



Legislation Details (With Text)

File #: 21-5439 **Version:** 1 **Name:**
Type: Transmittal **Status:** Accepted
File created: 10/5/2021 **In control:** Commissioners Court
On agenda: 10/12/2021 **Final action:** 10/12/2021
Title: Transmittal by the Office of the Purchasing Agent of a renewal with The Harris Center for Mental Health and IDD for residential treatment services for adult male and female felony probationers with co-occurring mental illness and substance abuse issues for the Community Supervision and Corrections Department through August 31, 2022 at a cost of \$4,370,948 (PJ144741).

Sponsors:

Indexes:

Code sections:

Attachments: 1. 21-5439 Renewal- The Harris Center for Mental Health and IDD

Date	Ver.	Action By	Action	Result
10/12/2021	1	Commissioners Court		

Department: Purchasing

Department Head/Elected Official: DeWight Dopslauf

Regular or Supplemental RCA: Regular RCA

Type of Request: Transmittal

Project ID (if applicable): PJ144741

Vendor/Entity Legal Name (if applicable):

MWDBE Participation (if applicable):

Request Summary (Agenda Caption):

Transmittal by the Office of the Purchasing Agent of a renewal with The Harris Center for Mental Health and IDD for residential treatment services for adult male and female felony probationers with co-occurring mental illness and substance abuse issues for the Community Supervision and Corrections Department through August 31, 2022 at a cost of \$4,370,948 (PJ144741).

Background and Discussion:

Expected Impact:

Alternative Options:**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

Location:

Address (if applicable):

Precinct(s): Choose an item.

Fiscal and Personnel Summary				
Service Name		FY 21-22	Estimates	
			FY 22	Next 3 FYs
Incremental Expenditures				
Labor Expenditures		-	-	-
Non-Labor Expenditures		-	-	-
Total Incremental Expenditures		-	-	-
Funding Sources (General Fund, PIC Fund, Debt or CP, Grants, or Other - Please Specify)				
Existing Budget		-	-	-
		-	-	-
		-	-	-
Total Current Budget		-	-	-
Additional Budget Requested		-	-	-
		-	-	-
		-	-	-
Total Additional Budget Requested		-	-	-

Total Funding Sources	-	-	-
Personnel (Fill out section only if requesting new PCNs)			
Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-
Total Personnel	-	-	-

Anticipated Implementation Date:

Emergency/Disaster Recovery Note: Choose an item.

Contact(s) name, title, department:

Attachments (if applicable):