

WARREN COUNTY REGIONAL FORENSIC CENTER

DRAFT FEASIBILITY STUDY

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CPL

Crime Lab Designs

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EXECUTIVE SUMMARY

Warren County (the County) coroners are responsible for investigating all unlawful, unattended, violent, or suspicious deaths within the County. **PROMPT** and **EFFICIENT** forensic death **INVESTIGATIONS ARE CRITICAL** when criminal prosecutions hang in the balance or when a family needs to settle the affairs of a deceased loved-one. Coroners are the first on the scene when it comes to delivering these services in our communities. In addition to medicolegal death investigations, the coroners are instrumental in the chain of custody and disposition of decedents, support of affected families, distribution and maintenance of records, coordination with law enforcement agencies, mass fatality preparedness, and pandemic response.

Forensic and medical death investigation services for the County take place at area hospitals and labs by third-party forensic pathologists, physicians, and technicians. Outsourcing these services can lead to a range of issues that result in hardship, delays and increased costs for the County, coroners, families, and law enforcement officials. Staffing, workspace and storage limitations, delays completing and reporting on autopsies, and increased transportation demands are among the many complications causing difficulties for officials.

Many of our neighboring counties are organized in the same manner as Warren County. **CLINTON, ESSEX, HAMILTON, FULTON, SARATOGA,** and **WASHINGTON** County Coroner's rely on arrangements with area hospitals that limit the available workspace, storage, access, and physical plant required to meet the growing demands for medicolegal and death investigation services. The need for a dedicated facility that is secure, accessible, and equipped with the necessary space and modern features has never been more prevalent.

This report examines the question "**SHOULD WE BUILD A REGIONAL FORENSIC FACILITY HERE IN WARREN COUNTY?**". And if so, **WHAT** should be built, **WHERE** should it be built, and **HOW** do we manage the operational and budget implications. The need to continue providing forensic services is non-negotiable for counties, however, the common challenges confronting us and our neighbor counties provide an opportunity. Consolidation of forensic services into a regional operation can enhance delivery of service to the communities served and create efficiencies to better manage the overall tax burden.

The Warren County Department of Public works, along with the study team of CPL and Crime Lab Design (CLD), has undertaken the first steps to determining the long-term feasibility of developing the **WARREN COUNTY REGIONAL FORENSIC CENTER (WCRFC)**. The technical analysis, preliminary programming, and conceptual design are complete and included in the appendices of this document. This report is not an exhaustive detailing of those efforts but rather a **SUMMARY FOR POLICYMAKERS**. What follows is a review of the significant findings and important factors County Supervisors and Administrators need to contemplate when charting a course forward.

WHAT IS THE OBJECTIVE?

The purpose of this study is to provide policymakers with the information necessary to decide on the future of a regional forensic center in Warren County. The concept of developing the WCRFC was put forth by County Supervisors, Coroners, Sheriff and the area's preeminent forensic pathologist, Dr. Michael Sikarica, M.D. The current system within the County, and many neighboring counties, consists of a patchwork of hospitals and other facilities for work and storage space. These arrangements have historically worked at acceptable levels, but the space, accessibility, and staffing limitations combined with an ever-growing need for services are stretching the facilities, coroners, and pathologists thin.

In response to these developments, the Warren County Facilities Committee commissioned this study. The study team of CPL and Crime Lab Design, in association with the Department of Public Works, has prepared the following summary report. The objective is to determine the feasibility of designing, constructing, and operating a forensic facility (also known as medical examiner office) within Warren County to meet the regional medicolegal, death investigation and morgue needs.

Strategic Goal of the WCRFC

Providing top-quality medicolegal and death investigation services to the citizens of Warren County, and the region at large, with qualified staff and an accredited facility now, and well into the future.

The approach to determining the overall feasibility of building and operating a regional facility is to answer several key questions:

- What are the regional needs?
- What should be built to meet the needs?
- Where should it be built?
- What will it cost to build, operate, and maintain?
- How can the project be funded?

The following is the attempt to provide these answers and along the way, identify and discuss the planning, design and operational factors that will be instrumental should the project move forward.

