
19:00-19:59	55	51	48	58	64	43	57	376
20:00-20:59	59	42	53	55	51	57	62	379
21:00-21:59	65	54	59	55	52	62	59	406
22:00-22:59	28	28	52	41	52	57	44	302
23:00-23:59	54	45	36	31	66	73	55	360
Total by Day	1305	1065	1167	1212	1324	1112	1253	8438

Attachment: Sept 2024 CAD calls by time of day (12531 : DOERC - October 2024 Report)

Report Includes:

All reported dates between `00:00:00 09/01/24` and `23:59:59 09/30/24`, All nature of incidents, All respond to addresses, All respond to cities, All agencies



DEPARTMENT OF EMERGENCY RESPONSE AND COMMUNICATION

Agencies Involved Incident Summary Report, by Agency

<u>Law Incidents</u>	<u>Count</u>
CINCINNATUS FIRE	16
CITY OF CORTLAND FIRE	16
CUYLER FIRE	4
HARFORD FIRE	5
HOMER FIRE	11
MARATHON FIRE	5
MCGRAW FIRE	12
PREBLE FIRE	1
TRUXTON FIRE	12
VIRGIL FIRE	2
CORTLAND COUNTY FIRE	2
CORTLANDVILLE FIRE	6
CINCINNATUS AMBULANCE	4
MAVAC AMBULANCE	6
AIR METHODS HELICOPTER	1
CAMPUS RESCUE	4
CORTLAND COUNTY CORONER	122
CORTLAND COUNTY JAIL	791
CORTLAND CO SHERIFFS OFFICE	17835
CORTLAND POLICE DEPARTMENT	16030
NYS DEC AND FOREST RANGER	23
DEPT OF EMERG RESP AND COMM	5554
DRYDEN AMBULANCE	2
HOMER VILLAGE POLICE DEPT	5612
NEW YORK STATE POLICE	12705
CORTLAND COUNTY SPCA	248
TLC AMBULANCE	25
SUNY CORTLAND PD	10121

<u>Fire Incidents</u>	<u>Count</u>
CINCINNATUS FIRE	337
CITY OF CORTLAND FIRE	3988
CUYLER FIRE	88
HARFORD FIRE	260
HOMER FIRE	733
MARATHON FIRE	331
MCGRAW FIRE	298
PREBLE FIRE	244
TRUXTON FIRE	272
VIRGIL FIRE	358
WILLET FIRE	176
CORTLAND COUNTY FIRE	81

Attachment: Agency call report through 09302024 (12531 : DOERC - October 2024 Report)

<u>Fire Incidents</u>	<u>Count</u>
CORTLANDVILLE FIRE	821
CINCINNATUS AMBULANCE	324
MAVAC AMBULANCE	920
AIR METHODS HELICOPTER	29
CAMPUS RESCUE	194
CORTLAND COUNTY CORONER	3
CORTLAND CO SHERIFFS OFFICE	24
CORTLAND POLICE DEPARTMENT	12
DEPT OF EMERG RESP AND COMM	132
DRYDEN AMBULANCE	606
DRYDEN FIRE DEPARTMENT	1
FOUR TOWN AMBULANCE	16
GROTON FIRE DEPARTMENT	44
HOMER VILLAGE POLICE DEPT	13
NEW YORK STATE POLICE	24
SMITH AMBULANCE	77
TLC AMBULANCE	6518
TULLY FIRE DEPARTMENT	79
SUNY CORTLAND PD	25

Report Includes:

All dates between `00:00:00 01/01/24` and `23:59:59 09/30/24`, All agencies, All officers, All dispositions, All natures, All locations, All cities, All clearance codes, All observed offenses, All reported offenses, All offense codes

CORTLAND COUNTY PUBLIC DEFENDER

Public Defender

Kevin A. Jones

Chief Asst. Public Defender

Anita Ribeiro

Cortland County Office Building

60 Central Avenue

Cortland, New York 13045

(607) 753-5046

Facsimile (607) 753-0781

Service by Fax not accepted

Assistant Public Defenders

Kayla D. Hardesty

BreAnna L. Avery

Jarrold W. Smith

Nicole A. Sabasowitz

Jennifer L. Rosenberg

LaVonda S. Collins

October 3, 2024

Sandy Price, Chair
Judiciary & Public Safety Committee
Cortland County Office Building
Third Floor, 60 Central Avenue
Cortland, NY 13045

Re: Public Defender Office Update

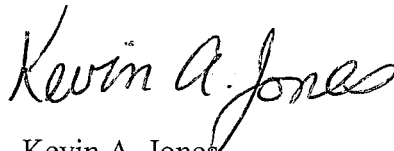
Dear JPS Chair Price:

1. Compared to last month, new cases assigned to the Public Defender's Office has shown an increase in criminal cases and family court cases. See enclosed chart.
2. The office is within our budget.
3. Our office continues to pursue and collect grant revenues.
4. Our office continues our efforts to fill the remaining vacant position.

