HEALTH SERVICES COMMITTEE
OFFICE OF COMMUNITY SERVICES/MENTAL HEALTH
7/21/26

COMMITTEE MEMBERS: STRAINER, Gilligan, Bruno, Maday, Butler, Wild and O'Neill - *The Chair of the Board of Supervisors shall be an Ex-Officio member when needed in accordance with 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. Privilege of the floor and public comment
IV. Action Agenda/New Business Items:
1. Request: Request for a new contract with Syracuse University for virtual Opioid-related training for Warren County Sheriff's Office and Bolton Police Department.
Rationale: A solicitation for projects to alleviate the impacts of the Opioid crisis was issued by Warren County in 2025 and a joint-proposal for Opioid-related training for law enforcement was received from the Warren County Sheriff's Office and the Bolton Police Department at a cost not to exceed $11,250. This proposal was approved by the Warren County Community Services Board. Funds for the contract are Opioid Settlement Funds and are currently budgeted within the Office of Community Services 2026 Warren County departmental budget.

2. Request: Request to appoint Kristy Moore, Glens Falls, to the Warren County Community Services Board for the term 1/1/2026-12/31/2029.
Rationale: Kristy Moore, Director of Student Support Services, Glens Falls School District has been nominated for appointment to the Warren County Community Services Board for the term 1/1/2026-12/31/2029. She will fill the seat previously held by James Dexter.

V. Discussion Items:
1. Discussion regarding potential local laws to restrict Kratom and Nitrous Oxide sales in Warren County

VI. Referrals/Pending Items:
VII. Privilege of the floor and public comment
VIII. Motion to adjourn

Attachments: Resolution Request Form No. 3
Resolution Request Form No. 1

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Mental Health/Office of Community Services

DATE: 7/21/26

(a) Is this a Result of a Bid or Request for Proposal? **Yes, Warren County issued an Opioid Settlement Funds Project Solicitation in 2025.**

(b) Purpose of Contract: **To provide Opioid-related training for law enforcement officers. The Warren County Sheriff's Office and the Bolton Police Department submitted a joint Opioid Settlement Fund proposal for virtual opioid-related training through Syracuse University and their affiliates, including ZSchool, at a cost not to exceed $11,250, which was approved for funding by the Warren County Community Services Board.**

(c) Name of Contractor: **Syracuse University**

(d) Address of Contractor: **Syracuse University Office of Microcredentials, C/O Allison Roth, 403A College of Professional Studies, 700 University Avenue Syracuse, NY 13244 Also, Syracuse University, Comptroller's Office, 640 Skytop Rd., 700 University Ave., Suite 403, Syracuse, NY 13244**

(e) Contractor's Contact Person and Telephone Number: **Allison Roth & Arthur P. Thomas, PhD; (315) 443-5962**

(f) Has or will the Contract be provided, if so, please attach: **Contract to be written by the Warren County Attorney's Office.**

(g) Commencement Date of Contract: **1/1/2026**

(h) Termination Date of Contract: **12/31/2027**

(i) Payment Provisions:
- i) lump sum amount
- ii) hourly rate amount
- iii) total amount not to exceed **$11,250**
- iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **quarterly vouchers, upon completion of officer's training**

(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.4310.0177 470 Opioid Settlement - Unrestricted $9,000; also A.4310.0176 470 Opioid Settlement - Restricted $$2,250.**

RESOLUTION REQUEST FORM NO. 1

*Request to Appoint or Reappoint Member of Committee, Board or Agency**

If more than one person is being appointed, please attach additional sheets

DEPARTMENT NAME: Mental Health/Office of Community Services

DATE: 7/21/26

(a) Name of Appointee: **Kristy Moore**

(b) Is this a Reappointment? **no** If so, please provide the Resolution No. which authorized the last appointment of this individual

(c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.

(d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title

(e) Address of Appointee: **Glens Falls, NY**

(f) Title of Appointment: **Warren County Community Services Board**

(g) Effective Date of Appointment: **1/1/2026**

(h) Termination Date of Appointment: **12/31/2029**

(i) Name of Person Being Replaced (if applicable): **James Dexter**

(j) Reason for Replacement: **Resignation**