WHAT ARE THE REGIONAL NEEDS?

WHAT IS THE REGION? For the purposes of this study, the region includes the Counties of **CLINTON, ESSEX, FULTON, HAMILTON, SARATOGA, WARREN,** and **WASHINGTON**. Other counties may have an interest in utilizing a regional facility, however, this study is limited to the counties listed.

EXISTING NEEDS - BY THE NUMBERS

COUNTY REPORTED DATA

Surveys were distributed to the county coroners within the study region to gather a wide range of information. Historical death and autopsy figures, existing operational challenges, and preferences for an ideal facility were among the many data points collected. The historical data from 2018 to 2022, the most recent years with complete information, were analyzed to determine the regional totals and trends. Table 1 summarizes the combined death and autopsy figures provided by the responding counties.

Table 1
Annual Death & Autopsy Statistics in Study Region
Counties (Combined)
2018 -2022

Year	No. of Deaths	No. of Autopsies	Population¹
2018	1,136	340	534,877
2019	1,208	359	537,072
2020	1,371	584	535,753
2021	1,446	408	539,126
2022	1,551	471	539,122
Total	6,712	2,162	-
Notes: ¹ Data per U.S. Census Bureau			

As shown in the table, historical death and autopsy figures indicate a steady growth in volume from 2018 through 2022. The key findings from the recent data are summarized below:

- The region experienced approximately 0.81% population growth from 2018 to 2022, or an approximate average of 0.16% growth per year.
- Annual deaths increased by roughly 8% year over year during the study period. Deaths per 1,000 population steadily increased from 2.1 in 2018 to 2.9 in 2022.
- The annual autopsy case factor (% of total deaths requiring an autopsy) for the study period was approximately 32%.

DRUG OVERDOSE DATA

The New York State Office of Addiction Services & Supports publishes detailed data of reported overdose deaths per the Center for Disease Control statistics. Table 2 shows the available study period data for the regional counties.

Year	Clinton	Essex	Fulton	Hamilton	Saratoga	Warren	Washington	Totals
2018	-- ²	--	--	0	30	--	--	30
2019	--	--	--	0	17	--	--	17
2020	18	--	16	--	42	18	17	111
2021	15	15	12	--	40	12	10	104
2022	24	10	22	--	42	12	26	136

Notes:
¹ Data per CDC Wonder Provisional Mortality Statistics
² No data reported for this period.

As shown above, many of the regional counties have incomplete overdose death data therefore definitive conclusions cannot be drawn on recent regional trends. Statewide data, however, reports a 73% increase in all-drug overdose deaths from 2018 to 2022.

EXISTING NEEDS - FROM THE CORONERS

The questionnaire portion of the surveys consisted of roughly 30 questions as to existing facility needs, visions and preferences for a new facility, and detailed logistical information. Many of the regional coroners echoed similar sentiments on the lack of work and storage space as well the need for certified forensic pathologists.

Table 3 provides a summary of the recurring responses provided. Detailed replies to the surveys are included in the appendices.

Topic	Response
Existing Facilities	Most medical examiners using nearby hospitals
New Site Expectations	Secure with easy access and night drop-off
Staff Expectations	Minimum 2 board certified forensic pathologists
Visitor Expectations	Families, law enforcement and regional coroners
Safety Expectations	Access controls, biohazard measures, chemical storage and high-quality HVAC
Privacy Expectations	Secure/private sally port, family space
Facility Functions	Rapid DNA, histology, imaging

FUTURE NEEDS - BY THE NUMBERS

Using recent historical trends identified, projections for future death and autopsy needs within the region were developed for selected design years. The design years include the estimated time of completion of the facility (ETC) and 10, 20 and 30 years beyond the facility completion (ETC+10, +20, etc.). Forecasts were determined using average and high death rates and autopsy case factors to illustrate the range of potential numbers based on historical trends. The results of the forecasts are shown in Table 4 below.

