

CRIMINAL JUSTICE & PUBLIC SAFETY COMMITTEE MEETING  
PROBATION AGENDA  
June 21, 2022

COMMITTEE MEMBERS: Supervisors Geraci, Braymer, Seeber, Dickinson, Driscoll, McDevitt and Diamond - *Chair of the Board shall serve as an Ex-Officio member when needed in accordance with the Section C(4) of the Rules of the Board*

- I. Committee meeting called to order by Chair
- II. Approval of minutes of prior Committee Meeting
- III. Action Agenda/New Business Items:
  1. Request: To enter into an agreement with Washington County Alternative to Incarceration (ATI) Agency in the amount of \$10,000 for the term 4/1/22-3/31/23 regarding Raise the Age funding.  
Rational: Washington County ATI will provide Restorative Justice Services including but not limited to Youth Adventure Based programing, supervised group community service, interactive journaling and involvement where possible of victims in the juvenile process.
  2. Request: To enter into an agreement with Mediation Matters in the amount of \$10,00 for the term 4/1/22-3/31/23 regarding Raise the Age funding.  
Rational: Mediation Matters will provide Restorative Justice Services including but not limited to restorative circles to engage youth, their families, law enforcement and schools, utilization of the restorative justice model, motivational interviewing and cognitive behavioral interventions.
  3. Request: To enter into a Memorandum of Understanding with the Alliance for Positive Health for Narcan Training and supplies at no cost to the county.  
Rationale: The Alliance for Positive Health will provide necessary Narcan training and supplies for our department.
  4. Request: A one-time payment for interpreter services in the amount of \$160 to Anthony Rodriquez for Spanish translation.
  5. Rationale: Interpreter services were needed for a mother of a youth who does not speak English in order to complete a court diversion intake.
- IV. Discussion Items:
- V. Referrals/Pending Items: None
- VI. Privilege of the floor and public comment (please allow for 15 second delay on live stream meetings)
- VII. Motion to adjourn

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Attachments: 1. Resolution Request Form No. 3 (3)  
2. Resolution Request Form No. 20

# RESOLUTION REQUEST FORM NO. 3

## Request for New Contract

DEPARTMENT NAME: Probation

DATE: June 21, 2022

- (a) Is this a Result of a Bid or Request for Proposal?

**Request for Quote**

- (b) Purpose of Contract:  
**To enter into an agrrement with Washington County Alternative to Incarceration Agency for Restorative Justice Services regarding Raise the Age funding.**

- (c) Name of Contractor:  
**Washington County Alternative to Incarceration Unit.**

- (d) Address of Contractor: **383 Broadway, Fort Edward, NY 12828**

- (e) Contractor's Contact Person and Telephone Number:  
**Mike Gray, 518-746-2333**

- (f) Has or will the Contract be provided, if so, please attach:  
**Will be provided.**

- (g) Commencement Date of Contract:  
**6/1/22**

- (h) Termination Date of Contract:  
**3/31/23**

- (i) Payment Provisions: i) lump sum amount  
ii) hourly rate amount  
iii) total amount not to exceed **\$10,000**  
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.)  
**Quarterly**

- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title\* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, Title, and Amount:

**A.3140.470 Probation-Contract \$10,000**

Sample: A.1010 470 Legislative Board – Contract \$xx.xx  
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx

\*as listed in budget and LOGOS

# RESOLUTION REQUEST FORM NO. 3

## Request for New Contract

DEPARTMENT NAME: Probation

DATE: June 21, 2022

- (a) Is this a Result of a Bid or Request for Proposal?  
**Request for Quote**
- (b) Purpose of Contract:  
**To enter into an agreement with Mediation Matters for Restorative Justice Services regarding Raise the Age funding.**
- (c) Name of Contractor:  
**Mediation Matters**
- (d) Address of Contractor: **10 N. Russell Road, 2nd Floor, Albany, NY 12206**
- (e) Contractor's Contact Person and Telephone Number:  
**Sarah Rudgers-Tysz, 518-446-0356**
- (f) Has or will the Contract be provided, if so, please attach:  
**Will be provided**
- (g) Commencement Date of Contract:  
**6/1/22**
- (h) Termination Date of Contract:  
**3/31/23**
- (i) Payment Provisions: i) lump sum amount  
ii) hourly rate amount  
iii) total amount not to exceed **\$10,000**  
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.)  
**Quarterly**
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title\* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, Title, and Amount:  
**A.3140.470 Probation-Contract \$10,000**

Sample: A.1010 470 Legislative Board – Contract \$xx.xx  
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx

\*as listed in budget and LOGOS

# RESOLUTION REQUEST FORM NO. 3

## Request for New Contract

DEPARTMENT NAME: Probation

DATE: June 21, 2022

- (a) Is this a Result of a Bid or Request for Proposal?  
**No**
- (b) Purpose of Contract:  
**To enter into a Memorandum of Understanding with The AIDS Council of Northeastern New York, d.b.a. Alliance for Positive Health for Narcan training and supplies.**
- (c) Name of Contractor:  
**The AIDS Council of Northeastern New York, d.b.a. Alliance for Positive Health**
- (d) Address of Contractor: **13 Chester St., Glens Falls, NY 12801**
- (e) Contractor's Contact Person and Telephone Number:  
**Heather Mattison, 518-743-070 x 3317**
- (f) Has or will the Contract be provided, if so, please attach:  
**Attached**
- (g) Commencement Date of Contract:  
**ASAP**
- (h) Termination Date of Contract:  
**Open**
- (i) Payment Provisions: i) lump sum amount **N/A**  
ii) hourly rate amount  
iii) total amount not to exceed  
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title\* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, Title, and Amount:  
**N/A**

