



Legislation Details (With Text)

File #: 21-1875 **Version:** 1 **Name:**
Type: Agreement **Status:** Passed
File created: 4/20/2021 **In control:** Commissioners Court
On agenda: 4/27/2021 **Final action:** 4/27/2021
Title: Request for approval of an interlocal agreement with Santa Maria Hostel, Inc., for the purpose of allowing the department to coordinate services for incarcerated females and provide comprehensive reentry support through the Path to Recovery Program.

Sponsors:

Indexes:

Code sections:

Attachments: 1. 21-1875 Santa Maria Hostel.pdf

Date	Ver.	Action By	Action	Result
4/27/2021	1	Commissioners Court		

To: Harris County Commissioners Court

Through: Michael Lanham, Director of Finance, Harris County Sheriff's Office

Prepared By: Jennifer Herring, Manager, Harris County Sheriff's Office

Subject: Interlocal Agreement between Harris County Sheriff's Office Reentry and Santa Maria Hostel, Inc.

Project ID (If applicable):

Purpose and Request:

Request for approval of an interlocal agreement with Santa Maria Hostel, Inc., for the purpose of allowing the department to coordinate services for incarcerated females and provide comprehensive reentry support through the Path to Recovery Program.

Background and Discussion:

The Harris County Sheriff's Office Reentry Unit is requesting approval on the MOU from Santa Maria Hostel, Inc. Path to recovery Program. The program will focus on coordinating services for female reentry clients that will focus on pre and post release services through substance use treatment

Fiscal Impact:

[INSTRUCTIONS: A short description of the cost of the request and where you are requesting funding from. No more than 2 sentences. In addition please fill out the table below. This includes financial impact to the current fiscal year and subsequent fiscal years along with the source of funding (general fund, grant, etc.). If the amount is within the current budget, please indicate the amount from 'Existing Department Budget'. If all of or part of the request is a new expense, please indicate funding source in the space provided.]

Fiscal Summary

Expenditures	FY 20-21	FY 21-22 Projected	Future Years Projected [3 additional years]
Service Impacted: <i>[Please identify the division where expenditures will be incurred]</i>			
Existing Budget			
Additional Appropriation Requested			
Total Expenditures			
Funding Sources			
Existing Department Budget			
Please Identify Funding Sources (Special Revenue, Grant, etc.)			
[INSERT FUNDING SOURCES]			
Total Sources			

Alternatives: *n/a*

Alignment with Strategic Objective:

Provide recovery support for women requesting substance use treatment

Attachments:

MOU