**Table 4
Future Regional Population, Death & Autopsy Forecasts**

Design Year ¹	Year	Regional Population	Projected Annual Deaths		Projected Annual Autopsies	
					Average	High
ETC	2025	542,464	Average	1,355	436	502
			High	1,560	577	665
ETC+10	2035	553,411	Average	1,382	445	512
			High	1,592	589	678
ETC+20	2045	564,580	Average	1,410	454	522
			High	1,624	601	692
ETC+30	2055	575,973	Average	1,439	463	533
			High	1,657	613	706

Notes:
¹ ETC = Estimated time of completion of the facility; ETC+XX = Estimated time of completion plus additional number of years

The forecasts in Table 4 are color-coded to represent the annual capacity of two pathologists (green) or three pathologists (blue). NAME accreditation criteria state each forensic pathologist shall be limited to 250 autopsies per year. This is designed to manage workload to maintain quality of service in addition to providing sick leave, paid time off, administrative work and continuing education. The intent is for the WCRFC to be a NAME accredited facility, therefore, the 250 autopsy per year limit is an important limiting factor during the planning process.

With that factor in mind, the potential range of annual autopsies straddles the threshold between needing two pathologists or three in all the design years analyzed. If death rates and/or autopsy cases continue their increasing historical trend three pathologists may be necessary sooner than the projections suggest.

These projections are corroborated by another population based forecast model per NAME that estimates one autopsy for every 1,000 in population in the catchment area or region. This results in roughly 540 autopsies in 2025 steadily increasing to approximately 580 in 2055. The autopsy numbers calculated using this approach correspond well with the locally derived case factors.

It's important to note these projections do not account for private autopsies that may be realized due to the development of the forensic facility. Development of the WCRFC will undoubtedly increase the regional capacity for efficient autopsy services which, in turn, could induce more requests for private autopsies where the demand does not currently exist. The *"if you build it, they will come"* effect could increase annual caseloads beyond the high end of the ranges presented in Table 3.

FUTURE NEEDS - FROM THE CORONERS

As detailed previously, the consensus among responding coroners is the imminent need for workspace and storage. Most medical examiners in the region are using local hospitals or other approved facilities to conduct autopsies while performing much of the administrative work and records storage elsewhere. Short-term and long-term decedent storage are critical. Limited space within a limited number of facilities, not designed and built to meet the increasing needs, is leading to an unfortunate degradation in the efficiency and timeliness of services.

Other high priority needs identified from the outreach include site security, ease of access and off-hour decedent drop-off ability. The need for a secure and discreet facility cannot be overstated. Discretion is essential in all matters surrounding forensic investigation. This is especially the case in the instance of a high-profile crime or mass casualty scenario. Officials need the ability to transfer decedents privately and securely to maintain dignity for the victims, families and officials.

Accessibility is a multi-faceted need. The site should be located close to arterials and interstates to facilitate efficient regional transportation. Within the site, adequate vehicular circulation is a necessity. Consideration should be given to accommodating official vehicle (including multi-unit trucks with large turning radii), staff, and visitor traffic. Incorporating a secure sally port (an enclosed entrance allowing vehicle drive-in/out capabilities) has been identified as a critical need for security, privacy and weather-proof transfer of decedents. Electronic access controls are needed to provide authorized officials 24/7 access to the facility to transfer decedents.

An overwhelming takeaway from the respondents was the need to develop a modern, well-staffed facility. The facility should accommodate the demands of the work as well as the personnel engaged in delivering the services. A well-equipped, well-funded facility is the necessary first step toward recruiting and retaining qualified individuals.

WHAT SHOULD BE BUILT TO MEET FUTURE NEEDS?

As part of programming any building, it is critical to understand the intended occupants and how their activities will impact the size and design of the space. The WCRFC will need to accommodate a wide range of people with an even wider range of needs. From grieving family members and administration staff to pathologists and decedents, there are specific areas of the facility that need to suit very specific needs.