Last month saw an additional 31 family court cases assigned to the Public Defender's Office. This number reflects our ability to accept additional family court cases now that we have filled a long-standing vacancy. Our capacity to accept these additional cases is a significant cost saving for the County.

Please contact me if you have any questions.

Very truly yours,



Kevin A. Jones
Public Defender

Attachment: JPS September 2024 (12543 : Public Defender September 2024)

Chart PD1 - Cases represented by Public Defender's Office (opened)

2024

		Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Year-to-date
Family Court	2019	38	28	46	59	45	38	63	41	48	46	28	24	504
	2020	39	31	32	18	13	22	25	20	43	24	25	22	314
	2021	36	40	33	27	27	19	38	22	43	35	23	15	358
	2022	17	24	32	29	30	17	28	26	29	21	20	31	304
	2023	37	39	13	33	30	30	17	39	28	3	20	22	311
	2024	11	13	23	31	26	28	21	13	44				210
Felonies	2019	13	21	24	13	20	20	30	14	22	27	10	23	237
	2020	13	19	8	4	6	17	22	15	25	21	9	14	173
	2021	9	10	23	13	24	16	12	16	24	14	25	16	202
	2022	14	7	11	22	11	11	20	7	10	12	15	8	148
	2023	10	15	5	14	8	11	14	13	6	8	17	14	135
	2024	11	9	8	13	18	6	9	4	12				90
Misdemeanors	2019	58	54	66	55	64	45	60	61	70	80	65	81	759
	2020	34	32	28	8	6	36	44	53	55	60	34	31	421
	2021	32	36	52	65	76	59	44	60	64	42	43	42	615
	2022	60	56	37	63	79	33	61	26	36	36	29	38	554
	2023	33	44	53	35	43	45	41	36	33	43	30	33	469
	2024	36	32	26	47	32	36	36	24	31				300
Violations	2019	7	2	7	3	10	7	6	4	11	4	5	4	70
	2020	7	6	6	0	1	5	5	4	7	20	6	5	72
	2021	3	9	12	7	11	7	10	5	14	6	11	7	102
	2022	9	10	3	10	13	8	6	7	1	1	62	5	135
	2023	2	3	7	4	1	3	5	8	8	7	4	8	60
	2024	3	3	6	2	3	3	6	5	6				37
Arraignments/Advice Only	2019	10	10	11	9	13	12	10	7	11	10	7	6	116
	2020	8	10	7	4	8	15	22	21	19	22	17	15	168
	2021	17	15	17	16	22	25	20	16	21	19	19	20	227
	2022	24	19	27	25	26	28	31	30	27	33	31	38	339
	2023	25	26	29	26	19	16	9	0	0	0	0		
	2024	14	10	39	36	27	21	14	49	37				247
Supreme Court Integrated Domestic Violence (IDV) or Matrimonial	2019	2	4	2	7	2	1	4	7	4	3	0	2	38
	2020	2	0	0	0	2	3	1	2	4	1	0	0	15
	2021	1	1	4	0	0	0	0	0	1	0	0	1	8
	2022	0	3	0	0	3	0	0	0	0	2	1	0	9
	2023	0	0	0	0	0	0	1	0	0	0	0		1
	2024	0	0	1	0	3	0	6	4	6				20
Parole	2019	9	1	4	2	1	4	5	3	9	4	6	2	50
	2020	6	4	8	1	0	1	2	4	1	5	2	2	36
	2021	2	2	4	3	0	0	1	0	2	0	2	0	16
	2022	2	1	0	0	0	0	1	0	0	0	0	0	4
	2023	0	1	1	0	0	0	2	0	0	0	0		
	2024	0	1	1	0	0	1	1	0	2				6
Fugitive	2019	0	0	0	0	0	0	1	0	1	0	0	0	2
	2020	0	1	1	0	0	0	0	0	2	0	0	0	4
	2021	1	0	0	0	1	0	0	0	0	2	0	0	4
	2022	0	0	0	0	0	0	0	1	0	0	0	0	1
	2023	0	0	0	0	0	0	0	0	0	0			
	2024	0	0	0	0	0	0	0	1	0	0			1
Appeal & Post-conviction Motion	2019	0	0	0	1	0	0	0	0	0	0	0	0	1
	2020	1	0	0	0	0	0	0	0	0	0	0	0	1
	2021	0	0	0	0	0	0	0	0	0	0	0	0	0
	2022	0	0	0	0	0	0	0	0	0	0	0	0	0
	2023	0	0	0	0	0	0	0	0	0	1	0		
	2024	0	0	0	0	0	0	0	0	0				0
Total per month	2019	137	120	160	149	155	127	179	137	176	174	121	142	1777
	2020	110	103	90	35	36	99	121	119	154	155	93	89	1204
	2021	101	113	145	131	161	126	125	119	169	116	125	101	1532
	2022	126	120	110	149	162	97	147	97	103	105	158	120	1494
	2023	0	0	0	0	162	105	89	96	76	62	71	79	578
	2024	75	68	104	129	109	95	93	100	138				
Total month-to-date	2019	137	257	417	566	721	848	1027	1164	1340	1514	1635	1777	
	2020	110	213	303	338	374	473	594	713	867	1022	1115	1204	
	2021	101	214	359	490	651	777	902	1021	1190	1306	1431	1532	
	2022	126	246	356	505	667	764	911	1008	1111	1216	1374	1494	
	2023	0	0	0	0	661	750	846	922	984	1055	1134		
	2024	75	143	247	376	485	580	673	773	911				
Average Cases per Month	2019	137	129	139	142	144	141	147	146	149	151	149	148	
	2020	110	106.5	101	85	75	79	85	89	96	102	101	100	
	2021	101	107	120	123	130	130	129	128	132	131	130	128	
	2022	126	123	119	126	133	127	130	126	123	122	125	125	
	2023	0	0	0	0	0	110	107	106	102	98	96	95	
	2024	75	72	82	75	97	97	96	97	101				

