



Legislation Details (With Text)

**File #:** 22-5652      **Version:** 1      **Name:**

**Type:** Contract - Renewal      **Status:** Passed

**File created:** 9/12/2022      **In control:** Commissioners Court

**On agenda:** 9/27/2022      **Final action:** 9/27/2022

**Title:** Request that the County Judge execute the Signature Authority Designation form as a part of the annual renewal with the Texas Department of Family and Protective Services for ongoing duties for Harris County Resources for Children and Adults staff to remain in contract compliance for Residential Child Care Services through the Kinder Emergency Shelter.

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. 22-5652 Signature Authority Designation form -DFPS

Date	Ver.	Action By	Action	Result
9/27/2022	1	Commissioners Court		

**Department:** Harris County Resources for Children and Adults  
**Department Head/Elected Official:** Joel Levine, Executive Director, 880

**Regular or Supplemental RCA:** Regular RCA  
**Type of Request:** Contract - Renewal

**Project ID** (if applicable): Residential Child Care Services Contract #HHS0000158  
**Vendor/Entity Legal Name** (if applicable): Texas Department of Family and Protective Services

**MWDBE Contracted Goal** (if applicable):  
**MWDBE Current Participation** (if applicable):  
**Justification for 0% MWDBE Participation Goal:** N/A - Goal not applicable to request

**Request Summary (Agenda Caption):**  
 Request that the County Judge execute the Signature Authority Designation form as a part of the annual renewal with the Texas Department of Family and Protective Services for ongoing duties for Harris County Resources for Children and Adults staff to remain in contract compliance for Residential Child Care Services through the Kinder Emergency Shelter.

**Background and Discussion:**  
 HCRCA provides Residential Child Care Services through the Kinder Emergency Shelter in a five year cost-reimbursement Contract (#HHS0000158) with Texas Department of Family & Protective Services (09/01/2022-08/31/2026). The submitted form 2031 is part of the yearly renewal paperwork.

**Expected Impact:**

Youth Services Division- Increase the use of respite/emergency residential services in the Kinder Emergency Shelter by 10%.

**Alternative Options:**

At this time there are not any other alternatives.

**Alignment with Goal(s):**

- Justice and Safety
- Economic Opportunity
- Housing
- Public Health
- Transportation
- Flooding
- Environment
- Governance and Customer Service

**Prior Court Action (if any):**

Date	Agenda Item #	Action Taken
07/20/2021	218	Annual Renewal with the Texas Department of Family and Protective Services

**Location:**

Address (if applicable): 6300 Chimney Rock Rd. Houston TX, 77081

Precinct(s): Countywide

<b>Fiscal and Personnel Summary</b>			
Service Name	Kinder Youth Emergency Shelter		
	<b>SFY 22</b>	<b>FY 23</b>	<b>Next 3 FYs</b>
<b>Incremental Expenditures (do NOT write values in thousands or millions)</b>			
Labor Expenditures	\$1,300,000	\$2,112,500	\$6,337,500
Non-Labor Expenditures	\$72,000	\$117,000	\$351,000
<b>Total Incremental Expenditures</b>	<b>\$1,372,000</b>	<b>\$2,229,500</b>	<b>\$6,688,500</b>
<b>Funding Sources (do NOT write values in thousands or millions)</b>			
Existing Budget			
1000 - General Fund	\$1,183,000	\$1,905,500	\$5,716,500
Other	\$189,000	\$324,000	\$972,000
Choose an item.	\$	\$	\$
<b>Total Current Budget</b>	<b>\$1,372,000</b>	<b>\$2,229,500</b>	<b>\$6,688,500</b>
Additional Budget Requested			

Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Total Additional Budget Requested	\$	\$	\$
<b>Total Funding Sources</b>	<b>\$1,372,000</b>	<b>\$2,229,500</b>	<b>\$6,688,500</b>
<b>Personnel</b> (Fill out section only if requesting new PCNs)			
Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-
<b>Total Personnel</b>	-	-	-

**Anticipated Court Date: September 27, 2022**

**Anticipated Implementation Date (if different from Court date):**

**Emergency/Disaster Recovery Note:** Emergency item

**Contact(s) name, title, department:** Candies Bryant, Deputy Director, Harris County Resources for Children and Adults

**Attachments** (if applicable): Form 2031