FACILITY NEEDS

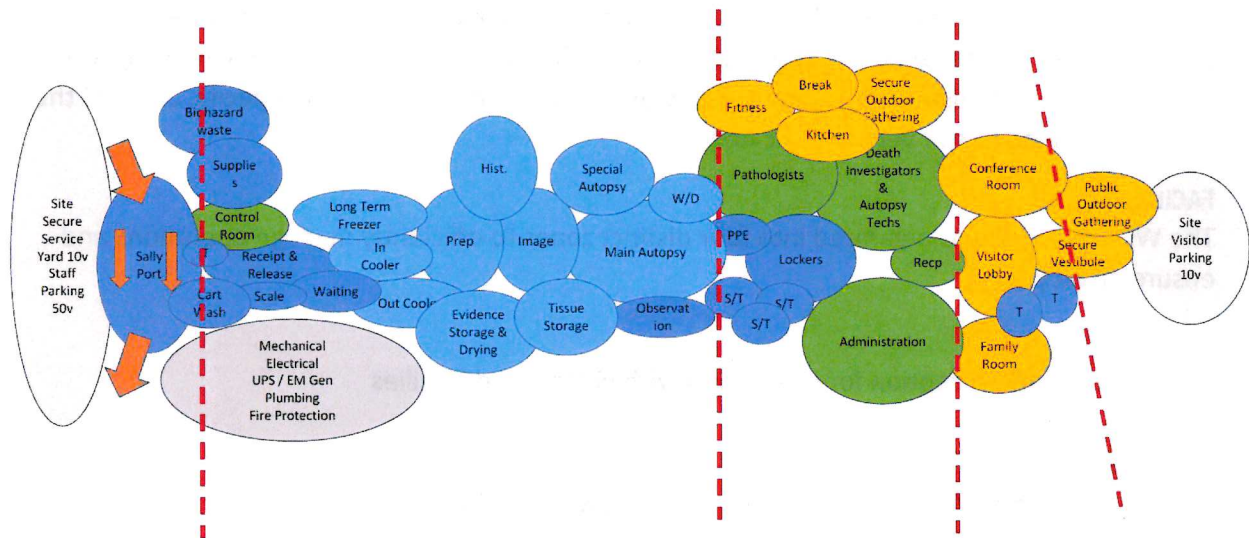
The WCRFC building is organized into four distinct zones to efficiently manage operations and ensure privacy:

- **Public**
Lobby and reception for interaction with visitors and families
- **Semi-Private**
Administrative staff area for case management and logistics
- **Private**
Autopsy suites and support spaces with stringent security measures for confidentiality and evidence integrity
- **Secured Access**
Rear entrance sally port and intake area for transferring decedents

Planning an effective medical examiner facility demands these zones, and the interfaces between them, are designed with logical adjacencies and security protocols. The visitors' lobby should not be anywhere near the sally port, nor should the administrative staff breakroom be located behind a secure access point in the autopsy suite.

Figure 1 illustrates the recommended room adjacencies that optimize the facility functions and the security lines to manage access for varying staff authorization levels.

Figure 1
Room Adjacencies Bubble Diagram



■ Vehicular Travel Path
 ■ ME
 ■ ME Support
 ■ Office
 ■ Office Support
 ■ Infrastructure
 Site
 - - - Security Line

The heart of the WCRFC operations will be the main autopsy room and the surrounding support spaces. The total annual autopsy counts used to determine staffing levels also determine the number of tables needed in the main autopsy room. At 500 autopsies per year, two to three tables are advised. As the facility approaches 750 autopsies per year the number of tables should be three to four. To accommodate current and future needs, the main autopsy room will be built with three operable autopsy stations and the infrastructure for a future fourth table if the need arises.

A special autopsy room is also included in the building program with one operable autopsy station and utility hookups for an additional table in the future. This room is an important addition that allows highly sensitive cases to be sequestered from otherwise normal autopsy operations.

A climate-controlled sally port will provide space for two vehicles, a waiting area and restrooms as well as a separate receiving and receipt space for processing decedents. The sally port will be equipped with electronic access controls to allow around-the-clock access for authorized officials to transfer decedents.