Attachment: JPS September 2024 (12543 : Public Defender September 2024)

CORTLAND COUNTY ASSIGNED COUNSEL OFFICE

CORTLAND COUNTY OFFICE BUILDING, SUITE B27
60 CENTRAL AVENUE, CORTLAND NY 13045

MICHAEL R. CARDINALE ADMINISTRATOR
STEPHANIE A. OLIVER ADMINISTRATIVE ASSISTANT TO THE ADMINISTRATOR
GIANNA DiNARDO CASE MANAGER
ALEXANDER MERKEL INFORMATION PROCESSING CLERK
ELLEN WEBB ILS DATA OFFICER



TELEPHONE: 607-428-5459
FACSIMILE: 607-428-5458
E-MAIL: ACP@CORTLANDCOUNTYNY.GOV

JPS MEETING - SEPTEMBER, 2024, REPORT

DENIALS

Financially Ineligible	1
Case Type	10
Incomplete Application	0

CONFLICTS

Family Court		51
Criminal Court		
Felonies	19	
Misdemeanors	21	
Violations	4	
Infractions	0	
Appeals	0	
Subtotal		44
Total		95

PD ASSIGNMENTS

Family Court		48
Criminal Court		
Felonies	12	
Misdemeanors	27	
Violations	2	
Infractions	0	
Appeals	0	
Subtotal		41
Total		89

TOTAL PD CASES ASSIGNED

Assigned by AC	89
Assigned by Courts	19
Total	108

ILS HURRELL-HARRING GRANT MONEY RECEIVED

04/01/2022-10/01/2024: \$896,133.00

ILS RATE INCREASE REIMBURSEMENT MONEY RECEIVED

01/01/2024-08/30/2024 \$ 169,473.10

COUNSEL AT FIRST ARRIAGNMENT

After Hours	18B	PD
Sep-24	25	15
Aug-24	22	24
Jul-24	25	18
Jun-24	21	7
May-24	20	19
Apr-24	9	17
Feb-24	12	16
Jan-24	16	14
Dec-23	4	14
Nov-23	9	9
Oct-23	20	4
Sep-23	22	17
NOT After Hours		
Sep-24	22	22
Aug-24	19	23
Jul-24	10	20
Jun-24	9	15
May-24	14	20
Apr-24	21	19
Mar-24	24	20
Feb-24	18	19
Jan-24	20	22
Dec-23	30	27
Nov-23	35	16
Oct-23	15	64
Sep-23	38	54

Attachment: September (12547 : September ACP Report)

2023 DA Statistics

	Jan 2023	Jan 2024	Feb 2023	Feb 2024	Mar 2023	Mar 2024	Apr 2023	Apr 2024	May 2023	May 2024	June 2023	June 2024
Fel-County & City	33	24	29	16	21	19	44	31	23	35	23	13
Misd City	26	28	35	17	32	23	35	30	28	27	40	26
Misd County	32	35	36	35	31	36	34	52	43	40	48	29
Violations City	4	10	5	9	16	12	13	7	6	16	2	11
Violations County	2	2	0	5	1	12	1	1	1	2	3	3
Sealed Indictments	0	0	0	0	0	0	0	2	0	2	0	1
TOTALS:	97	99	105	82	101	102	127	123	101	122	116	83
Vehicle and Traffic	255	271	327	208	293	223	251	404	329	344	245	313
DWI's	13	11	15	10	12	10	12	24	7	15	9	9
	July 2023	July 2024	Aug 2023	Aug 2024	Sep 2023	Sep 2024	Oct 2023	Oct 2024	Nov 2023	Nov 2024	Dec 2023	Dec 2024
Fel-County & City	24	25	43	23	25	26	29		29		19	
Misd City	31	35	22	42	26	39	32		23		27	
Misd County	34	14	45	35	35	43	35		26		37	
Violations City	9	10	12	12	26	26	30		13		8	
Violations County	3	9	1	3	6	5	2		3		5	
Sealed Indictments	0	0		1	1	3	1		0		0	
TOTALS:	101	93	123	116	119	142	129	0	94	0	96	0
Vehicle and Traffic	264	335	230	301	314	208			286		183	
DWI's	12	16	8	11	6	23	9		15		12	

Attachment: Sep_2024 (12527 : DA Monthly STATS)