Sample: A.1010 470 Legislative Board – Contract \$xx.xx  
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx

\*as listed in budget and LOGOS

**Memorandum of Understanding  
Between  
Warren County Probation Department and  
The AIDS Council of Northeastern New York, d.b.a. Alliance for Positive Health**

The purpose of this linkage agreement is to acknowledge the collaborative relationship that exists between, the above-named agencies to coordinate and facilitate Opioid Overdose Prevention services in our shared community. The Alliance for Positive Health is registered through the NYS DOH AIDS Institute Opioid Overdose Program as an Opioid Overdose Prevention Program (OOPP). The Alliance for Positive Health has designated Warren County Probation Department as an OOPP satellite site. Dr. Marianna Worczak serves as the Clinical Director for the OOPP, and the Naloxone is ordered through her medical license.

**The Alliance for Positive Health agrees to:**

1. Accept referrals of individuals who have experienced an opioid overdose for overdose after care and prevention services.
2. Accept referrals of individuals with Substance Use Disorder for opioid overdose prevention services.
3. Exchange of information regarding shared clients will be compliant with CFR-42, HIPAA, and Article 27-F (if applicable).
4. Provide **Warren County Probation Department** with Opioid Overdose Prevention Train the Trainer sessions in order to facilitate training of overdose responders.
5. Provide **Warren County Probation Department** with technical assistance regarding storage and inventory of Naloxone, documentation of training sessions, and overdose reporting.
6. Provide **Warren County Probation Department** with Naloxone kits for distribution.
7. Provide **Warren County Probation Department** with all required documentation for Opioid Overdose Prevention training, including training slides, policies and procedures, Opioid Overdose Responder Enrollment Form, Naloxone Replacement Kit Form, Opioid Overdose Reporting Form, and Naloxone Inventory Sheet.
8. Maintain a record of all trained overdose responders.
9. Report all overdose reversals and attempts to NYS DOH Opioid Overdose Program.
10. Provide **Warren County Probation Department** with data related to the Opioid Overdose Prevention Program as requested.

**Warren County Probation Department:**

1. Inform eligible individuals of the services provided by the **Alliance for Positive Health** and make referrals when appropriate to these services.

2. Exchange of information regarding shared clients will be compliant with CFR-42, HIPAA, and Article 27-F (if applicable).
3. Designate a Program Coordinator to oversee the OOPP Satellite Site at **Warren County Probation Department** and to coordinate services with the **Alliance for Positive Health** OOPP Program Director.
4. Designate staff to provide training to overdose responders.
5. Provide opioid overdose prevention training to clients, family members and staff.
6. Distribute Naloxone (Narcan) kits to individuals following OOP training and upon expiration, use or loss of a Narcan kit.
7. Document all trained overdose responders on the Opioid Overdose Responder Enrollment Form, and forward to the **Alliance for Positive Health** on a monthly basis.
8. Document all Naloxone kits provided as replacements kits on the Naloxone Replacement Kit Form and forward to the **Alliance for Positive Health** on a monthly basis.
9. Document all reports of overdose on the Opioid Overdose Reporting Form and forward via email to the **Alliance for Positive Health** on a monthly basis.
10. Maintain inventory of a supply of Narcan kits in a locked area and provide a copy of the Naloxone Inventory Sheet to the OOPP Program Director on a monthly basis.
11. Inform the OOPP Program Director when additional Naloxone kits are needed.

This agreement will be valid and active once signed by both parties and may be terminated by either party with 30 days written notice.

\_\_\_\_\_  
 Robert F. Iusi, Jr.  
 Director of Probation  
 Warren County Probation Department

Date

Diana  
 Aguglia

Date

Diana Aguglia  
 Deputy Executive Director  
 Alliance for Positive Health

Digitally signed by Diana  
 Aguglia  
 Date: 2022.06.02  
 04:45:03 -04'00'

6/2/2022

Date

# **RESOLUTION REQUEST FORM NO. 20**

## **MISCELLANEOUS**

***\*Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.  
Please attach any backup information available and be as detailed as possible.***

**DEPARTMENT NAME: Probation**

**DATE: June 21, 2002**

- (a) Purpose of Request:  
**A one-time payment for interpreter services in the amount of \$160 to Anthony Rodriguez for Spanish translation.**
  
- (b) Details:  
**Interpreter services were needed for a mother of a youth who does not speak English in order to complete a court diversion intake.**
  
- (c) Previous Resolution Number:  
**N/A**
  
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount:  
**A.3140 439 Misc Fees & Expenses-\$160**

**Sample: A.8021 470 Planning & Community Development – Contract**

**\* as listed in budget and LOGOS**