Other important spaces include:

- Reception
- Family Room
- Offices
- Conference Room
- Break Room
- Kitchen
- Lockers / Showers
- Coolers / Freezer
- Imaging
- IT / Data
- Mechanicals
- Storage (Evidence, Property, Chemical, Supplies)

The total area required to develop the WCRFC as programmed is 15,900 ft² net (interior space usable by occupants) and 22,900 ft² gross (total facility footprint). The exterior space needed for staff & visitor parking, service yards and gathering spaces is approximately 11,000 ft².

STAFFING NEEDS

The WCRFC will need to handle an ever-increasing number of autopsies per year over the life of the facility. The staff needed to carry out the operations effectively will vary in accordance with the demand. Using NAME recommendations for guidance, the type and number of personnel required were determined based on the projected range of future needs. Table 5 lists anticipated job titles and the number of positions necessary based on the projected annual workloads.

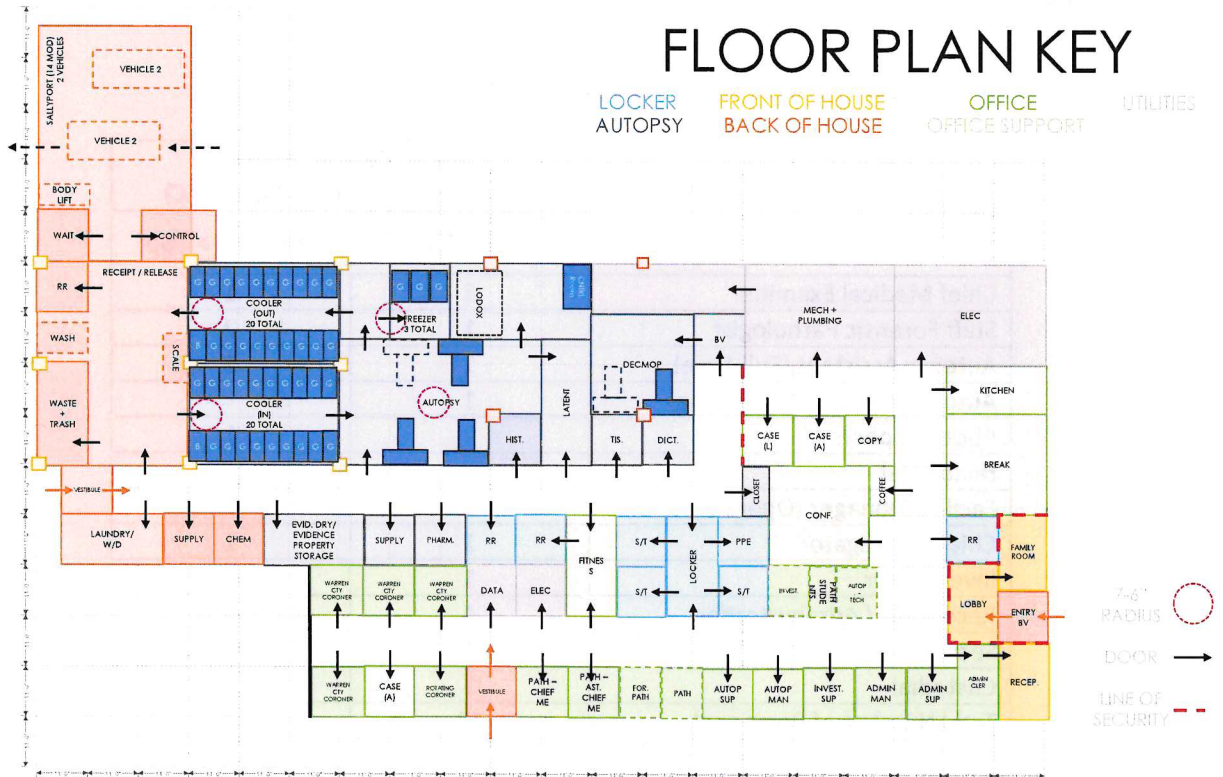
**Table 5
Suggested Facility Staffing per Total Annual Autopsy Cases**

Job Title	No. of Personnel per Total Annual Autopsy Cases (AC)	
	AC < 500	500 < AC > 750
Chief Medical Examiner	1	1
Staff Forensic Pathologist	1	2
Autopsy Assistant (Full-time)	1	2
Autopsy Assistant (Part-time)	1	
Photographers	-	1
Histologist	-	-
Facility Manager (Operations)	1	1
Chief Investigator	1	1
Investigator	1	2
Reception / Administration	4	5
Security	1	2
Custodial	1	1
Total Number of Personnel	13	18

The facility and staffing needs detailed above have been translated into a conceptual floor plan for the WCRFC. The size and location of each space have been specified with the intention of maximizing facility and staff efficiency of effectiveness. The concept floor plan is provided on the following page.

FLOOR PLAN KEY

LOCKER AUTOPSY FRONT OF HOUSE BACK OF HOUSE OFFICE OFFICE SUPPORT UTILITIES



WHERE SHOULD THE FACILITY BE BUILT?

Two potential sites have been identified for the WCRFC:

- Former Jail wing at the County Municipal Center
- County Annex property at 50 Gurney Lane

Both locations are owned by Warren County and within a stone's throw of I-87 Exit 20 and US Route 9. Each site has distinct advantages and disadvantages when it comes to developing a regional facility at the scope and scale of the WCRFC. However, the former jail space presents significant obstacles to meeting the facility needs. A summary of those hardships is provided below.

FORMER JAIL - INTERIOR SPACE

The existing jail wing includes 11,700 ft² net usable interior space, of which 30% is on the second floor. Multiple floors complicate facility operations and is not ideal. A 14,000 ft² (gross) single-story addition is needed to meet the proposed program.



Finished floor to ceiling height in the jail is roughly 8 ft. This limitation cannot accommodate the minimum vertical

clearance for modern morgue equipment, decedent storage, and utilities. Extensive structural modifications would be necessary to mitigate this limiting factor.

FORMER JAIL - EXTERIOR SPACE

The space taken up by the facility expansion would eliminate existing parking areas and impede on Buildings & Grounds and OES facilities. Furthermore, roughly 11,000 ft² of exterior space is needed to meet the programmed site requirements. This area is not readily available.

The constricted nature of the site would impede circulation of vehicles in and out of the sally port nor provide ample space for large vehicles or mass casualty events.

FORMER JAIL - SETTING & WORKING ENVIRONMENT

The location of the jail wing within the campus creates a "fishbowl" effect, and fails to provide adequate privacy for facility operations. Without significant structural modifications, the working environment inside the former jail will feel constrained and not be conducive to effective operations or recruiting and retaining highly credentialed physicians and technicians.

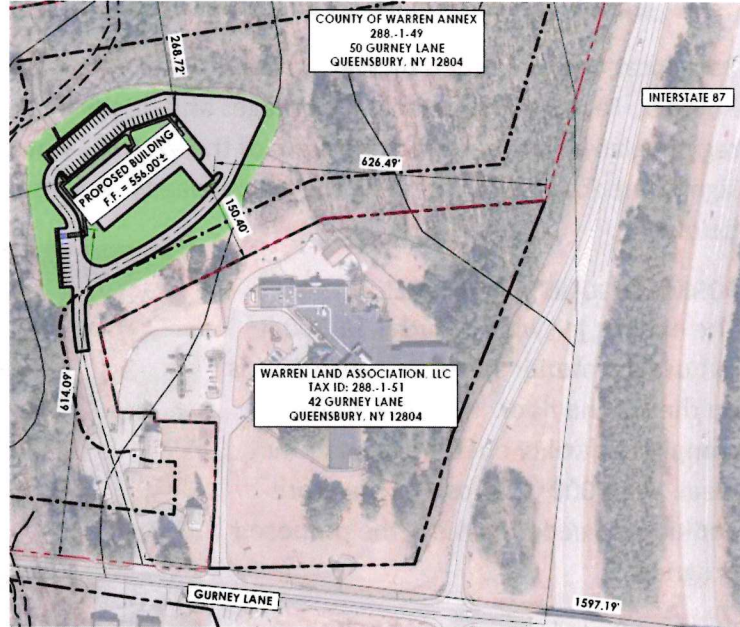
The issues presented above can be alleviated to some degree with proper planning and design. However, the modifications needed to the former jail and the surrounding area are extensive. Furthermore, no amount of planning will eliminate the impacts to existing county operations or result in a regional facility with the desired space, working environment and privacy.

COUNTY ANNEX SITE

The County Annex site, is vacant property with a ready-to-build portion well suited to the WCRFC. The facility can be purpose-designed and built and therefore not subject to any of the interior and exterior space limitations identified for the former jail site. As discussed in Facility Needs, the building and surrounding site need to ensure privacy and security while maintaining ease of access. The Annex site is adjacent to I-87 Exit 20 and setback from Gurney Lane with a roughly 1,000 ft driveway. The site provides excellent access and privacy.

Municipal water, electric, and natural gas services are available at Gurney Lane. A sanitary sewer connection will need to be established from the site to the municipal sewer main under US

Route 9 which will require trenchless installation under I-87. The County Annex site does not present any of the obstacles of the former Jail and has therefore been selected as the preferred site for the WCRFC.



WHAT WILL IT COST TO BUILD & OPERATE THE FACILITY?

CAPITAL COSTS

The project capital costs have been estimated using current design and construction pricing. A recent medical examiner office developed in southern New York State provided an excellent source for pricing the various elements of the WCRFC. A detailed breakdown of the major construction element costs is provided in Table 6 below:

**Table 6
Detail of Project Capital Costs**

Sitework & Exterior Improvements	\$2,150,000
General Construction	\$6,450,000
Heating, Ventilation & Air Conditioning	\$2,900,000
Electrical, Communications & Data	\$2,000,000
Plumbing	\$750,000
Furnishings, Fixtures & Equipment	\$2,450,000
Security & Access Controls	\$470,000
Utilities	\$450,000
General Conditions, Insurance, Bonds	\$1,762,000
Construction Subtotal	\$19,382,000
Allowance & Contingency (20%)	\$3,876,000
Construction Total	\$23,258,000
Design (8%)	\$1,861,000
Construction Inspection (8%)	\$1,861,000
Project Total	\$26,980,000

OPERATIONAL COSTS

In order to determine annual operational costs for the WCRFC, the study team referenced historical data compiled from surveys conducted of county, regional and state medical examiner systems throughout the country. The *Scientific Working Group for Medicolegal Death Investigation* reported the 2012 average annual per capita funding for a NAME accredited regional facilities was \$3.75. This cost includes all personnel and operational costs for investigative, autopsy, histological, body transport, and basic radiographic services. After adjusting for inflation and the actual staffing and services proposed for the WCRFC, the estimated annual per capita funding is estimated to be \$4.43 in 2025 when the facility opens.

Projected future operational costs for each of the design years are shown in Table 7.

Design Year	Year	Estimated Annual Per Capita Cost	Projected Population	Estimated Total Annual Facility Operations Cost
ETC	2025	\$4.43	542,083	\$2,399,800
ETC+10	2035	\$5.67	558,567	\$3,165,300
ETC+20	2045	\$7.25	575,552	\$4,175,100
ETC+30	2055	\$9.29	593,053	\$5,507,000

OPERATIONAL REVENUES

The primary source of revenue for the WCRFC will be forensic autopsy service fees. Regional pathologist and hospital facility costs currently range from \$3,000 to \$4,000 per autopsy. Potential revenues were estimated using three potential autopsy fees for the facility design years. Table 8 lists the potential range of annual facility revenues.

Design Year	Year	Projected Annual Autopsies ¹	Revenues (\$M) Per Autopsy Fee		
			\$3,000 ²	\$3,500 ²	\$4,000 ²
ETC	2025	436 to 665	\$1.31 to \$2.00	\$1.53 to \$2.32	\$1.74 to \$2.66
ETC+10	2035	445 to 678	\$1.71 to \$2.60	\$2.00 to \$3.04	\$2.28 to \$3.47
ETC+20	2045	454 to 692	\$2.23 to \$3.40	\$2.60 to \$3.97	\$2.98 to \$4.36
ETC+30	2055	463 to 706	\$2.91 to \$4.44	\$3.40 to \$5.18	\$3.89 to \$5.92

Notes
 1 – Projected deaths and autopsies per Table 4.
 2 –Represent 2024 dollars. For projection purposes, design year autopsy fees were adjusted for inflation at a historical average rate of 2.5% per year.

As shown in the Tables 7 and 8 above, the estimated operating costs and potential revenues are subject to significant variation based on the actual needs realized. A comparison of the projected expenses and revenues reveals the facility has the potential to be cost-neutral for each of the design years at the high-end of the annual autopsy case and fee projections.

In addition to forensic autopsy fees, the County may elect to adopt a fee structure for other services provided by the WCRFC in order to cover operating costs. Table 9 shows a range of services and fees to be considered.

Table 10 Additional Services and Fees	
Type of Service	Range of Fees
Private Autopsy	\$5,000 - \$6,000
Autopsy Report	\$50 - \$100
Death Certificate	\$25 - \$100
Decedent Storage	\$40 – 80 / day
Cremation Permit	\$50 - \$300
Tissue Collection	\$1,600 / case
DNA / Genetic Testing	\$50 - \$100
Exhumation / Disinterment Coordination / Autopsy	\$2,500 - \$5,000
Postmortem Neurological Diagnosis / Brain-Only Autopsy	\$500 - \$1,000

Another source of potential revenue for the WCRFC is leasing space for outside autopsy providers or tissue harvesting providers.

HOW CAN THE PROJECT BE FUNDED?

STATE & FEDERAL INCENTIVES

A variety of State and Federal funding initiatives are available, on a limited basis, to support the renovation, expansion, and construction of new public health and forensic science facilities. These initiatives range in scope, scale, and requirements with project type (crime lab, medical examiner off, public health lab) and current state and federal budget appropriations. These programs have been dramatically expanded under the American Rescue Plan Act (ARPA) and ongoing National Institute for Justice (NIJ) Programs as the need for public health and forensic science has grown due to pandemics, rising populations and crime rates.

The NIJ is the research, development, and evaluation agency of the U.S. Department of Justice. The NIJ provides annual federal funding in support of key research programs and methods that have a direct impact on public health, forensic science criminal justice, and policing. Grant amounts may not fund the cost of an entirely new facility but they could help offset operational costs.

The following funding opportunities are currently accepting applications for the 2024 Federal Fiscal Year. These grants are coded NIJ FY24 in the NIJ Funding Database:

- **Research & Development in Forensic Science for Criminal Justice Purposes**
 - Purpose: Identify current research priorities and technology challenges encountered in operational forensic science laboratories.
 - Application Deadline: April 18, 2024

- **Research & Evaluation for Testing and Interpretation of Physical Evidence in Publicly Funded Forensic Laboratories**
 - Purpose: NIJ seeks proposals for research and evaluation studies to produce practical knowledge with the potential to improve the examination and interpretation of physical evidence in forensic science laboratories across the community of practice.
 - Application Deadline: April 22, 2024

BOND FINANCING

Tax exempt bond issuance, is a viable tract for funding the capital costs of the WCRFC. The County should consider seeking aid from financial advisors and/or funding partners to confirm and quantify market factors and financing capability. The State of New York separately coordinates a variety of tax-exempt bond issuances, categorized by series and fund, that are intended for specific project types and uses. This is one of the most frequently used paths to financing new developments and infrastructure projects including forensic facilities.

PUBLIC-PRIVATE PARTNERSHIPS

Typically used for large-scale government projects, Public-Private Partnerships (PPPs) leverage private enterprise to fund the design and construction in exchange for receiving operating profits once the project is complete. While initial financing is provided from a private entity, public funds are used to pay towards a lease contract. In some cases, the municipality or public agency can elect to purchase the property back if initial public funding timelines do not align with the project conception but funds eventually become available when the project is complete.

An advantage to the PPP process is that the public sector can benefit from private-sector innovation and efficiencies. The private part, in turn, received incentives for delivering on time and within budget. Although there are advantages to this arrangement, the disadvantage is that quality standards can be perceived as secondary to the private sector's motivation to maximize profit.